

Leadership Team
December 13, 2013 7:30-9am

Attendees: Bob Baldor (by phone), Sandy Blount, Alan Chuman, Joe DiFranza, Dennis Dimitri, Steve Earls, Warren Ferguson, Dave Gilchrist, Beth Koester, Dan Lasser, Jim Ledwith, David Polakoff, Stacy Potts, Herb Stevenson

Excused: Greg Culley, Frank Domino

Announcements:

1. Dan announced that he has invited David Gilchrist and Stacy Potts to join the Senior Leadership Team, and has invited Katharine Barnard to join the Leadership Team. He did this to recognize their leadership and to add diversity to each group.
2. The SLT is working on a rollout of the series of projects suggested at the October faculty retreat devoted to making practices work better, utilizing LEAN principles. Stay tuned . . .
3. All physicians, licensed independent practitioners, residents and medical students are required to receive a flu shot unless they receive an exemption, not a declination. This goes into effect Wednesday, December 18.
4. The Chair's 2013-14 Advisory Group will hold its second breakfast meeting of the academic year on Monday morning. The purpose of the Group is to provide a sounding board for faculty to interact directly with the Chair, and to give the Chair a better sense of the issues that are of particular importance to the faculty.

Two primary ground rules for the group include: (1) What is said in the room stays in the room; and (2) The meeting is not a forum for solving site- or program-specific problems.

Members include: Margarita Castro-Zarraga, Phil Fournier, Kosta Deligiannidis, Trish Seymour, Stephanie Carter-Henry, Tracy Kedian, Suzanne Cashman, Wen-Chieh Lin, Kristin Mallett, Allison Hargreaves, Mary Flynn, Dan Mullin, and Saurabh Sharma and Melissa McLaughlin

Discussion:

Ambulatory space: The clinical system is looking to consolidate space that it owns or rents. An analysis of ambulatory space utilization has indicated that there is poorly utilized space within many Medical Center clinics. The Hahnemann Family Health Center has extra space that is poorly utilized. Ideas under consideration include moving the Plumley or Benedict practices to the Hahnemann campus. Additional discussions are underway regarding Plumley's location. Discussions are ongoing.

CME policy and participation in academic meetings: At the Chair's Advisory Group, a problem was identified regarding a lack of clarity about the Department's policy for using time for CME activities and when presenting at national meetings. While the Group Practice CME policy provides a professional allowance, it does not specify a set number of days for CME. Team members discussed their ideas about the Department's policy:

1. There is no specified time for CME in the Department's current comp plan
2. Clinical targets need to be met
3. Group vs. individual incentives creates different issues for different sites
4. If you present at a national meeting that is considered work time

5. It is possible to use admin time

Action: Dennis Dimitri will consult with various individuals and draft a CME Guideline, bringing it back to the Leadership Team for review by February.

Follow-up on the Guideline for Faculty Support During Personal Life Transitions

Review with Melissa – is there an A3?

The Team reviewed an A3 (Enhanced PDSA, Plan*Do*Study*Act) which was completed and presented by Dave Gilchrist and reminded the team of the reason why we developed a Department guideline. The guideline is broad in that it addresses many potential needs of faculty including needing to take care of a sick family member, an elderly parent or breastfeed when returning to work after maternity leave, etc. The Guideline was circulated a few months ago but is attached to this email for your review. It was noted that:

1. It is Important to give people flexibility and control to allow them to build in the time to get done what needs to be done
2. The Team briefly discussed how a group incentive vs. an individual incentive complicates the situation
3. It is important to be clear that the expectation of being of being full-time is that you are full-time productive
4. The Guideline is available to remind faculty to communicate openly with his/her supervisor so the Department can be proactive and supportive

Changes in Fitchburg

Dan gave an update regarding the Fitchburg residency. He noted that the residency has been a pillar of the medical community in northern Worcester County. Since 1978, it has graduated 153 family physicians; 22 of the 32 family physicians currently on HealthAlliance Hospital's medical staff either graduated from the program or were recruited to join the faculty.

Because of a series of critical financial issues at Community Health Connections, the Department has announced that we will discontinue providing physician staffing at the health center after June 30, 2014, and therefore will not train residents there.

The Department is working closely with the leadership at HealthAlliance Hospital to ascertain the feasibility of developing an alternative site for the residency, and we expect to have a decision regarding this possibility within the next few weeks. Until that decision is made, we have ceased recruitment of incoming residents for next summer. We are particularly committed to our current residents, and will continue to keep them informed as the decision-making progresses.

ACTION: Dan has asked Carolyn Jacobs, the Department's recruiter, to compile a list of all positions that are open in Family Medicine so if we are unable to open a new practice as hoped, the Fitchburg faculty will know where there are positions available within the Department.

ACTION: The Department will provide a timeline to faculty on when decisions might be made and keep them updated so they can make the best decision for their career.