

## **Leadership Team Meeting**

**January 9, 2015 \* 7:30-9am**

**Present:** Nic Apostoleris, Bob Baldor, Katharine Barnard, Alan Chuman, Joe DiFranza, Frank Domino, Warren Ferguson, Dave Gilchrist, Dan Lasser, Jim Ledwith, Melissa McLaughlin, Val Pietry, Herb Stevenson

**By phone:** Sandy Blount, Steve Earls, Stacy Potts

**Excused:** Greg Culley, Dennis Dimitri, Beth Koester, David Polakoff, Linda Weinreb

### **Announcements**

**Benedict staff changes:** Terry Perry, Administrative Assistant for the Preventive Medicine residency Program retired at the end of December. Linda Hollis, Coordinator for the MPH program, has increased her time from 30-40 hours and in that additional 10 hours will assume responsibility for the PM residency. Jennifer Masoud who originally supported Barbara Weinstein in the Center for the Advancement of Primary Care (Barbara now works for Office of Clinical Integration) will be continuing in a part time role, 12 hours a week supporting the Clinical Faculty Development Center and 8 hours a week providing pre-doc support for Suzanne Cashman, Phil Fournier and the Epi course. Jim Haffty, staff accountant, is retiring at the end of January and he is currently training his replacement who will work for Bernadette Cookson-Stone.

**Mentorship:** The first mentoring cohort finished the program at the end of December with 21 pairs participating. Our official kick-off for the next structured program is March 31. Former pairs have been invited to also continue if they feel it would benefit them.

**Next faculty survey:** Alan is continuing to collect data as part of his A3. He and his team are planning to distribute the next Feedback for Change survey to the faculty later in January.

**Budget update:** We hit target for FY14 and are currently on budget for FY15. Clinical volume overall is good with Fitchburg and Barre ramping up. FY16 could be problematic for the Department for a number of reasons: loss of HRSA funding, the faculty have gone without a raise so we need to find the money to do that and the money provided to the Dept for one time in FY15 will not be available in FY16. Potentially we have about a \$1M problem.

Alan and Melissa will be working on a series of cost accounting exercises for cost centers across the Department including: CFDC, community health/research, GME, OB coverage service and the quality staff. This work will help us determine what our priorities are and assist us with decision making. We will bring pieces back to the Leadership Team for review and discussion.

## **News on the Match**

- Sports Medicine - filled with 2 family medicine residents including one from the Fitchburg program
- Geriatrics – Currently looking for a second fellow. A notice went out to residency directors to see if there is a 3<sup>rd</sup> year who might be interested.
- Fitchburg – The program has had 100 US applicants and some outstanding IMG applicants as well. The Osteopathic match is coming up and the goal is for 3 positions, leaving 2/3/4 spots in the NRMP match to fill.
- Worcester – Recruitment is going well. Nationally US grads are applying to more programs than in the past. Match Day is March 20 and rank lists are due February 25.
- PreDoc – About 40 students in the 3<sup>rd</sup> year class are very interested in family medicine. Students are being encouraged by the House Mentors to apply to 20 programs and Frank has tried to dispel the myth of needing to do this. Students have shared concerns with him about the amount of chronic pain management they see in our practices and the effect on their career choices.

## **Department Library Website**

We briefly reviewed a web resource developed for the Department by Len Levin in conjunction with the Department's web team (Melissa, Gail Sawosik and Mike Smith). You can view the site via this link <http://libraryguides.umassmed.edu/familymedicine>. In addition to a variety of clinical resources and academic publications, the site is also the home for archived Monday and Thursday Morning Memos, the Annual Report and meeting summaries from the Leadership Team.

## **Primary Care Payment Reform (PCPR)**

The State changed the rates originally anticipated during the first week of January. Dan briefly reviewed the components of Tiers 1-3 and expressed his interest in staying in the program. Unfortunately the rate change significantly reduces the amount of reimbursement coming into behavioral science by \$130k, but it is still more than would be coming in without going to Tier II.

## **2015 HRSA Proposal**

A new cycle for HRSA funding was announced in mid-December. This new cycle is providing one single opportunity for a primary care training grant (i.e. not individual predoc, residency, etc). We anticipate that this will be an extremely competitive process with only about 25 grants awarded across the country. These are five year awards, capped at \$250k or \$350k if you do a collaborative application (med, peds, fam med). We are currently looking to see if we can meet the MUC preference (40% students/residents working in underserved communities). This is unlikely. Currently, the planning team is developing ideas around leadership curriculum for those involved in practice transformation.

### **Discussion: Faculty Roles**

The leadership team has engaged in multiple conversations about defining faculty roles based on the new RRC requirements of “core faculty). Stacy provided a brief update on a recent meeting with her committee of the ACGME which is still struggling with this requirement. She reminded the team that as long as the residency stays fully accredited, we have some flexibility (1 Fam Med phys per 6 residents). There is some question as to whether this is just a reporting requirement or whether it will require a more formal change for faculty across our teaching sites. Stacy shared some ideas as to who at the health centers could be deemed “core” faculty if we need to move in this direction.

Stacy is meeting with her committee again Feb. 8-11 and will report back to this group with a final recommendation as to how to proceed within the residency programs.

### **Medical Student Precepting**

The group briefly discussed the development of the Medical Student Site Education Coordinator role to assist with more effectively precepting student learners. Bob noted that this might be a chance for us to change our precepting model to allow faculty to work with a student without feeling such a heavy burden. Currently our model is students work 1:1 with an attending, however in other disciplines students learn from the residents. Frank and Mary are looking at potential new models and Frank will report back to this group as needed.