Family Medicine Leadership Consortium Minutes

Virtual Meeting - January 15-16, 2021

Please see webpage for all documents:
https://stfm.org/conferences/fmlc/overview/

Attendees:
AAFP: Sterling Ransone, MD, Gary LeRoy, MD, Shawn Martin, CAE, Stephanie Quinn, Ada Stewart, MD, Karen Mitchell, MD
AAFP Foundation: Rebecca Jaffe, MD, Martin Devine, MD, Heather Palmer, David Smith, MD, Tomas Owens, MD
ABFM: Libby Baxley, MD. Andrew Bazemore, MD, Wendy Biggs, MD, John Brady, MD, Colleen Conry, MD, Michael Magill, MD, Jerry Kruse, MD, Warren Newton, MD, Bob Phillips, MD
ACOFP: Nicole Bixler, DO, Robert DeLuca, DO, Bruce Williams, DO, Bob Moore, CAE
ADFM: Chelley Alexander, MD, Allen Perkins, MD
AFMRD: Wendy Barr, MD, Steven Brown, MD, Deborah Clements, MD, Deanne St. George, Kathleen Ingraham
NAPCRG: Gillian Bartlett-Esquillant, PhD, Jack Westfall, MD, Julie Sutter, CAE
STFM: Stacy Brungardt, CAE, Frederick Chen, MD, Tricia Elliott, MD, Aaron Michelfelder, MD, Emily Walters, Hope Wittenberg, MA, Sandy Van Tuyl

GUESTS: Timothy Grunert, MD, PGY2, Monica Ajinkya, MD, Chris Arenson, MD, Danielle Jones, MPH, Mary Theobald, MBA, Monica Hahn, MD, Edwin Lindo, JD, Brittani James, MD, Laura Castillo-Page, PhD, Geoffrey Young, PhD

1. Welcome and Introductions

2. AAMC Presentation on Strategic Work to Increase Diversity, Equity, and Inclusion

Laura Castillo-Page, PhD, AAMC senior director, diversity policy and programs & organizational capacity building, and Geoffrey Young, PhD, AAMC senior director, student affairs and programs, presented AAMC's Strategic Planning related to DEI.

- Focus on Inclusivity – Action Plan #3
- Diversify Tomorrow's Doctors – Action Plan #4

Download: **AAMC Strategic Plan & DEI**

Discussion:

- What have been the *greatest barriers* to create a more equitable and inclusive culture and to recruit and diversity the student body?
    - Discomfort discussing racism, which reflects society.
    - Work with students and mentorship is often seen as a drag on clinical productivity.
        - Need to change what we reward and provide the time for diversity and mentorship work. This requires leadership accountability through organizations like the AAMC council of deans, ACGME, LCME, etc. If we value diversity, hold leaders accountable to find the time for their faculty.
    - In medical school, need to point out how racism is deeply embedded in both medicine and the curriculum.
    - Need to look outside our own ranks of academic medicine for effective diversity work. What are other successful organizations and community colleges doing?

    - Too many pipeline programs are done as a one-off project without sustained follow-up or support for either the participants or the program itself.
- If you could make *one systemic change* to improve equity and inclusion & diversity, what change would you make?
    - Leverage resources to have a registry of pipeline programs and their participants. This would highlight effective programs for collaboration or imitation and provide more opportunities to connect participants to additional programs or leadership pathways.
    - Make AHECs more visible to AAMC to consider them a resource for outreach to communities and collaborate. Provide connections to underserved communities.
    - Look at diversity of medical schools ranking list based on social mission—note that top three are HBCUs and examine why others are bright spots for diversity.
    - Provide better support and training for diversity officers to give them power within health systems. There is a AAMC certificate program for diversity & inclusion.
    - How can family medicine collaborate closely with AAMC? DEI is aligned with what we do and FM is an untapped resource.
    - Encourage URM as a benchmark. Focus on benchmarks.

3. Wicked Problem 1: Antiracism in Family Medicine Practice, Education, and Research: Current State (Part 1)

Reviewed current activities by FMLC organizations and discussed what we could do to change and evolve current education, research, and practice. Focused on whether there are gaps or road blocks in our ability to move forward as a specialty.
Download: **Antiracism Framework**
Download: **FMLC Organizational Efforts Toward Antiracism, Diversity, Inclusion, & Health Equity**

Recommended Reading on Antiracism

- Breathing Race into The Machine by Lundy Braun
- Fatal Invention by Dorothy Roberts
- The Mismeasure of Man by Stephen Gould
- Medical Apartheid by Harriet Washington
- Stamped by Jason Reynolds & Ibram Kendi
- Reading list of AntiBlackness in Medicine

Moderator Danielle Jones MPH, AAFP Director of Diversity and Health Equity presented on:

- The history of FM HEAT (Family Medicine Health Equity Action Team), which is an information-sharing group for key staff members within FMLC orgs to stay current and collaborate on diversity work at each organization. Danielle shared a suggestion to expand FM HEAT to serve as a working group of the family with goals to advance antiracism work and coordinate group statements in this area.
- Explained roadmap concept and proposed antiracism framework.

Brief Antiracism Presentations by

- Monica Hahn, MD, Associate Professor, University of California, San Francisco (focus on practice)
    - Download: Challenging Race-Based Medicine and Advocating for Race-Conscious Medicine
    - Article: Race-based to race-conscious medicine
    - Website: https://www.instituteforhealingandjustice.org/
- Edwin Lindo, JD, Assistant Dean for Social & Health Justice, Acting Assistant Professor, University of Washington (focus on education)
    - Need to actively deconstruct false biological race-based medicine in our students and residents. Differentiate social history vs physical history.
- Brittani James, MD, Founding Codirector, The Institute for Antiracism (focus on research)
    - Website: http://healthcareantiracist.org/
    - Need to make diverse voices and patient centered research with communities of color a priority for research. Reckon with the past and present of racism & injustice in research.

4. Wicked Problem 1 (Part 2): Identify areas of collaboration among FM organizations, particularly in regards to advocacy. Identify other organizations for collaboration.

See appendix for notes from following breakouts: Research, Medical Education (UME), Residency training (GME), Pipeline, Faculty development, Practice, Policy /Advocacy, and Governance.

Discussion what resonated in breakouts?

- Address the impact of racism in every CME presentation or lecture session. Also critical to review and start revising current curricula to embed this lens. Resources are needed to help train speakers to incorporate this lens into their session.
    - Could incentivize by adding a 2 for 1 CME credit if lecture focuses antiracism.
- Be explicit that doing this work is a lifetime commitment. Recognize that racism is systemic and antiracism needs to be continually incorporated across the spectrum of academic medicine. Recommend promoting the antiracism continuum so that organizations can see where they are and continue to move forward.
- Deliberately, intentionally move toward race-conscious medicine, instead of race-based medicine. Ask researchers, authors, and editors, "How and why are you using race and for what purpose?" Challenge journals and practices to examine why race is being used as a variable. The profession needs to grapple with past and present racist practices in research.
- Awareness of bias is not enough. We need toolkits to model behavioral change for counteracting behaviors of bias. Look at what needs to be done to help members and leadership work through bias and develop antiracism skills.
- Make sure we are consistently creating space to listen to BIPOC faculty and learners. Both in journals and other platforms to ensure that stories are being shared.
- FM HEAT can be a place to develop processes or identify antiracism tools and resources.

Next Steps:

- Agreed to explore FM HEAT as a collaborative structure for antiracism work. Each organization will have conversations with their board about their commitment to this collaborative effort, including choosing a staff member to engage in FM HEAT meetings/discussions. At a minimum, the family organizations should send a staff representative to meetings between now and August to provide input into the FM HEAT charter related to antiracism and DEI work.
- The FM HEAT will develop a charter, scope of work, and goals for the August FMLC meeting review and consideration.

5. ACGME Update

Warren Newton, MD, and Karen Mitchell, MD, presented on outcomes and next steps for "Re-envisioning FM Residency Training Summit".

Download: Themes From Residency Summit and Re-Envisioning the Future of Family Medicine Residency Education

- Additional Summit information to ACGME Writing Group already available: backgrounders with references, focus group results, surveys (and poll results soon) on website https://residency.starfieldsummit.com

ACGME process:

- Writing Group to propose themes for open comment approx. Feb. 2021
- Technical program requirement writing in Summer 2021
- ACGME approval process Summer 2021 to Winter 2022
- Anticipated implementation July 2022

6. Wicked Problem 2: Communicating the Value of Family Medicine to Health Systems

Drs. Ajinkya and Grunert presented their research to identify family medicine leaders in large health care systems. Along with a list of those leaders, they have data to show how the # of FM leaders compares to the # of other specialty leaders.

- FM is well-represented as a specialty in hospital-based health systems leadership, most commonly as CMO/CCO, or CHOs. Not as well represented in insurance leadership and not well represented in philanthropic organizations.
- The denominator of the total # of health systems leaders and the penetration of family medicine leaders among all the chiefs in these systems is unclear.

Discussion: Using this list, how should we engage with family medicine leaders within health systems and other organizations?

- Could reach out and connect with existing FMLC org. leadership development programs as speakers, or more. AAFP already regularly connects with many health systems leaders.
- Important to differentiate those in fiduciary roles who actually control financial decision-making vs. those in more strategic roles who may not be able to enact large-scale change.
- Turnover is fast at these levels of c-suite leadership—will need to move fast to take advantage of these lists and track trends.
- How can we maintain this list long-term?
- Can make a difference to find out what issue the individual health system leader is passionate about and keying into their interests.
- Outliers help us to gain clarity—what was different about Maine (none) vs Ohio (most). What has worked so well or not? Get info from state chapters. Likely driven by locations of FM residencies.
- Talk about how primary care has demonstrated its value in the current pandemic.

Chris Arenson, MD, Chair of STFM Health Systems Engagement Task Force, provided an overview of the STFM Health System Engagement Action Plan and key elements of the plan that would benefit from the family input and collaboration. The group provided input on the draft talking points to make the business case about the value of family medicine.
Download: Health Systems Talking Points Memo and Overview of STFM and ADFM Health Systems Engagement Work

Discussion:

- Describe FM as underutilized rather than undervalued.
- Important not to assume that leaders with FM background will automatically advocate for the specialty. In fact, advocating for FM may even be a role conflict. Not always the case that individuals working out of the FM core values. Need a clearly articulated vision of the discipline and to make it explicit how leaders can be advocates for FM within their role.
- Big opportunity to show the problems caused by consolidation in light of COVID. Great time to get message out about comprehensive healthcare provided by family medicine.
- Focus on how FM provides what patients need—we cover more complexity in one visit—mental health, derm., basic gyn, pediatrics, OB. Show patients prefer coming to one trusted place rather than five for additional testing and referrals.
- Clarify that FM physicians are not interchangeable with internists, we manage just as much complexity while handing multiple morbidities and longitudinal care.
- Be allies to the C-suite. Educate them about how the value of FM physicians and describe how we are different and unique from NPs and PAs. Talk about the role of the physician leader on the clinic team and the value of FM to deal with complexity.
- How do we get past focus on clinical profitability to make the case for the fundamentals of population health and decreased admissions, etc.? Strengthened FM clinics benefit health systems by lowering expenses, creating better health outcomes.
- Providing adequate time for teaching, research, and scholarship will lead to better well-being and retention of faculty for institutions. It's a win-win.
- Racism is intricately tied to health systems. Look at diversity of leadership and continue examining how we take care of patients and distribute resources. Include homeless and uninsured patients. Must remind ourselves these problems are linked.
- Need adaptive learners for the future of comprehensive care. Must support broad scope of training in residency for a future of constant innovation like and changes like telemedicine.

7. Government Relations Update
Michael Park, Brian Lee, Hope Wittenberg, MA, Bob Phillips, MD, and Stephanie Quinn provided updates. Download**:** **Gov't Relations Update Jan 2021**

Bob Phillips, MD, presented the Major Care Transformation Announcement regarding Family Physicians Join Push to Reform Primary Care Payment and Regulation.

The American Academy of Family Physicians and the American Board of Family Medicine joined five other national primary care organizations to take a stand in advocating for major reforms in primary care payment and regulation. See link to website detailing the shared principles of primary care.

8. Debrief and Closing Remarks
Where do we go from here? Action planning for next FMLC meeting on August 12 – 14, 2021

- Meeting currently planned for in-person in Santa Fe, NM.

Possible agenda topics:

- Continue antiracism conversations
- Continuity of care and scope of practice
- Leadership transformation of primary care
- FM HEAT – discuss charter and scope of work
- Look at outcomes of the Match following virtual interview season
- Practice discussion - vaccinations as a wicked problem

FMLC Program Committee calls

- March 18**,** 2021, 3–4 pm (CST) / 4 pm (EST)/ 2 pm (MST) / 1 pm (PST)
- May 13, 2021, 3–4 pm (CDT) / 4 pm (EDT)/ 2 pm (MDT) / 1 pm (PDT)
- June 21, 2021**,** 2–3 pm (CDT) / 3 pm (EDT)/ 1pm (MDT) / noon (PDT)