

## Leadership Team

December 11, 2015 \* 7:30-9am \* Benedict E & F

### Meeting Summary

**Present:** Bob Baldor, Katharine Barnard, Alan Chuman, Dennis Dimitri, Frank Domino, Steve Earls, Warren Ferguson, Dave Gilchrist, Beth Koester, Dan Lasser, Jim Ledwith, Beth Mazyck, Melissa McLaughlin, Stacy Potts, Tina Runyan, Herb Stevenson, Linda Weinreb

**Excused:** Tom Byrne, Joe DiFranza, David Polakoff, Ginny Van Duyne

#### Announcements:

1. Marcy Boucher and Dave Gilchrist are representing the Department in the planning process for the transition to Epic. Each is devoting 20% time to the effort. We have a request in to the clinical system to provide additional faculty offset for the project.
2. The schedule for the Department reviewers (March 30-April1) is still being finalized we hope to have a final version within a week or two. When it is completed, members of the Leadership Team (and others) will be scheduled for specific time slots with the reviewers. In addition, we will need to assign faculty and residents to attend the following sessions:

Thursday March 31(specific times TBA)

- a) 1 hour session: "meet with students"
- b) 1 hour session: "meet with residents"
- c) 1 hour session: "meet with fellows"
- d) 1 hour session: "meet with clinical faculty"
- e) 1 hour session: "meet with community health and Commonwealth Medicine faculty"
- f) 1 hour session: "meet with Preventive Medicine residents"
- g) End of the day: The reviewers will split up to tour Queen Street, Plumley and Hahnemann

Friday, April 1: There will be a "town hall" breakfast meeting for all faculty at the Beechwood, most likely from 7:30-9:00 am

3. The Department's faculty holiday party is tonight from 5:30-8:30 at Cyprian Keyes; there's still time for a few last minute folks to RSVP

4. The residency program at Carney Hospital is closing, and residents will be looking for positions within other programs. Communication has gone out from Deb Erlich to residency directors and chairs in Massachusetts.
5. Having completed the first two months of the fiscal year, the Department is running ahead of budget, primarily due to increased patient care revenue. .
6. Training Grants: We have resubmitted a residency training proposal to HRSA for its latest application round; the proposal focuses on leadership training within the Family Medicine Residencies; Bob is the PI. Bob is also chairing a workgroup to decide whether we should submit a proposal to HRSA for a new round of training grants focused on integrated primary care. The decision is complicated-only one grant will be awarded, and the funding criteria for a "preference", which we do not meet, might exclude us from being competitive even if we have a stellar proposal.
7. We (Bob and Dan) are going over the results of the faculty survey regarding the next retreat. We can say definitely that it will be a one-day program on Friday, April 8 from 10:30-5:00 at the Wachusett Country Club. We will work to get a theme and tentative agenda put together right after the Christmas holiday so folks can plan accordingly. The Leadership Team will meet earlier that morning (same location) starting at 8:30.

#### **Discussion: A review of the Department's Climate & Culture survey data, 2011-2015**

The team briefly reviewed a table prepared by Lee Hargraves, PhD which included all the survey questions asked since the initial survey in 2011; about a dozen new questions were added this year in preparation for the Department's 5-year Review. Some points from the discussion included:

- Check data trends based on faculty rank, newer vs. older faculty and gender. This may highlight some areas to be covered in the new faculty breakfasts.
- Dan reminded the group about new initiatives that have developed since the first survey in 2011: Kitchen cabinet for junior faculty, development of a mentorship program, site visits in the spring/fall to the health centers/CWM with the leadership, twice annual UMMMG business meetings and the launch of a women's faculty support group. Within the last 18 months Dave Gilchrist and Stacy Potts were asked to join the senior leadership team to provide a different perspective and representation for younger faculty and the leadership team has been more actively engaged this year specifically in strategic planning activities related to the Department's budget.
- Should consider "no opinion" as an optional response
- Including a multiple choice response to the questions "What is the most frustrating aspect of being a member in the Department". By offering choices we may be able to develop metrics around this and it will provide some perspective.

- There was a mixed response about whether Stacy and Dave should convene a group of younger faculty to discuss the data and bring some priorities back to the SLT. Dan decided to have the SLT discuss further and decide next steps about communication of the findings.

### **Exercise: Department Challenges – Setting Priorities**

The team attempted to use a pick chart (tool used to judge an item's anticipated benefit and ease of implementation) to prioritize several challenges the Department anticipates over the next 5 years. This list (below) was started based on input from this group at the October Leadership Team Retreat; additional items have been added over the last couple months.

After some discussion about the importance of all of the items Dan decided to further discuss with the SLT and come back to this group with a more specific exercise around only one or two focus areas (e.g. student interest or diversity).

1. Research maintenance and growth
  - a. Rebuilding the core faculty
  - b. Maintaining an environment of scholarship
2. Community Health: Clarifying the community health mission
3. Predoctoral Education
  - a. Student interest in Family Medicine
  - b. Developing a robust preceptor network/integrating students into busy practices
4. Faculty
  - a. Building diversity
  - b. Faculty retention
5. Finance
  - a. Responding to decreasing hard support and grant support for non-formulaic programs (community health, research, primary care development)
  - b. Supporting competitive levels of compensation
  - c. Changing finances and incentives (FFS => Value-based compensation)
  - d. Finding new revenue sources
6. Leadership - Succession planning
7. Clinical services
  - a. Making practices work better
  - b. Sustaining meaningful practice transformation
  - c. Quality
  - d. EHR adoption
  - e. Dealing with new access points – Carewell, Zipnosis, etc.
8. Relationship with CMG and OCI

9. Identity

- a. Branding the Family Medicine identity
- b. Being perceived as being on the cutting edge
- c. Feeling good about being a PCP
- d. Celebrating successes

10. Long range strategy: Matching the workforce to the needs of our patients

11. Administration and culture

- a. Need to be nimble - Politically
- b. Need to be nimble – Bureaucracy
- c. Use of Lean/standard work
- d. Dealing with being on the receiving end of mandates

12. Advocacy for our patients/populations at risk

13. Development of the Baystate campus