

Leadership Team

Meeting Summary

November 14, 2014 * 7:30-9am

Present: Nic Apostoleris, Bob Baldor, Sandy Blount, Alan Chuman, Joe DiFranza, Dennis Dimitri, Frank Domino, Steve Earls, Warren Ferguson, Beth Koester, Dan Lasser, Jim Ledwith, Melissa McLaughlin, David Polakoff, Stacy Potts, Linda Weinreb, Val Pietry

Excused: Katharine Barnard, David Gilchrist, Herb Stevenson

Announcements

- On November 6th the Fitchburg Community Health Connections health center held its grand opening and dedication of the Babineau Building. Bob Babineau, Jr. spoke at the event and gave an inspirational speech on the value of family medicine. We have requested copies of the DVD and will share it when it's available.
- Congratulations to Steve Earls who was recognized by the Worcester District Medical Society with the Career Achievement Award which honors an individual who has demonstrated compassion and dedication to the medical needs of patients and the public, and has made significant contributions to the practice of medicine.
- Dan informed the group the LEAN Visual Management room is continuing to develop on the 3rd Floor in Benedict. Most recently we posted the metrics for the Department in the room (a limited amount) with a binder of the complete set available for anyone who might be interested. An even more abbreviated version will soon be available on our Intranet Library Resources page. Discussions are ongoing regarding placement of the metrics on the public website.
- On November 11, the Chancellor, Dean and primary care leaders in the system joined the Governor for a press conference at the Medical School to announce the successful negotiation to relocate the Department of Transportation facility located behind the Shaw Building to an alternate location to facilitate the development of a new joint venture between the medical school and the VA, focused on a proposed primary care facility. A planning group that involves the VA and representatives from the clinical departments of Psychiatry, Medicine and Family Medicine continue to have discussions on what the care model will look like in this new clinic.
- The Medical Group formally notified MassHealth that our Family Medicine practices (with the exception of Plumley and Fitchburg) are applying for PCPR Tier 3 status.
- Alan gave a brief budget update. We finished FY14 in the black by \$45,000. The FY15 budget is complete and designed to be breakeven. Looking toward FY16 there is \$450,000 in salary offset for HRSA grants that are coming to an end and there may not be another cycle available to apply which could be problematic. Bob has been convening planning groups to make decisions on

what types of projects might be considered for a new grant cycle if it becomes available. We didn't give raises this year and that is something to consider as well.

- Dan, Bob and Alan are working with the BS faculty to discuss how the estimated revenue from the PCPR program could be applied within the program for the highest value.

Discussion: A3 Update and Next Steps – Defining Faculty Roles (see slides) (Bob Baldor)

The Leadership Team reviewed and commented on the finalized versions of three faculty role descriptions which have been developed, based on the new ACGME guidelines, which call for 1 core residency faculty member for every 6 residents. The three proposed roles included Core Residency, Clinical Educator, and Medical Student Site Education Coordinator (to follow in this document).

Key discussion points:

- Review the Medical Director position description (maybe practice transformation/practice improvement built into this)
- Bob to follow-up with Beth to discuss ways these descriptions would work for the hospitalists
- The medical directors along with Stacy; and Nic with Jim, will look at the roles as outlined and begin to make recommendations of who would fit into these roles within the health centers (how easy or difficult would implementation be?)
- Frank advocated for a formal proposal for student placements in the health centers (i.e. x learners per x faculty)
- Once the exercise is complete the descriptions will be shared at a faculty meeting.
- How this will apply to FHC will need to be addressed as well; will review once we have a better sense of how to initiate for the WFP program.

**UMass Family Medicine
Core Residency Faculty Job Description**

INTRODUCTION

The FM Program Director is assisted by core board-certified family physician faculty who provide oversight for various portions of the curriculum, teach workshops and precept clinical sessions, while maintaining their clinical practices at one of the Department's Family Health Centers. The ACGME requires that core faculty dedicate at least 60% time (at least 24 hours per week, or 1200 hours per year), to the program, exclusive of patient care without resident; and devote the majority of their professional effort to teaching, administration, scholarly activity, and patient care within the residency program.

PRIMARY RESPONSIBILITIES

1. Provide direct patient care services (including evening and weekend hours) and share on-call at the assigned Center, along with any inpatient care, under the direction of the medical director.
2. Dedicate 24 hours per week/1200 hours per year to residency education exclusive of patient care without residents as outlined below:
 - Health Center Precepting (which can also include "1on1" procedural/OB sessions) as assigned by the medical director
 - Participate in comprehensive competency-based evaluation process, including timely and specific feedback, ongoing needs assessments, and individualized learning plans
 - Provide oversight, coordination and teaching for core conference and workshop curriculum at the assigned health center (including chart rounds and noon conferences) and for other residency workshops as assigned.
 - Ensure that outpatient continuity training maintains compliance with the ACGME Family Medicine Review Committee requirements
 - Have responsibility for curricula that meets the Residency Program Solutions Criteria for Excellence as assigned.
 - Participate in the residency selection process as assigned by the Program Director.
 - Participate in residency committees as assigned.
 - Meet scholarly activity requirements of the RRC for core faculty (currently 2 activities in five years)

OTHER ACADEMIC ACTIVITIES

1. Participate in faculty activities including faculty meetings, residency committees, etc.
2. Participate in Departmental faculty development activities, especially those devoted to the development of academic skills
3. Participate in Department activities related to Departmental research and scholarly activities.
4. Assist with the interviewing and selection of prospective faculty

UMass Family Medicine Clinical Educator Faculty Job Description

INTRODUCTION

The Department meets its educational mission with the assistance of board-certified family physician faculty who participate and teach in various portions of the curriculum, while maintaining their clinical practices at one of the Department's Family Health Centers. Clinical educator faculty are crucial to the success of our graduate and undergraduate educational programs and are expected to dedicate at least 10% time (4 hours averaged per week, or 200 hours per year) to clinical education.*

PRIMARY RESPONSIBILITIES

1. Provide direct patient care services (including evening and weekend hours) and share on-call at the assigned Center, along with any inpatient care, under the direction of the medical director.
2. Develop a scholarly focus for presentation at noon conferences, grand rounds, etc.
3. Faculty at Residency based health centers will typically precept a resident session (including the accompanying chart rounds) 2-3 times a month and provide evaluation of the performance of residents.
4. All faculty are expected to provide precepting and evaluation of nurse practitioners, physician assistants and/or students as assigned.
5. Agree to the Department's *Service Expectations of the Faculty* (attached)

OTHER ACADEMIC ACTIVITIES

1. Participate in faculty activities as requested such as attending faculty meetings, committees and undergraduate activities.
2. Participate in Departmental faculty development activities, especially those devoted to the development of academic skills
3. Assist with the interviewing and selection of prospective faculty
4. Participate in Department activities related to research and scholarly activities as available.

*Note: Clinical educators may have additional time dedicated to academic, research, leadership and/or other pursuits which offset by other funding and occur away from their Health Center (e.g. Medical School, College Health, etc.)

UMass Family Medicine
Medical Student Site Education Coordinator Position Description

INTRODUCTION

The Department meets its educational mission with the assistance of board-certified family physician faculty who participate and teach in various portions of the curriculum, while maintaining their clinical practices at one of the Department's Family Health Centers. Medical Student Site Education Coordinators are crucial to the success of our undergraduate educational programs and are expected to dedicate 10% time to coordinating medical student activities at the Center.

PRIMARY RESPONSIBILITIES

In addition to other assigned roles the Site Coordinator is responsible for ensuring that

1. An appropriate orientation and supervision for the student is in place.
2. A Mid-clerkship evaluation is performed.
3. A final evaluation is performed with the student on their last day at the site.
4. The final evaluation/grade is submitted to the clerkship office in a timely fashion

OTHER ACADEMIC ACTIVITIES

1. Participate in faculty activities as requested such as attending faculty meetings, committees and undergraduate activities.
2. Participate in Departmental faculty development activities, especially those devoted to the development of academic skills
3. Participate in Department activities related to research and scholarly activities as available.