It is my great honor to serve as the president of STFM for the upcoming year. STFM over the years has provided me with many friends, a great deal of support, and a basic grounding in what it takes to be a family medicine academician, and it is truly a privilege to lead our organization during this important period.

In my first President’s Column, drawn from my Incoming President’s Address at the Annual Spring Conference in Vancouver, I want to first present to you some of the key lessons learned from the work I have been doing in practice transformation over the past 10 years. I have worked in more than a dozen practice transformation projects involving more than 300 practices, including our ongoing Colorado Family Medicine Residency PCMH Project, and these projects have provided me with some perspectives about the work that we need to do to transform our practices into medical homes. I will then use these “lessons learned” to set up the key tasks that I see for STFM for the near future.

Becoming a PCMH

It is clear that becoming a medical home takes time and requires fundamental change in multiple areas. A practice may be able to become National Committee for Quality Assurance (NCQA) certified a bit more rapidly, but becoming a true Patient-centered Medical Home (PCMH) requires major transformation. To be successful in this transformation, a robust change management and quality improvement process is needed, and most practices don’t have that. Outside support from a practice coach or facilitator can really help practices implement an improvement process and get rolling.

Cultural Transformation

There are huge cultural issues involved with this PCMH transformation, with three being especially key.

1. First, a consistent finding across multiple projects is that leadership is incredibly important, and the type of change process required for the PCMH necessitates a shift toward a less hierarchical leadership and management style; this can be threatening for the power structure of many practices.

2. The PCMH requires team-based patient care and quality improvement processes. While we think we work effectively in teams, here we are talking about a level of teamwork and shared responsibility that few practices have currently achieved.

3. Patient-centered care can be extremely difficult for our practices to accomplish. Physicians tend to think that they are patient centered in their care, but the reality is that most practices are physician and practice centered, and it requires a major shift for everyone, patients included, to turn this around.

Residency Challenges in Teaching the PCMH

In looking specifically at working on teaching the PCMH in residency programs, some additional challenges stand out. First, our practices are not medical homes yet, and it is difficult to teach what we don’t do. Further, our faculty members are not experts at many of the skills included in the PCMH, and this produces a good bit of discomfort and possible resistance from those of us who feel like we need to be experts in what we teach. We need to be willing and able to adopt a more collaborative teaching and learning process, for this and for many other reasons. The reality is that our residents are often our best change agents in residency practices and programs, in collaboration with the staff, with faculty members often lagging behind.

Responding to This Time of Change

Here we are at a period of tremendous change. We have to move forward to a new model of advanced primary care, whether we want to call it the PCMH or whatever, and this is going to require us to transform our practices, our residency curricula, our medical student curricula, and ourselves. This is further complicated by the upcoming revision in the RC residency requirements that will come out next year. Further, the board certification process keeps going more and more toward a focus on lifelong learning and quality improvement, which has profound implications for how we should prepare our learners. And
Practice change is a team sport.

Similarly, patient care in the PCMH is also a team sport. Looking at care teams in practices, who is or should be involved? Within the practice, we are talking about everyone: front office staff, MAs, RNs, PAs, physicians—everyone. There are others who should also preferably be inside the practice, especially in larger practices, or at least readily available—mental and behavioral health professionals, care managers, social services, pharmacists, and others. Finally, we also have to figure out how to effectively team up with those who are outside our practices but important to our patients—specialists, community agencies, hospitals—basically our medical neighborhood. I charge us all in STFM to explore how to best form relationships and training models for our interdisciplinary teams, since our Society is in a good position to lead the charge in this area. STFM is providing leadership for a Council of Academic Family Medicine task group looking at the important role of integrated mental and behavioral health care in the PCMH, and we look forward to their white paper. STFM also will be exploring relationships and transdisciplinary training opportunities with professional groups for other disciplines that are part of our medical home teams. Finally, we will be looking for people with expertise in this type of interdisciplinary teamwork for presentations at our meetings and development of training models.

Leadership for Change

Leadership for change, in our residency programs and practices, in our preceptors’ practices, in our communities, and in the health system. Adopting advanced leadership skills in this time of change will require each of us to be reflective regarding our current skills and to be open to learning new approaches. As STFM extends its leadership development activities, we will look for opportunities to include additional training for leadership for change and innovation.

Moving Forward

As the family medicine educators of the future, we need to become comfortable with not being the experts and not being in charge but rather being collaborative learners, facilitative leaders, and good team members. This is an exciting period of change, a time for innovation and risk-taking, with careful evaluation and learning from the results of our experimentation. As Will Rogers said, “Even if you are on the right track, you’ll get run over if you just sit there.”

Thank you for the opportunity to serve STFM and our discipline during this exciting time, hopefully to provide some leadership as a part of our great STFM team and to learn even more from all of you.