

Ann Fam Med 2024;22:178-180. <https://doi.org/10.1370/afm.3110>

RECONNECTING TO “VISION, VOICE, LEADERSHIP”: ADFM’S NEW STRATEGIC PLAN

In 2009, the ADFM leadership wrote an *Annals* commentary describing the phases of the organization to date¹; in 2012 they built on this piece, sharing ADFM’s new strategic plan.² Since 2012, ADFM has had ongoing strategic planning efforts. We moved to a “strategic workplan” model in 2020, whereby new strategic goals were generated as previous goals were completed instead of “reinventing the wheel” every few years. The main strategic efforts of ADFM are undertaken by our Strategic Committees (Healthcare Delivery Transformation; Research Development; Leadership Development; Diversity, Equity and Inclusion; Advocacy; and Education Transformation) and as such, with the leadership of these groups moving efforts forward, this workplan model has served us well for several years. In particular, during the COVID-19 pandemic it allowed ADFM the flexibility to pivot toward critical member needs and maintain momentum on current efforts. However, the Board of Directors has recently felt like we may be missing some opportunities on big picture and cross-organizational efforts, and that we aren’t harnessing the potential power of our membership and our collective.

As such, in 2023 the Board of Directors leaned back into a more structured strategic planning approach, specifically to supplement the goals and work of the strategic committees by exploring what the organization should/could be working toward in an overarching way. The Board also agreed to expand our usual SMART goal framework to the SMARTIE goal framework,³ to acknowledge the need to interweave inclusion and equity into all our work.

After months of work with our Board of Directors and collaboration with our strategic committees, we’re thrilled to share our updated strategic plan for 2023-2026 (Table 1) and would like to highlight a few of the overarching goals that are new, specifically a few goals around “looking to the future and staying current.”

More Inclusive Membership

Academic health centers have undergone significant changes due to mergers, acquisitions, and market forces that are forcing these institutions to play a greater role in our health care system. The traditional academic structures of medical schools have shifted. Faculty at many medical schools are now employed directly by health systems and the meaning of academic appointments is becoming less important. ADFM is exploring ways to meet the needs of many different academic

unit structures to strengthen the voices of family medicine at the institutions.

Engaging Our Key Audiences in Academic Medicine on Family Medicine and Care of the Community

Cultivating partnerships within our academic and clinical structures is key to continue developing and supporting family medicine departments and the work they do to care for communities. A few recent examples include partnership with the other family medicine organizations to advocate for changes to the ACGME guidelines; participation in the Societies’ Consortium on Sexual Harassment in STEMM as an inaugural member alongside other organizations including the AAMC; and forging connections for the research endeavors across our discipline with a research summit that was held in October⁴ to build out a strategic plan to map our research trajectory for the next decade. These partnerships are a start, but ADFM continues to explore best places to engage.

Creating a Compelling Set of Resources on the Business Case for Academic Health Systems to Invest in Family Medicine

Some of these key partnerships may hinge on the ability of academic family medicine to demonstrate a business rationale for development and support. In many institutions, family medicine departments are in a position to increase the primary care footprint of academic health centers that would allow them to capture greater market share, particularly in an increasingly networked/consolidated health system environment. Academic health centers are also responsible for growing the primary care physician population for their region. Additionally, systems with a high penetration of value-based care will know that strong primary care leads to more cost-effective care as research has demonstrated that high use of primary care and continuity of care leads to lower health care costs and better health outcomes.⁵⁻⁸

Creating Opportunities for Innovation and Disruption

One of ADFM’s strengths is bringing together our members for peer sharing and idea generation. We hope to move this to the next level by pushing forward ideas and efforts that are innovative or create (positive) disruption in the way our departments deliver care, teach students, residents, and other learners, and conduct research. This includes opportunities for bringing new technologies into the practice of family medicine that will get cutting edge care to our patients faster; opportunities for the use of artificial intelligence in caring for patients with increased efficiencies and potential for improved outcomes; and mechanisms to maximize the contributions of all members of interprofessional teams.

Leveraging Our Influence and Power to Improve the Health of the Communities We Serve

Academic health centers collectively oversee the care of millions of patients and almost universally practice

Table 1. ADFM Strategic Workplan, 2024-2026**OVERARCHING GOALS**

Looking to the future and staying current

1. In late 2023 or early 2024, the ADFM Membership Committee will explore if and how to make membership in ADFM more inclusive, recognizing the changing landscape and organizational structures of academic medicine.
 - a. Recommendations will be brought to the ADFM Board for consideration and action.
 2. In 2024-2026, host discussions of the family medicine CFAS representatives and other key audiences about how to better engage with medical school and health system leadership to promote academic family medicine and how we can influence the care of the community.
 3. By Feb 2025, identify or generate a "one pager" that makes the business case for investing in family medicine, including within an academic health system (including downstream revenue, etc).
 4. At the 2024 ADFM conference, make space on the agenda for innovative/disruptive "think tank" type discussions.
 5. By January 2025, develop goals to leverage our influence and power to improve the health of the communities we serve.
- Communication
6. By late 2023, work with CAFM on a collective statement addressing supreme court decision on affirmative action, or, if CAFM does not pursue this, a re-affirmation of our anti-racism statement and values in the context of the supreme court decision on affirmative action.
 7. Between late 2023-2026, design a strategic communication plan to provide timely updates between our members and other organizations and collaborators, in order to ensure equitable communication across the organization and to our broader constituents.
 8. As part of this communication plan, include an outreach strategy to health systems that have a large academic component to offer membership and resources such as LEADS.

**ADVOCACY**

1. Between late 2023-2026, build a communication strategy within ADFM for strengthening advocacy relationships across CAFM, AFMAC and AAMC.
2. Between late 2023-2026, activate ADFM member departments for advocacy through providing at least 1 training as well as resources and opportunities to partner on issues of interest.

**DIVERSITY, EQUITY, & INCLUSION**

1. Between 2023-2026, generate at least 1 publication on issues of DEI in departments of family medicine.
2. In 2024, continue to find ways to build up, support and sustain the DEI directors' group with quarterly meetings or other services as advised.
3. Between 2023-2026, continue to partner with other key players within ADFM and beyond to widen the DEI space.

**EDUCATION TRANSFORMATION**

1. In 2024, this committee will provide 1-3 offerings related to how departments of family medicine can support faculty development in order to address the leadership pathway issue for core faculty within ADFM and across the discipline.
2. Between 2023-2026, deliver content in the form of, at a minimum, 1 webinar, 1 hot topic discussion and 1 publication addressing education transformation and identifying systemic impact on underrepresented populations that those transformational efforts may have.

**HEALTHCARE DELIVERY TRANSFORMATION**

1. Between 2023-2026, deliver content in the form of a webinar, hot topic discussion or publication 2-3 times a year that highlights timely healthcare delivery related topics with diversity, equity and inclusion themes interwoven into the content and panelists/author selection process.
2. In 2024, identify clinical section leaders across institutions and explore creating opportunities to foster collaboration and knowledge sharing among that group.

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evidence-based medicine. As noted by others, academic health centers bear a responsibility to advance the Quintuple Aim, which adds in health equity, due to the societal importance of their 4 missions: patient care, education, research, and community collaboration.⁹ Family medicine is often the entity that is most well-connected to the community within an academic

health center given its role in outpatient and continuity care, and there is an opportunity to better leverage this position to create win-wins of helping academic health centers meet their needs in service to patients and the community.

We, as ADFM, believe that departments of family medicine have a large role to play in advocacy for our patients,

Table 1. ADFM Strategic Workplan, 2024-2026 (continued)**LEADER DEVELOPMENT**

1. Between 2023-2026, develop a means of supporting growth and development department chairs and other senior leaders in order to adequately prepare them to positively impact the disparities and inequities in the healthcare system in their current and future roles.
2. Between 2023-2026, provide 2-5 opportunities per year for leadership development at gatherings of academic family medicine (eg conferences), with the intention of including 1-2 presenters from a diverse backgrounds and a focus on opportunities for underrepresented minorities in medicine.
3. Between 2023-2026, update and/or develop resources for leadership development based on member needs with input from members from diverse backgrounds so they can help shape the resources.
4. In 2024, continue to support the LEADS Fellowship ABFM Foundation-funded expansion.

**RESEARCH DEVELOPMENT**

1. In 2024, offer regular opportunities for research leaders (research directors, vice chairs and chairs) to connect over topics of shared interest (eg, increasing trust in the shared enterprise, increasing community interest).
2. In 2024, on a quarterly basis, curate funding opportunities for ADFM members and disseminate through the Quarterly ADFM Newsletter or listserv.
3. In 2024-2026, begin work on National Family Medicine Strategic Plan for Research that ADFM is best poised to lead, including:
 - a. A5: Promote a “culture of curiosity” among medical students and family medicine residency programs to ensure the workforce is well-equipped to critically analyze and apply evidence
 - b. B4: Advocate for increased funding for Departments of Family Medicine from institutional leadership
 - c. B5: Identify and promote promising practices for chairs to support and fund research participation within their departments and institutions
 - d. C4: Leverage Clinical and Translational Science Awards (CTSA) networks and create Centers of Excellence to increase family medicine research within institutions
 - e. Collaboration on other objectives with other organizations as needed
4. In 2024-2026, continue to support the BRC initiative in collaboration with NAPCRG.

trainees, clinical care teams, and research opportunities; connecting with our community partners, especially those who serve vulnerable populations to make communities healthier; and to change the focus of academic health centers to be more holistic in their approach to patients and improve health care outcomes. We should be an active part of the solution to the current systems that repress our ability to meet the Quintuple Aim. The other strategic areas that we have identified above will help create a more intentional strategy for better leveraging our potential as academic departments of family medicine.

F. David Schneider, Amanda Weidner, and Samantha Elwood on behalf of the ADFM Executive Committee

References

1. Borkan J, Magill M, Schenk M, Davis AK. Vision, voice, leadership: ADFM's next phase. *Ann Fam Med*. 2009;7(4):375-376. [10.1370/afm.1025](https://doi.org/10.1370/afm.1025)
2. Campbell T, Wender R, Thompson B, Davis A; ADFM Executive Committee. ADFM's mission, vision, and goals: foundation of our new 3-year strategic plan. *Ann Fam Med*. 2012;10(5):471-472. [10.1370/afm.1439](https://doi.org/10.1370/afm.1439)
3. The Management Center. SMARTIE Goals Worksheet. The Management Center website. Published May 10, 2021. Accessed Jan 30, 2024. <https://www.managementcenter.org/resources/smartie-goals-worksheet/>
4. Weidner A, Asif I. Shaping the future of family medicine research: the 2023 National Family Medicine Research Summit. *Ann Fam Med*. 2024;22(1):72-74. [10.1370/afm.3086](https://doi.org/10.1370/afm.3086)
5. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q*. 2005;83(3):457-502. [10.1111/j.1468-0009.2005.00409.x](https://doi.org/10.1111/j.1468-0009.2005.00409.x)

6. Gao J, Moran E, Grimm R, Toporek A, Ruser C. The effect of primary care visits on total patient care cost: evidence from the veterans health administration. *J Prim Care Community Health*. 2022;13:21501319221141792. [10.1177/21501319221141792](https://doi.org/10.1177/21501319221141792)
7. Bazemore A, Petterson S, Peterson LE, Bruno R, Chung Y, Phillips RL Jr. Higher Primary care physician continuity is associated with lower costs and hospitalizations. *Ann Fam Med*. 2018;16(6):492-497. [10.1370/afm.2308](https://doi.org/10.1370/afm.2308)
8. Bazemore A, Merenstein Z, Handler L, Saultz JW. The impact of interpersonal continuity of primary care on health care costs and use: a critical review. *Ann Fam Med*. 2023;21(3):274-279. [10.1370/afm.2961](https://doi.org/10.1370/afm.2961)



Ann Fam Med 2024;22:180-181. <https://doi.org/10.1370/afm.3111>

PROGRAM DIRECTOR WELLNESS TASKFORCE UPDATES – FOSTERING THE WELL-BEING OF RESIDENCY PROGRAM DIRECTORS: A CALL FOR AWARENESS AND ACTION

Residency program directors (PDs) play a vital role in the health care system, from overseeing the training of future physicians to navigating the complexities of administering