

Family Medicine Updates



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VIRTUAL HAPPY HOURS PLANNED FOR MINORITY MEDICAL STUDENTS

The STFM Group on Minority and Multicultural Health invites minority medical students to participate in a series of online monthly meetings or virtual "happy hours" to discuss relevant topics, have questions answered, seek support in navigating tough situations, and to provide and receive rich peer and facilitator support.

"We began this project to provide support, encouragement, mentorship, and tangible success skills for minority medical students who often go unsupported in the face of the many challenges of medical school," said Jeffrey Ring, PhD, project coordinator.

The monthly meetings take place in the virtual world of Second Life, in a beautiful seaside amphitheater developed by Boston University Medical School. Each monthly 90-minute session will open with a mini presentation by family medicine faculty from the STFM Group on Minority Health and Multicultural Education on the theme of the evening, followed by discussion and sharing of support and resources.

Medical school can be a stressful and trying time for most students and even more so for minority students who may feel isolated, undersupported, and at times the focus of unintentional or intentional individual and institutional unfairness. At the same time, the United States is looking to increase the number of physicians, particularly in family medicine and primary care, from a full array of diverse backgrounds to serve the many underserved patients and communities across the land. This is an important component of meeting the challenge to reduce health inequities, which is a key objective of the STFM Group on Minority Health and Multicultural Education.

Participants have expressed delight at the interactive environment and great appreciation for the session content. "After one of our residents spoke about her own trajectory and ultimate success, one of the participants responded by saying, "Your story is my story," said Dr. Ring.

There is no cost for participation. Second Life is free. Participants must have computer access, a high-

speed Internet connection, and be able to download applications to their computer.

The remaining sessions and topics are highlighted below:

August 15, 2013: Preparing for Standardized Exams

September 19, 2013: Writing a Personal Statement

October 17, 2013: Preparing for the Residency

Interview

November 14, 2013: Navigating Racism and Fairness Issues

December 12, 2013: Giving and Receiving Feedback

January 16, 2014: Tools for Successful Clinical Years

"The first few sessions have gone very well. We are looking for help in spreading the word and ask everyone to refer at least one minority medical student who might benefit from these virtual happy hours," said Dr. Ring.

To register for upcoming sessions or to listen to audio from the past 2 sessions, "Navigating Racism and Fairness Issues in Medical School" and "Exploring Well-Being and Life Balance," visit <http://www.culturalmedicinetraining.org>.

The Virtual Happy Hours are sponsored by the Society of Teachers of Family Medicine Group on Minority Health and Multicultural Education and funded through the STFM Foundation Group Project Fund.

Traci Nolte



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ADFM'S 2013 WINTER MEETING FOCUS: MOVING TO VALUE-BASED HEALTH CARE

The 2013 ADFM Winter Meeting's theme was *Leading in the Time of Transition from Volume-Based to Value-Based Health Care*. At the core of the meeting's program was a day-long session facilitated by Harold Miller, Executive Director of the Center for Healthcare Quality and Payment Reform, who engaged the largest number of ADFM Winter meeting attendees ever in workgroup discussions of a dozen different issues relevant to the future of both their Departments and of family

medicine in general. The workgroup discussions were kicked off with one of the highest-rated Winter meeting plenary sessions ever, delivered by Mr. Miller, on the topic of *Moving the Needle to Value in All We Do? Academic Family Medicine's Role in Defining and Executing Healthcare Delivery*.

The workgroup discussions were organized into 4 major themes:

I. Creating a Strong Partnership with the Academic Medical Center (AMC)

For Departments of Family Medicine (DMFs) to succeed within AMCs, they must demonstrate and communicate how they are a key part of a strategy for the overall institution's survival and success in today's health care environment. The major opportunity areas include: (1) reducing hospital readmissions, (2) reducing post-acute care costs, (3) reducing low-margin admissions to the hospital, and (4) attracting and successfully managing care for a large base of primary care patients (ie, population health management). In addition, these are strategies that all family medicine practices can use to work more closely with the hospitals in their community.

II. Improving Quality and Reducing Costs for Patients, Employers, and Payers

Through research, teaching, and clinical practice, DMFs can play a leadership role in defining and promoting the full range of ways that primary care can contribute to improving health care quality and controlling costs. In addition to those identified above, specific opportunities in this realm for DMFs and family medicine practices of any size to pursue include: (1) improving screening and preventive care to help patients avoid high-cost conditions and treatment; (2) reducing unnecessary and duplicative testing; (3) improving maternity care outcomes; and (4) reducing non-medical as well as medical costs for employed patients.

III. Collaborating Effectively With Other Specialties

Departments of Family Medicine can also improve the quality of patient care and reduce health care costs by encouraging more effective collaborations with non-primary care specialists, ie, helping the "medical home" work successfully with its "medical neighborhood." Two of the key areas where efforts to improve primary-specialty care collaboration should focus are: (1) making more appropriate referrals for consultations, tests, and procedures; and (2) coordinating primary and specialty care for complex patients.

IV. Improving the Practice of Family Medicine and Preparing the Family Physicians of the Future

Departments of Family Medicine have a unique ability to spread patient-centered, high quality care into every community in the country by training future generations of family physicians and through the influence they can have on the training of non-primary care specialists. This will require significant changes in the way medical students are educated and gain experience in the practice of medicine. Self-reflection will be valued as will the practice of team-based, culturally competent care. Two of the most important areas where DMFs need to redesign both their own care delivery and the education and training of medical students and residents are: (1) delivering more team-based care and non-visit based care; and (2) managing outcomes for populations of patients.

Each of the workgroups also identified the key kinds of support that DMFs will need in pursuing these goals. One of the most important is changes in health care payment systems to support team-based, non-visit-based primary care and to facilitate transitions for hospitals and other specialties to more value-based care delivery. Another is better data and analysis of current care patterns for patients to help DMFs identify opportunities for improving care and to formulate the business case for investments in new care models.

Following the workgroup discussions, all of the participants at the Winter Meeting reconvened to share and discuss the top recommendations developed in their workgroups. Mr. Miller prepared a report, *Leading the Way in Accountable Care: How Departments of Family Medicine Can Help Create a Higher Quality, More Affordable Healthcare System*, which summarizes the many ideas and recommendations from the attendees about ways in which DMFs can play a leading role in helping the nation develop a higher-quality, more affordable health care system. (Feel free to contact Ardis Davis at ardisd7283@aol.com for a copy of this report).

ADFM hopes that this report will serve as a strategic guide to DMFs, both individually and collectively, as we wade through the swift-moving and often murky waters toward helping the nation develop a higher-quality, more affordable health care system.

Allen Perkins, Harold Miller, Ardis Davis, Barbara Thompson, Tom Campbell, Paul James with Contributions from 2013 ADFM Winter Meeting Facilitators (Tamsen Bassford, Jeffrey Borkan, Alan David, Bernard Ewigman, Anton Kuzel, Michael Magill, Christine Matson, Warren Newton, and Richard Wender)