

successfully managing care for a large base of primary care patients (28%).

In addition to these changes that have already been implemented by many, a majority of responding DFMs (50% or more) have either planned but not started or are piloting methods to: reduce and control post-acute care costs; reduce unnecessary and duplicative testing; reduce both non-medical and medical costs for commercially insured patients; deliver more non-visit-based care; manage outcomes for populations of patients; and coordinate primary and specialty care for complex patients.

Most respondents considered reducing low margin admissions to be unfeasible in their setting (40%); several commented that this is a factor of current reimbursement models. A number of respondents also noted that they are not in an Academic Medical Center. Lastly, a roughly equal number of respondents have implemented efforts aimed at improving maternity care outcomes as the number who indicated that improving maternity care outcomes was not feasible in their setting (29% and 26%, respectively).

These findings suggest that many DFMs are already engaged in taking significant actions to help their institutions confront the necessary changes to deal with health system transformation. Whether more DFMs can take the lead and participate in these and other opportunities for leadership over time—particularly as pilot programs evolve and payment reform initiatives continue—remains to be seen, but many departments are off to a promising start.

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## AFMRD STRATEGIC PLAN 2014 – 2016

Dale Carnegie once said, "The person who starts out going nowhere, eventually gets there." With that in mind, the AFMRD Board embarked on a yearlong endeavor to develop our 3-year strategic plan. We wanted a roadmap that would guide our decision making for the foreseeable future. We also wanted to maintain our mission, which is to "inspire and empower family medicine residency program directors to achieve excellence in residency training."

To begin the planning process, we conducted a needs-assessment survey of AFMRD members to see the directions they wanted to go. We also met with key stakeholders and heard their vision for the future. We reviewed the major initiatives from the last 5 years, including the P<sup>4</sup> project and the Innovation Taskforce. We then compiled this data and defined 5 basic areas—or "big rocks"—to pursue. For each rock, primary outcomes were defined along with objectives and specified measurements. Teams were assigned to accomplish each objective.

The main initiatives outlined in the plan are as follows:

### Professional Development

Outcome: Implement education programs that enhance the professionalism and knowledge of members

Objectives:

- Implement a leadership development program utilizing NIPDD, and other professional development programs
- Explore development of NIPDD 2
- Develop online education programs
- Evaluate the feasibility of regional meetings or collaborative forums
- Recognize program directors for leadership achievements

### Residency Program Quality Improvement

Outcome: Provide programs and tools to help members increase the efficiency, effectiveness, and quality of their residencies

Objectives:

- Complete the development of the Residency Curriculum Resource (RCR)

- Provide guidance to comply with Milestones, new RC-FM requirements and the Next Accreditation System (NAS)
- Promote, refine, expand the use, and evaluate the effectiveness of the Residency Performance Index (RPI)
- Develop a user-friendly, peer-reviewed PD Toolbox to meet member needs
- Create a peer-reviewed residency program innovation hub
- Determine the future role of AFMRD in research and scholarship partnership opportunities

### Advocacy and Collaboration

Outcome: Provide input directly and through collaborative efforts on legislative, regulatory and health policy issues that impact residency programs

Objectives:

- Build a stronger relationship with ACGME and maintain communications with the RC-FM
- Inform members on ACGME and Review Committee-Family Medicine activities; provide input on behalf of FM program directors
- Maintain a leadership role in family medicine by collaborating on health policy and academic issues, including the Future of Family Medicine project, and maintain liaisons with external organizations
- Advocate for and inform members on legislative and health policy issues that impact residency programs
- Provide 10 Family Medicine Congressional Conference scholarships, up to \$1,500 each, for residents

### Communication

Outcome: Pursue communication opportunities and information dissemination through the AFMRD website, list serve and publications

Objectives:

- Redesign the website to provide improved communication opportunities for members
- Implement increased technological capabilities of the list serve, including a search feature
- Increase submission to external publications of articles related to AFMRD projects and FM residency programs
- Rebrand AFMRD materials, logo, products, and services to maintain consistency in image and messages
- Evaluate and emphasize the value of membership in AFMRD
- Evaluate opportunities to inform the public of the importance of FM residency programs

### Infrastructure

Outcome: Provide the governance, staff, and financial support necessary to effectively administer AFMRD

Objectives:

- Invest in technology tools necessary to effectively administer AFMRD and its services
- Modify the committee and task force structure to enhance efficiency, effectiveness, and importance of competency-based appointments
- Review the nomination process and develop board and officer succession planning to enhance the future of AFMRD
- Conduct a regular board self-assessment and develop a committee/task force assessment process
- Pursue AFMRD leadership development activities to better guide the organization
- Maintain effective staff and conduct an annual evaluation of the Chief Executive Officer, AAFP administrative services, and office infrastructure
- Update the reserve fund policy outlining investment guidelines for emergency reserves, endowment, and special projects
- Implement a process that will guide committees and board in the development, evaluation and implementation of new programs
- Utilize an annual sunset process to review major programs and services

Using this as our guide, the board hopes to assist program directors as they navigate the new RC-FM requirements, Milestones and the Affordable Care Act. Our hope is that the next 5 years will bring positive changes for all family physicians, family medicine residencies and, most importantly, the patients we serve.

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