President’s Column

STFM Reaffirms Importance of Behavioral Health and Care of the Family to Family Medicine Education

Scott A. Fields, MD

At times there are significant challenges that must be addressed by an organization, and it is important to reaffirm certain basic principles. The Board has had to face one of those challenges. There has always been an awareness of the importance of the provision of care in the context of the family and also the critical nature of behavioral health to the care of our patients. For that reason, the need to support our members who are teaching this content has been unwavering.

Yet, in spite of this reality, STFM has had to address some difficult issues as it relates to activities that we have historically supported. As we have faced these issues, we have successfully worked with the Group on the Family in Family Medicine and the Group on Behavioral Science to try to identify strategies to meet the needs of our members. In spite of hard decisions, this process continues, and the Board is committed to the belief that behavioral health and care of the family are priorities in family medicine education.

The first of these issues relates to the Conference on Families and Health. This conference has had a long history and a dedicated following, yet the attendance and economic viability has been decreasing over the past several years. In May, the Board made the decision that the 2009 conference would be the last as currently configured. We have engaged the affected groups to help define other means to help meet the needs of our members with a passion in this area.

Recently, the STFM Board, leaders of the Group on the Family, and STFM staff made a difficult decision regarding the final Conference on Families and Health for 2009. We did not receive enough submissions to hold the program and decided to cancel the 2009 Conference on Families and Health. This was a difficult decision, and I am sure it will leave many of us without the closure we had hoped for in Jacksonville.

In keeping with our commitment to learning in behavioral health, we have developed the following alternative plan, in consultation with the Conference on Families and Health planning committee chair, Group on the Family chair, the STFM Program Committee chair, and staff.

• There will be a 1-day preconference session at the 2009 STFM Annual Spring Conference, hosted by the Group on the Family. The Group on the Family will determine the content for the session, and their leaders already have some ideas on offering content that shares best practices and well as discussions on future directions.

• We will provide a family systems and behavioral science track at the 2009 annual meeting.

• We have held five slots within the 2009 annual meeting program for the best submissions from individuals who submitted for the 2009 family conference. These sessions will be selected by Group on the Family chair and 2009 Conference on Families and Health planning committee chair.

• We have invited individuals who submitted to the 2009 Conference on Families and Health to have their submission considered for the 2009 Annual Spring Conference. While these submissions are not guaranteed acceptance within the annual meeting, they will be considered within the other an-

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From the Department of Family Medicine, Oregon Health and Science University.
The second difficult decision that the Board faced was whether or not to renew our financial support of the Forum for Behavioral Science in Family Medicine. For the last 5 years, STFM has cosponsored the Forum with the Medical College of Wisconsin. Our contract for this activity has come to an end. Unfortunately, the cost of this conference to STFM is such that we can not continue to provide the support in the same way that we have in the past. The Board has entered into an ongoing discussion with the leaders of the Forum on how a future relationship might be structured in a way that is beneficial to both groups. We are currently open to defining other ways of supporting the Forum if it is not possible to define a sustainable financial arrangement.

The context may assist you in understanding the reasoning behind these difficult decisions. The Board has undertaken an assessment of our activities, and we are striving to be more effective in how we utilize our limited resources of time, energy, and dollars. The Board has created a list of holistic principles for assessing all of our conferences, including the Family and Forum conferences. Factoring in staff time, we were losing money on these two conferences.

The Board agreed that our financial model depends on making a surplus on conferences to finance our other operations that are not revenue generating, eg, the Family Medicine Digital Resources Library, advocacy efforts, and our support of the Annals of Family Medicine. While STFM has ended the year financially in a deficit 6 of the last 7 years, our financial situation is improved this year. The Board feels we needed to take a hard look at where we are devoting our resources to make sure we are directing STFM on the course toward long-term success for the future.

Following its decision to end support for these two conferences, this preamble was communicated to both groups and the Behavioral Science Forum leadership:

“The content of family and behavioral medicine is core to the future of family medicine. The STFM Board of Directors charges the STFM Group on the Family and the Group on Behavioral Science with defining a new direction to advance family systems and behavioral science in the discipline and in the Society. This new direction may include a focus on collaborative care. The Board requests a one–two page concept paper from these two groups for discussion at the August 2008 Board meeting.” (The Board has received this proposal, has approved several of the requests, and has asked for more detail for other items.)

Some new methods that could be considered, among others, include:

- A content track in current meetings
- A new meeting focused on this new direction
- Collaboration with other organizations

With these two major decisions, we are aware that our STFM members may feel that two important opportunities to meet to discuss issues of family and behavioral health have been lost. For this reason, the Board has been working closely with the Group on the Family and the Group on Behavioral Science to better meet their needs. From these conversations, a number of initiatives have been implemented:

- We have engaged in a process of listening and facilitation that has included multiple phone conferences with the leadership of these two groups and leaders of the Forum and four sessions at the Behavioral Sciences Forum to hear ideas and concerns about how STFM can better meet the needs of our behavioral science members. These sessions were facilitated by Board members and were helpful in building a common understanding of issues facing faculty focused in behavioral health. Several of the ideas suggested by behavioral science faculty as services STFM could provide that would meet their needs are already in the process of being implemented.

- A survey has been sent to members of the Group on the Family and the Group on Behavioral Science and other individuals who have attended the Family Conference and the Forum. This survey was designed by the group leadership with input from the STFM Research Committee in hopes of obtaining information that will provide guidance to the Board.

- The Group on Behavioral Science is developing Core Principles of Behavioral Medicine for potential publication, which will be sent to Family Medicine. If the article is received favorably and accepted by the journal editors, the Board will welcome the opportunity to consider this for endorsement as an official product of the group.

- The Board has also been meeting with the leadership of outside organizations, such as the Collaborative Family Healthcare Association (CFHA), trying to define how we might collaborate.
We believe that through collaboration we may be able to better support our members.

• Finally, we are discussing with our partners in the Council of Academic Family Medicine how we may be able to advocate for the importance of behavioral health in the patient-centered medical home.

All of the actions described above demonstrate our commitment to the importance of the principles of behavioral medicine and family within what is core for family medicine education—and a commitment to the needs of our members.

It is never easy for an organization to stop doing things that a cohort of members value. That is certainly the case here. I do believe that a positive outcome will emerge from these actions, and we’ll be a stronger Society because of these decisions.

If you have questions or other suggestions for us to consider for the future, contact me (sfields@ohsu.edu) or STFM Executive Director Stacy Brungardt, CAE (sbrungardt@stfm.org).

Correspondence: Address correspondence to Dr Fields, Oregon Health and Science University, Department of Family Medicine, 3181 SW Sam Jackson Park Road, Portland, OR 97239. 503-494-6620. Fax: 503-494-4496. safields@ohsu.edu.