Positioning Academic Family Medicine in Health Systems- Phase 1

Broad Goals

- Ensure that family medicine faculty -- including community preceptors in non-academic settings -- have sufficient time and institutional resources to teach and meet academic and accreditation requirements.
- Preserve comprehensive practice for family physicians and family medicine faculty who wish to practice broad scope.
- Improve faculty and learner well-being.
- Transform family medicine training sites into clinical and teaching models of excellence.

SMART Objectives

- Increase the percentage of family medicine faculty who say their health system doesn't restrict their scope of practice.
  Measure: CERA pre and post surveys
- By December 2023, 300 STFM members will have participated in in-person or online training on the business of medicine.
- 85% of participants who participate in in-person or online training on the business of medicine will be satisfied
  Measure: Participant-competed evaluations
- By December 2023, there will be at least 8 published papers/blogposts/editorials/articles that align with the tactics and action items in this plan.
  Measure: Number of published papers/blogposts/editorials/articles

Summary of Tactics/Action Items

Tactic	Why? How does this help us achieve our goals?	Action Items

Train family medicine educators and learners on the business of medicine	Most family physicians are now employed by health care systems. Understanding the systems in which they work will help them:
	• Understand how decisions are made, which could reduce frustration
	• Identify and advocate for business-based solutions that incorporate the needs of medical education, family medicine, and health systems
		• Identify or develop curriculum for residents that covers the ACGME requirements for systems-based practice.
		• Develop online and in-person training for faculty on:
		  ○ Health systems structure
		  ○ Health system finances
		  ○ Working within a health care system
		  ○ Educating residents and students about health care systems
		  ○ Becoming a leader in a health care system
		  ○ How to analyze data for health systems
		• Weave health systems leadership training into STFM fellowships

		• Invite health system leaders to present at STFM conferences • Explore what can be learned and shared from organizations such as PCC, ACHE, MGMA, and HFMA. • Strategically hang out where health system executives hang out
Make the business case for investment in primary care/family medicine	• Health systems leaders undervalue teaching and scholarship • Clinical productivity requirements and administrative responsibilities have increased for faculty • There aren't enough family physicians to meet the nation's health care needs • There is a shortage of family medicine faculty • Family physicians' scope of practice is limited by many systems • Family medicine faculty have decreasing decision-making authority in many systems Getting health care systems to better understand and place a higher value on family medicine and academics should result in more equitable resource allocation, and a willingness by health systems to find and implement solutions that meet the needs of family physicians and family medicine training programs.	• Identify and communicate about family physician leaders who were health system heroes during the COVID-19 crisis • Identify and learn from heath systems that value family medicine • Identify and promote models that incentivize educational scholarship within family medicine departments and residency programs • Develop talking points about family medicine's importance to the health care system, and why that requires an investment in teaching and scholarship • Conduct a PR campaign (articles, social media) targeting health systems leaders • Present at meetings attended by health systems leaders • Promote the STFM "business case" advocacy course
Preserve comprehensive practice for family physicians and family medicine faculty who wish to practice broad scope.	There have been concerns for decades that family medicine's scope of practice is decreasing.	• Promote the connection between comprehensive practice and reduced burnout • Conduct a CERA survey to determine the size of and reasons for the narrowing scope • Advocate for comprehensive practice for those who wish to practice broad scope • Define and promote a training pathway for those who want to re-enter the family medicine workforce or who have been practicing under a limited scope

Structure of Work

Work will be led by staff and an initiative Chair and Assistant Chair. The Chair and Assistant Chair will be selected through an open call for applications. Subject matter experts, workgroups, and collaborators will be consulted and convened on an ad-hoc basis.

Tentative Timeline

- Spring 2020: Begin work to identify and communicate about family physician leaders who were health system heroes during the COVID-19 crisis
- June 2020: Submit application for CERA General Membership Survey on Scope of Practice restrictions
- July 2020:
    - Appoint Chair and Assistant Chair
    - First conference call with Chairs and staff
- August 2020:
    - Put out call for curriculum workgroup
- October 2020
    - First meeting of Chairs and staff
        - Develop plan for Business Case
        - Develop dissemination strategy for Business Case
        - Strategize pathway for those who want to re-enter the family medicine workforce or who have been practicing under a limited scope
- November 2020
    - Analyze results of CERA survey
- December 2020/January 2021:
    - First in-person meeting of curriculum workgroup:
        - Finalize goals, objectives, and outline for in-person and online training
        - Develop dissemination plan for curriculum
    - Begin work on Business Case
    - Begin advocacy work on full scope
- February 2021: Submit paper on results of CERA survey
- Spring 2021: Second in-person meeting of curriculum workgroup
- Summer 2021: Begin delivering curriculum
- Fall/Winter 2021: Ongoing dissemination and communication according to plans developed by workgroup and Chairs
- Spring 2024: Repeat CERA Scope of Practice survey

Related Strategies and Tactics From the Strategic Plan

Transform family medicine training sites for students and residents into clinical and teaching models of excellence.

- Engage with health system leaders and residency sponsoring institutions to transform learning environments to support cultures of teaching and comprehensive primary care.

Promote well-being at the personal and system level.

- Collaborate with other organizations and health systems to identify and spread processes and programs that reduce administrative burden and improve well-being at the personal and system level.

Partner with health care systems to better support medical education scholarship in training programs.

- Identify and promote models that incentivize educational scholarship within family medicine departments and residency programs.

Develop and communicate the business case for family medical education, including the financial and patient impact.

- Provide STFM members with training and resources to effectively make the case to health systems leaders and legislators that investment in primary care medical education has financial and patient care benefits.
- Train family medicine educators and learners on the business of medicine.
- Develop relationships with 3-5 high level executives in large health care systems with student and resident training sites to explore mutually beneficial educational and business opportunities.

Advocate for the teaching and practice of comprehensive family medicine.