

# Family Medicine for America's Health: Update on objectives and strategies from the Workforce Education and Development Core Team

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# Learning Objectives

- Describe the key tactics proposed by the Workforce Tactic Team
- Discuss what steps residency programs can take now to make FMA Heath tactics actionable in their medical communities
- Identify how to impact the future of Family Medicine workforce tactics on a broader level

## Family Medicine for America's Health

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Building Support and Capacity for a Strong  
Primary Care Foundation in America

  
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April 2016 Update

## Who Created Family Medicine for America's Health?



American Board of Family Medicine



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## Seven Core Strategies

In collaboration with patients and other primary care professionals:

**1. SHOW THE BENEFITS OF PRIMARY CARE**

**2. EVERY PERSON WILL HAVE A PERSONAL RELATIONSHIP WITH A TRUSTED FAMILY PHYSICIAN OR OTHER PRIMARY CARE PROFESSIONAL, IN THE CONTEXT OF A MEDICAL HOME**

**3. ACHIEVE THE TRIPLE AIM**

**4. REDUCE HEALTH CARE DISPARITIES**

**5. LEAD THE CONTINUED EVOLUTION OF THE PATIENT CENTERED MEDICAL HOME**

**6. ENSURE A WELL-TRAINED PRIMARY CARE WORKFORCE**

**7. MOVE PRIMARY CARE REIMBURSEMENT AWAY FROM FEE-FOR-SERVICE AND TOWARDS COMPREHENSIVE PRIMARY CARE PAYMENT**

## Workforce Education Development Team



Increase the number of students going into family medicine and primary care.



Strengthen supports for increasing and sustaining student interest in family medicine and primary care.



Provide medical school and residency action learning curriculum for skills physicians need to be successful in the future, including (but not limited to):

- "Living" the EPAs
- Providing population based care
- Practicing in a comprehensive payment system
- Leading interprofessional care teams

## What are the major tactics of the Workforce Education Team in 2016?

- Evaluate the dissemination and implementation of the EPA's of Family Medicine
- Preceptor and faculty development
- Leveraging existing teaching resources that will impact student and resident learning across a broad range of topics.
- Increase GME support for FM residencies and enhance faculty retention

## The Entrustable Professional Activities (EPA's) of Family Medicine

- Critical piece of the puzzle that has been missing
- Defines the overarching, patient oriented outcomes of our training
- Should eventually drive training requirements and Milestones
- Sets the bar based on what our communities need from us as family physicians

## EPA's – Dissemination/Implementation

- AFMRD has put together a taskforce to tackle this
- Working across organizations, engage the RC-FM to maximize the impact the EPA's can have on training outcomes.
- **Your role**: respond to the what the taskforce requests of you, complete surveys, do self assessments of your program, etc.

## Poll Question

### Self – Assessment #1

Since the EPA's were published, what have you done with the EPA's your program?

1. Faculty discussion?
2. Resident journal club?
3. Graduate assessment?
4. Curriculum assessment?
5. Nothing yet?

## Preceptor and Faculty Development

- Student impressions of FM deeply impacted by preceptors
  - Attitude towards practice
  - Teaching ability
- Skills development for community preceptors
- Resources underutilized
  - STFM: [teachingphysician.org](http://teachingphysician.org); AFMRD: PD Toolbox
  - Faculty development often includes only core faculty, not community preceptors

## Teaching Physician Webinars

- 6 Topics - intro to resources on [teachingphysician.org](http://teachingphysician.org)
- 4 Topics focused on core teaching skills
  - Providing Feedback
  - Direct Observation Tool
  - Integrating a Learner into your Practice
  - Community Preceptor Evaluation of Students

## Educational Quality

- Overarching task to create a highly competent primary care workforce with a broad skill set.
- Content of education needs to be high yield (i.e. don't waste your resident's time with marginal teaching sessions)
- Family Med RCR is an example of high quality curriculum that you can provide to your program
- Other resources: FMDRL, NDRL (WWAMI)
- Scope of training should prepare residents for a broader scope than they may need in practice (career evolution).

## Faculty Shortage

- Recruitment of teaching physicians is difficult in a low-supply market
- High demand for clinicians, need for collaborative training with ARNP/PA's will rise.
- How do we increase the pipeline and not siphon off too many into non-teaching practices?

## Health and Workforce Disparities

- Need to build a workforce that represents our diverse communities
- Academic Health Centers accountability on product of their training programs
- Cultural competency in training and care delivery
- Public health collaboration with primary care networks
- Diversity needed in faculty/preceptor ranks

## Poll Question Self-Assessment #2

How many faculty are your program recruiting for?

1. None
2. One
3. Two to three
4. More than three



## Poll Question Self-Assessment #3

Your residents are training meaningfully alongside these other professionals (may choose more than one):

1. Nurses
2. NP or PA students
3. Psychologists or social workers
4. Physical Therapists
5. Pharmacists
6. Others ?

## Preceptors: New Models of Care

- Difficult to find teaching practices with innovative care models
- These practices inspire students, potential to grow recruitment
- How do we use our state AFP chapters and local contacts to identify and recruit them into teaching?

## Poll Question Self – Assessment #4

Have your residents learned any of these new payment models in a formal setting (may choose more than one)?

1. Comprehensive primary care payment or capitation?
2. Direct Primary Care
3. Blended payment (FFS + PMPM for Care Management)
4. We have only taught Fee-For Service billing

## Teaching Residents and Students the Value of FM

- Accessing the stories and webinars on HIP/FMA Health sites
- Faculty relating value as they precept/teach
- Procedure training – a visible short cut to value

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## Student Interest

- Student leadership engaged with Workforce Team
- Active mentorship opportunities
- AAFP's active outreach, FMIG coordination



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## Poll Question Self-Assessment #5

How well can your faculty and residents articulate to medical students the advantages of new payment models?

1. Very well versed, clearly can articulate
2. Have good understanding of the advantages
3. They have some notions of the advantages
4. Have little information or sense of the value of these new models

## Engaging your Residency in Health is Primary

- Make your clinic a HIP site
  - Posters – get them up on the walls
  - Patient handouts with HIP logo (on HIP website)
  - Quarterly initiatives (Immunizations, Smoking cessation, etc.)
- Patient and Family Advisory Council – (PFAC)
  - Initiate the formation of a PFAC for your practice
  - Engage residents in this advisory council



## Poll Question

### Self-Assessment #6

How likely is it that you will put together a PFAC for your FMC in the next 6 months?

1. Not likely
2. Somewhat likely
3. Very likely
4. We are going to do it (100% likelihood)!

## Leveraging Resources

- Sharing content across organizations
- Promoting content that enhances quality training at all levels (student, resident, faculty, directors)
- Developing new tools for faculty development
- Enhancing residency curriculum on practice transformation

## So what can your program do **this year**?

- Join in on the quarterly faculty development initiatives
- Dive into the STFM and AAFP resources to engage your students and community preceptors
- Create a PFAC for your clinic
- Put up posters in your clinic for Health is Primary
- Actively look at incorporating EPA's into your curriculum and assess your outcomes

## During the break...

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.



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