

The Social Accountability of Family Medicine Residency Programs

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Goals and Objectives

- Define social accountability
- Determine how residency programs can be accountable to their communities
- Determine measures of social accountability for GME
- Create a plan for a socially accountable residency program

Social Accountability

'The obligation [of physicians and medical institutions] to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve'

(Boelen & Heck 1995).

Social Accountability

For care to be socially accountable, it must be equitably, accessible to everyone, and responsive to patient, community, and population health needs

(Buchman et al 2016).

Social Accountability

Social accountability in health care intentionally targets health care education, research, and services and addresses social determinants of health towards the priority health concerns of the people and communities served, with the goal of health equity.

Social Accountability of Health Systems

1. The opportunities for information exchange, dialogue and negotiation between communities and the health care system;
2. The willingness and ability of communities to seek accountability in the health care system;
3. The willingness and ability of health care systems and policy-makers to support constructive engagement with communities; and
4. The broader environment that enables increased community engagement

WHO Global strategy on human resources for health

- “The foundation for a strong and effective health workforce, able to respond to the 21st century priorities, requires matching effectively the supply and skills of health workers to population needs, now and in the future”



**WORKING FOR
HEALTH AND GROWTH**

Investing in the health workforce

The Power of Health Workers video:
<https://www.youtube.com/watch?v=TeP0aafYvH0>

GME social accountability standards

- (1) creating a diverse physician workforce,
- (2) quality training and care to best serve patients, and
- (3) providing service to surrounding communities and the public.

Toward Defining and Measuring Social Accountability in Graduate Medical Education: A Stakeholder Study
Anjani T. Reddy, MD, Sonia A. Lazreg, BA, Robert L. Phillips Jr, MD, MSPH, Andrew W. Bazemore, MD, MPH, Sean C. Lucan, MD, MPH, MS *Journal of Graduate Medical Education*: September 2013, Vol. 5, No. 3, pp. 439-445

Is your residency program accountable to the community?

- If yes, can you share how?
- Is there room for growth?
- What would you like to achieve?

What are the benefits of a socially accountable program?

- Can you imagine a return for the investment?

Benefits of Social Accountability



Measuring Social Accountability for your residency program

- What would you like to measure?
- How?

Assessing Community Needs



Social Accountability Metrics

- In order to develop socially accountable metrics, we must assure that we have considered issues of process and power in its initial framing, if we want to assure an authentically robust outcome.



Source:
<https://multco.us/diversityequity/equity-and-empowerment-lens>

Developing a socially accountable residency program

- What barriers does your program encounter in making changes directly related to equity?
 - (i.e., obligational, political, institutional climate (e.g. racism), emotional, legal, programmatic, managerial, financial, internal biases)

Developing a socially accountable residency program

- Are the residents of your program representative of the community you serve?
- Are the faculty of your program representative of the community you serve?

See TRUST dashboard- Jennifer Edgoose,MS U of W

Developing a socially accountable residency program

- Is there a curriculum to support understanding social determinants of health, and other factors that contribute to health inequities?

Developing a socially accountable residency program

- How does your program engage the community in planning, decision-making, and evaluation?

Developing a socially accountable residency program

- What policies, processes and social relationships meaningfully and intentionally include communities most affected by inequities in your community?

Developing a socially accountable residency program

- What policies, processes and social relationships contribute to the exclusion of communities most affected by inequities in your residency program?

Developing a socially accountable residency program

- What actions or strategies could build inclusion in your program?

Developing a socially accountable residency program

- How can your program build community capacity and power in communities most affected by inequities?

Collective Advocacy

- Family Medicine residencies need to be part of a collective political advocacy force that petitions for national policies that ensure that we train primary care workforce that the nation needs.

Collective Advocacy

- Primary care workforce
- Health disparities
- Rural disparities
- Addressing social determinants of health
- Improving population health

Collective Impact

The Five Conditions Of Collective Success:



Kania & Kramer 2011 Collective Impact - *Stanford Social Innovation Review* https://ssir.org/articles/entry/collective_impact

Collective Impact

What might social change look like if we embraced collective impact?

Kania & Kramer 2011 Collective Impact - *Stanford Social Innovation Review* https://ssir.org/articles/entry/collective_impact

Phases of Collective Impact

Components for Success	PHASE I Initiate Action	PHASE II Organize for Impact	PHASE III Sustain Action and Impact
<i>Governance and Infrastructure</i>	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
<i>Strategic Planning</i>	Map the landscape and use data to make case	Create common agenda (goals and strategy)	Support implementation (alignment to goals and strategies)
<i>Community Involvement</i>	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
<i>Evaluation and Improvement</i>	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

Source: <http://www.fsg.org/publications/channeling-change>



STARFIELD 2: HEALTH EQUITY SUMMIT

Primary Care's Role in Achieving Health Equity

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PORTLAND, OREGON – APRIL 22-25, 2017

DOCUMENTS

This second Starfield Summit will bring together a diverse and dynamic group of people with interest in decreasing health disparities and achieving health equity.

This summit will afford attendees the opportunity to collaborate in paving paths towards health equity and social accountability. The work of the summit will act as a catalyst for action and create coordinated networks that tap into the strength of existing partnerships and create new coalitions and collaborations.

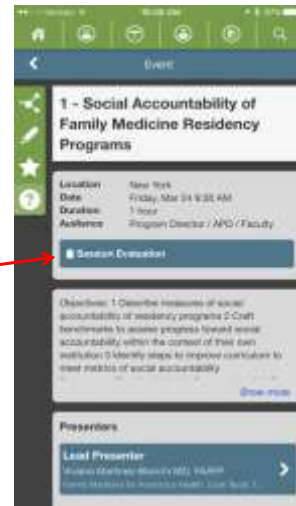
Thought leaders in health inequities, primary care clinicians and their organizations, public health experts, educators, researchers, trainees, advocates, policy experts, social service organizations, patients, and community members will come together to create a blueprint for the role of academic organizations, health professions schools, family medicine, and primary care in eliminating health disparities.

Comments/ questions

Please...

Complete the
session evaluation.

Thank you.



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