

Leadership Team

Meeting Summary * December 12, 2014

Present: Dan Lasser, Alan Chuman, Dennis Dimitri, Herb Stevenson, Melissa McLaughlin, Jim Ledwith, Steve Earls (by phone), Sandy Blount, Frank Domino, Katharine Barnard, Beth Koester, Warren Ferguson, Nic Apostoleris, Val Pietry, David Polakoff, Dave Gilchrist

Excused: Stacy Potts, Greg Culley, Bob Baldor, Joe DiFranza

Discussion: Health is Primary Campaign: What role should the Department take?

The Family Medicine Community¹ has launched a new major initiative entitled “Health is Primary – Family Medicine for America’s Health.” Dan posed a question the Team: What, if anything, should the Department be doing to support the initiative. Members had been asked to read the paper in the Annals of Family Medicine describing the initiative² (attached) in advance of the meeting, and Dan opened the meeting by presenting a slide set (Health is Primary) recently presented by Tom Campbell, MD (Chair, Department of Family Medicine at the University of Rochester, and ADFM representative to the initiative’s Board) at a recent meeting of ADFM (attached for review).

Dr. Campbell joined the meeting via videoconference to respond to questions about the campaign. He advocated for reviewing the article within residencies as part of journal club or similar vehicles. He noted that the core teams who are part of this project recently met in Tampa to discuss how to achieve the tactics in the timetable. Dr. Campbell suggested that faculty who have concerns, interests or recommendations in any of the core areas (membership list attached, including Practice, Technology, Research, Payment, Workforce and Engagement) could get involved by contacting the appropriate team.

Notes:

- The strategy of the campaign is to distinguish family medicine within primary care
- There was some agreement about whether this work and drawing a line in the sand between family medicine and primary care helps us as a discipline. Concerns were raised indicating that the campaign focuses on work already underway but many people are struggling with the behind the scenes assistance that is needed.

¹ Organizations include the Association of Family Medicine Residency Directors, American Academy of Family Physicians Foundation, Society of Teachers of Family Medicine, North American Primary Care Research Group, American Board of Family Medicine, American Academy of Family Physicians, American College of Osteopathic Family Physicians, and the Association of Departments of Family Medicine

² WWW.ANNFAMMED.ORG • VOL. 12, SUPPLEMENT 1 • 2014

- At this time there is not anything specific residencies or Departments can do until the teams finalize the strategic plan.
- Practice teams will be focusing on payment transformation and how this will impact the practice of family medicine
- Dr. Campbell noted that the scheduled “city visits” will involve press releases and various ways to engage people. It will be a time to recognize people within the communities with a commitment to family medicine. Meetings will be held with stakeholders and communities can showcase how primary care has been successful.
- Issues that come out of this initiative may be sourced out to other family medicine organizations like STFM
- In response to a question about inclusion of midlevel practitioners, Dr. Campbell shared that there is definitely an effort to collaborate with other groups and engage with other professionals

Discussion: Department Priorities

At the Leadership Team’s October retreat, the group brainstormed a series of suggestions for Department priorities for 2015. Dan has refined and added to the list, with input from many faculty and from Nick Comeau in the UMMHC Lean office. He circulated the list to the Team, and noted that since many of the activities on the list are related to practice initiatives, he will be reviewing them in detail at a separate meeting with the Medical Directors.

Update: Recruitment

We have successfully recruited three new faculty for next year. Judy Hsu, a 3rd year in Barre has signed on to stay in Barre, Paul Daniel, 3rd year at Queen Street has accepted a Family Medicine Hospitalist position at Memorial and Charles Lehnardt, a 2012 Kirksville College of Osteopathic Medicine graduate has accepted a position in Fitchburg.

A3 Update: Practice Innovation Scholarship and Dissemination

Linda Weinreb and Judy Savageau provided the group with a brief update on their ongoing A3 (*Practice Innovation Scholarship and Dissemination*) and asked for input from the group on project selection criteria (attached). The discussion focused on how their group can best help identify faculty who are involved in innovative activities within the Department which would benefit from additional resources to be able to evaluate and disseminate their work.

- There was some discussion about the length of the list of criteria. May serve people well as a point of reference before submitting a request for support of a project
- Should the list be reduced to no more than 4 criteria; should questions be yes/no?

- People should be considering how their project aligns with the Department priorities we discussed
- Projects should result in work that can be published or presented
- Warren suggested taking a look at the criteria developed for reviewing the Commonwealth medicine mini grant applications
- Patients were not reflected in the draft list of criteria; should be represented in some way
- Applicants should have a champion in the Department identified before applying for support

A3 – Increase in Scholarship/Dissemination of Practice Innovations

Criteria for selecting 1 or 2 projects that the department would support in implementation after the first of year (January-February, 2015)

	Scoring:	Wgt	1	2	3	4	5
1. Does the project have clearly defined goals?		5					
2. Are outcomes of project linked to dollars/future funding?		7					
3. What are the practice’s needs for resources; specific project needs vs what practices can be offered centrally in terms of basic project support; what incentives would a practice need to become engaged?		10					
4. Are the identified needed resources realistic in that the project will actually happen?		7					
5. Timeline to completion? Can the project be accomplished within 12 months?		5					
6. Publication and/or presentation potential?		10					
7. Is there internal impact; e.g., will/might the project improve provider satisfaction (can it be linked to recruitment/retention)?		10					
8. Does project have potential for spread (to other providers in practice, to other practices, etc.)?		5					
9. Does project have an identified champion?		10					
10. Does project have the potential to engage everyone in the practice?		5					
11. To what extent will the project involve and/or benefit learners in the health centers?		3					
12. Does the project support interdisciplinary/team-based care?		3					
13. What’s the level of evidence supporting the effectiveness of the intervention (if the intervention or parts thereof have been studied by others) OR Is the rationale for the project clear if this is a new idea that has yet to be studied by others?		5					
14. Overall, do you think the project is feasible (i.e., resource needs and champion identified/available, commitment from practice, buy-in from staff/providers/clinic leadership, time-limited, etc.)?		15					

Total points: 100

Additional comments:

- This set of criteria and weighting scores (once reviewed by the A3 team) will be presented to the department’s leadership team for their input.
- Our A3 team membership will ultimately make the final decision on the 1-2 projects that might be selected to move forward with some level of departmental infrastructure support.