
ADFM will Turn 40 in 2018!

We are very excited about our plans for our February 21-24, 2018 Winter meeting and Birthday party plans. In alignment with the meeting theme of “Back to the Future: Mindful of where we’ve been; resilient in where we are going”, we are inviting past Department Chairs and Administrators (our “heritage members”) to celebrate with us. We will be holding our meeting in Washington DC, our birthplace where we were incorporated in April 1978.

All members of the Working Party are invited to celebrate with us. You can join in the celebration by:

- Attending the 2018 Winter meeting and join the Annual Dinner celebration! Rich Wender, Tony Kuzel and Tom Campbell promise to provide much musical fun at this event!
- Contributing any ADFM memorabilia you may have at home which you have been holding onto but no longer need.
- Contributing to our Heritage Fund campaign celebrating our past and enabling our future
  - Beginning with our 40th birthday and this financial campaign, we will be using some of the funds to enhance our 40th birthday celebration next February. This fund in the future will be used to support the “Heritage Fund Speaker” for our annual Winter meeting and if possible, exemplary opportunities for selected Departmental leadership development.

Strategic Plan Progress and Thinking Ahead to our next Three-year plan

The ADFM Board and Executive Committee are exploring strategic priorities for 2018-21. In conjunction with a close look at Leadership as an overarching priority, we prioritizing ADFM Infrastructure in our next 3-year plan. We are currently looking carefully at our revenue and expenses and where we can begin to diversify our revenue streams while also looking at the most cost-effective use of our resources. We have made much progress now over two years into our current plan. The major outcomes, now over 2 years into our current strategic plan are summarized below.

Many of our priorities moving forward align with past priorities but a key difference in our next plan will be a more laser-like focus on our organization’s finances and resources. The next 3-year strategic plan for the organization will be approved by the Board in February 2018 as we celebrate our 40th!
2015-18 ADFM Strategic Plan: Progress and Outcomes

ADFM’s 2015-18 Strategic Plan Progress: LEADERSHIP DEVELOPMENT

The overarching goal in our current strategic plan concerning Leadership Development is to “Enhance leadership skills of chairs, administrators and other future department leaders to improve the academic, research and service effectiveness of Departments of Family Medicine.” Within this goal are five objectives each of which we have tied to specific metrics to document progress.

A number of our programmatic metrics are tied to continuing activities already enjoying much success prior to 2015 which are aimed at developing Chairs and Administrators within ADFM and senior leaders and aspiring chairs. An activity which has strengthened our approach to the majority of these activities has been to articulate and publish the Competencies for Chairs of Departments of Family Medicine which are germane to any aspiring chair or senior leader in academic family medicine. A significant new focus over the past 2-3 years has been in the area of resilience, wellness and burnout. This has led to a new initiative in ADFM, which began in 2016 on the "Joy in Practice". Through this initiative we are reaching out to colleagues in general internal medicine through SGIM/ACLGIM which has very recently led to ADFM leaders participating in SGIM/ACLGIM’s WELL (Wellness Engaged Longitudinal Leaders) program. Also new in the past year is an explicit focus on succession planning for Departments of Family Medicine, with a focus on the full cadre of faculty and staff as well as on “what next” after the Chairship. Not directly tied to this goal but an important activity of the Board this past year has been to articulate the critical role ADFM plays in providing peer support. This level of leadership development activity may not be as measurable but may be as or more impactful as any targeted programming.

Collaboration with other partners is an important feature of our leadership development efforts over the past 3 years. Recognizing the critical connection to STFM and the many faculty and learners participating in that much larger organization, we have explicitly focused on holding annual leadership development sessions at STFM. This connection to STFM is also the genesis for the Leading Change fellowship which lives now within STFM. Collaboration with CAFM (Council of Academic Family Medicine) has identified an important gap in our current leadership development efforts across all academic organizations in family medicine. This gap has to do with how we attract and sustain leaders in academic family medicine, particularly women and minorities. ADFM has taken the lead role on a CAFM Leadership Development Taskforce with STFM in the co-lead role to address the pathway to leadership in academic family medicine in a way which promotes sustainability of a more diverse leadership as individuals progress into higher leadership roles.

Collaboration with the University of Missouri, Columbia has solidified the New Chairs Workshop as a hallmark of our leadership offerings for new chairs. This collaboration has also allowed us to begin construction of a “toolkit” of resources tied to our competencies. Lastly, collaboration with AAMC on our annual appointment of Organization of Resident Representatives has been an ongoing leadership development activity of ADFM whereby we embrace our younger leaders. Recently, we have extended this collaboration to our current ORR representatives who have joined the CAFM Leadership Development Taskforce.

ADFM’s Strategic Plan 2015-18 Progress: TRANSFORM HEALTHCARE DELIVERY

The healthcare delivery environment has changed dramatically over the past 5-7 years since the advent of the Affordable Care Act in 2010. ADFM’s overarching goal in the current strategic plan is to assist Departments of Family Medicine (DFMs) in the transformation of their clinical delivery enterprise to advance higher care quality and improved health at lower cost. A challenge for all Departments has been to understand the potential for advancement within the local context. The first objective in the strategic plan relates to assisting DFMs assess the current status of healthcare delivery within their own local environment with a focus on communities and states. In November 2015, the Healthcare Delivery Transformation Committee addressed this through publication of a commentary in the Annals of Family
Medicine on “Partnering for Transformation: A Menu of Many Points of Entry for your Department.” Additionally, programming at the Winter meeting focused on the following topics:

- Partnering with States and Communities to redesign Care Delivery: Implications for DFMs (2016)
- State and Regional Networking Breakfast Tables (2016, 2017)

Winter meeting programming has been devoted to helping leaders of Departments of Family Medicine see future possibilities which relates to the strategic second objective:

- Broadening our Perspectives with New Models of Care (2015)
- Broadening our Perspectives using our Data: Integration of Community Health and Public Health (2015)

The third objective focuses on how DFMs can be better partners within their own Academic Health Centers and Health Systems. Winter meeting programming has focused on various related facets:

- Family Medicine and Academic Medical Centers: Strangers in a Strange Land (2015)
- Service Lines Panel (2015)
- Clinical enterprise remodeling (2017)

A webinar on Inter-professional Education and Practice specifically focused on how family medicine can promote inter-professional training experiences with academic health centers. The outcomes of this webinar were published Jan 2015 (IPE: A Webinar Featuring Case Examples, Ann Fam Med).

Collaboration with the Society of General Internal Medicine (SGIM), the Association of Chiefs and Leaders of GIM (ACLGIM) and AAMC’s Scott Shipman (Director of Workforce Analysis and Primary Care Affairs) has focused on primary/specialty care interfaces and Wellness. Two specific collaborative activities are: 1) CORE (Coordinating Optimal Referral Experiences) described in an Annals of Family Medicine commentary (Advancing the primary/specialty care interface through E-Consults and Enhanced Referrals; Jul/Aug 2015); and 2) WELL (Wellness Engaged Longitudinal Leaders) ACLGIM/SGIM’s yearlong (2017-18) program through which a few ADFM champions are engaged.

ADFM’s “Joy in Practice” Initiative is a major outcome of the current strategic plan which spans all objectives within this goal of transforming care delivery as well as other goals within our current strategic plan. This is described in the current issue of the Annals of Family Medicine (Finding and Maintaining the Joy in What We Do: The 2017 Annual ADFM Winter Meeting http://www.annfammed.org/content/15/3/282.full.pdf+html)

ADFM’s Strategic Plan 2015-18 Progress: RESEARCH DEVELOPMENT

It is notable that within ADFM’s strategic focus on research development, the specific objectives under the goal of “Strengthening Research” were largely the same for the 2012-15 and 2015-18 Strategic plans. The reason for this is that with the advent of Family Medicine for America’s Health in 2014, there was synergy between larger objectives for family medicine research and our own ADFM strategic objectives. The synergy resulted in longer-term efforts to achieve objectives than could be completed within the confines of a 3-year strategic plan.

The one objective which was introduced in the earlier plan and through which synergy with FMAHealth began was to “Create and communicate a vision for family medicine research that draws upon the inherent strengths, talent, and resources of family medicine to most effectively serve our communities and our society.” This objective was met in September 2015 through this publication in the Special Issue of Family Medicine in which FMAHealth was introduced: A Plan for Useful and Timely Family Medicine and Primary Care Research Frank Verloin deGruy III, MD, MSFM; Bernard Ewigman, MD, MSPH; Jennifer E. DeVoe, MD, DPhil; Lauren Hughes, MD, MPH, MSc; Paul James, MD; F. David Schneider, MD, MSPH;
The first objective within the current 2015-18 strategic plan builds on synergy with FMAHealth. We have collaborated with FMAHealth on a number of specific tactics (research capacity study, bibliometric analysis project and Bright Spots for Research) which relate directly and indirectly to other objectives within our current strategic plan. Additionally, members of our Research Development Committee and Executive Committee served on the Advisory Committee for the first Starfield Summit in April 2016 and ADFM facilitated the publication of a follow up piece through use of our organizational space in the *Annals of Family Medicine*. This publication was featured in the July/August 2016 issue of *Ann Fam Med* and was written by Kevin Fiscella on “Reflections on Primary Care Research Post-Starfield Summit: Thinking Pragmatically, Thinking Big”.

The following three objectives have remained constant for ADFM over the past 5 years within the area of Strengthening Research. 1) Collaborate with NAPCRG to develop and implement a plan for building family medicine research capacity and workforce; 2) Educate and train departmental leadership to build research capacity and quality in DFMs; and 3) Track research funding, publications and research infrastructure with Departments of Family Medicine.

The Building Research Capacity (BRC) initiative launched in November 2016 is a direct outcome of the objective related to collaboration with NAPCRG. Two publications in the *Annals of Family Medicine* document the evolution of BRC (Building Research and Scholarship Capacity in Departments of Family Medicine: New Joint ADFM-NAPCRG Initiative. [http://www.annfammed.org/content/14/1/82.full.pdf+html](http://www.annfammed.org/content/14/1/82.full.pdf+html) *Ann Fam Med*; Jan/Feb 2016; and The Building Research Capacity (BRC) Initiative: To Be Launched at the 2016 Annual NAPCRG Meeting; [http://www.annfammed.org/content/14/6/585.full.pdf+html](http://www.annfammed.org/content/14/6/585.full.pdf+html) *Ann Fam Med*; Nov/Dec 2016.

Directly stemming from BRC, the objective to systematically begin training departmental leadership about research capacity has been and continues to be met through collaboration not only with NAPCRG but also with STFM. Work related to the last objective is underway through a 2016 research capacity survey of Departments of Family medicine and a Bibliometric Analysis project being carried out through the Graham Center, our Research Development Committee with funding from the American Board of Family Medicine.

**ADFM’s 2015-18 Strategic Plan Progress: EDUCATION TRANSFORMATION**

The overarching goal in our current strategic plan concerning Education Transformation is to “Work within Departments of Family Medicine and within larger systems to achieve the primary care physician workforce required to meet the nation’s healthcare needs (at least 40% primary care).” Within this goal are four objectives each of which we have tied to specific metrics to document progress.

An important “baseline” activity of ADFM early in this 3-year plan to help set the context for work toward the goal of 40% physicians entering into primary care, was articulation of how DFMs intersect with entry points within the “four pillars for primary care physician workforce development”. The “four pillars” were first described in the literature in early 2014 [http://www.annfammed.org/content/12/1/83.full.pdf+html](http://www.annfammed.org/content/12/1/83.full.pdf+html). In the Fall of 2015, under the leadership of the Education Transformation Committee, ADFM published a commentary endorsed by our Board of Directors which articulates where DFMs have potential entry points of influence within these four pillars and where DFMs do not have control/influence. This publication in the *Annals of Family Medicine* met the first objective in our 3-year plan under the larger goal of striving toward a workforce comprised of 40% primary care physicians. The 2015 commentary was informed by an intensive session at our 2015 Winter meeting devoted to how to “right the inverted triangle” of student career choice. 

Much more recently, the Committee has published (March 2017
http://www.annfammed.org/content/15/2/189.full.pdf+html) a commentary on how to put the pillars into practice on a local DFM level. This work has been informed by Phil Diller’s and this committee’s articulation of specific strategies which can be useful. We are now engaging in broader collaboration with AAFP and STFM with the formation of the SCLAN (Student Choice Learning Action Network), led by the AAFP Division of Education and FMAHealth Workforce Tactic Team. ADFM’s strongest leveraging power in this area lies with our ability to collaborate with other partners on this complex, multi-dimensional issue.

Other objectives within our strategic plan relate to innovation in education in areas such as Interprofessional education and practice, population health and negotiating for educational resources in environments which are increasingly reliant on clinically-generated revenue. With regard to innovations in education and clinical practice redesign, this committee has published a number of “best practices” through our quarterly Newsletter, and one Annals of Family Medicine commentary last Spring on the importance of engaging learners in these innovations (http://www.annfammed.org/content/14/2/184.full.pdf+html). The Sept 2014 webinar we conducted on interprofessional education and practice featuring Denise Rodgers, MD resulted in the collation of a number of relevant resources which have been posted, along with the link to the webinar recording, on our website (see http://www.adfm.org/Members/Webinarsresources).

Helping chairs and administrators negotiate for educational resources is an area we have addressed on some level at both our 2015 and 2017 Winter meetings. Through FMAHealth, STFM has undertaken a project focusing on preceptors for family medicine and other health professions learners. ADFM is identified as a collaborator in the work (and was represented at a Preceptor Summit last Summer) so we anticipate more linkages to our strategic priorities around education of students through this effort. One area we have not addressed is best practices on demonstrating the value of primary care in health systems and improving the health of populations.

ADFM’s Strategic Plan 2015-18 Progress: DEVELOP ADFM INFRASTRUCTURE

Our objectives for building ADFM infrastructure over the 2015-18 strategic plan had mainly to do with data, succession planning and partnering/collaboration. With regard to data, we have successfully met our objective of developing a minimum data set for ADFM. In addition, we have collected baseline minimum data for research capacity in collaboration with FMAHealth and CERA and have begun other data collection (e.g. educational mission). We have not made any progress around an infrastructure for data tracking and storage due primarily to resources (cost of a building out a database) and staffing. With regard to succession planning, we engaged a taskforce to examine critical elements of succession planning for ADFM with a focus on the role of the Executive Director. A detailed report of the first phase of this work was submitted to the Board with articulation of more specificity around how an unplanned departure of the Executive Director position would be managed. A long-term succession plan for ADFM has not been addressed during this 3-year period due to resources and time but the report to the Board from 2016 has valuable information to inform development of a longer-term plan when that is undertaken. Collaboration with other organizations has increased significantly during this 2015-18 strategic plan period. Specifically, these collaborations are with:

- NAPCRG – the Building Research Capacity initiative
- FMAHealth – around several research and workforce initiatives
- CAFM – specifically ADFM’s leadership role in the Aug 2016-Dec 2017 CAFM Leadership Development Taskforce
- STFM – continued collaboration with STFM on presenting Leadership sessions at the STFM Spring conference, and through the CAFM Leadership Development Taskforce (the Taskforce Co-Leader is from STFM)
•  AAFP Division of Education around specific student choice activities in concert with our Education Transformation Committee

•  SGIM/ACLGIM and Scott Shipman of the AAMC – continuing to meet annually with leadership from SGIM/ACLGIM and Scott Shipman in conjunction with the AAMC meeting. Additionally, Ardis Davis is meeting quarterly in person with the current President of SGIM who is at the University of Washington.

Patient/Public Member Voice in ADFM

Much Board and Committee discussion has taken place within ADFM about the patient’s/public’s voice and perspective in the work we do. The impetus for this thinking came from the Engagement Team of Family Medicine For America’s Health. We are grateful to them and to the FMAHealth Board for continuing to engage ADFM in a meaningful and creative way to continue to explore the feasibility and value of having a Public Member on our Board of Directors.

Transition in Chairs of ADFM Member Departments

ADFM continues to experience considerable turnover in Chairs representing our member Departments. We are also seeing more Chairs announcing that they are “stepping through”, out of the Chair role and into other roles within the institution and/or member Department. Attached is a recent listing of new and transitioning Chairs.
# NEW CHAIRS LISTING

*Last update: July 31, 2017*

*next to name means person was replaced by another new chair later on*

## After Feb 2017

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<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Email</th>
<th>Term</th>
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