# Family Medicine Updates



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# STFM LAUNCHES NPI AND CALLS FOR NOMINATIONS

### **STFM Launches New Partners Initiative**

My 2005–2006 STFM presidential theme, "Searching for Solutions: Realizing Our Vision, Renewing Ourselves, and Supporting It All," responds to 3 important challenges for the Society.

First, STFM will work to realize the vision of the Future of Family Medicine (FFM) report and the New Model of practice. The STFM Board has commissioned a special task force to focus the Society's efforts and to prioritize how we can bring the New Model into our residency and departmental practices. Our efforts need to be consistent with our strategic plan, take advantage of our unique capacities, and make a difference. Watch for future developments and announcements.

Second, STFM will continue its focus on providing valuable opportunities for growth and renewal. The STFM Board will work closely with its standing committees to ensure that STFM meetings and scholarly forums provide the right mixture of presentation opportunities, scholarship, and careful examination of the issues we face as a discipline.

Third, STFM is launching the New Partners Initiative (NPI) to assist departments, residency programs, and individual faculty members to develop relationships with new partners, to develop new attitudes and fund-raising skills, and to develop new sources of support.

The impetus for NPI lies in the following trends:

- Title VII support hangs on precariously; funding has been reduced and, if it survives, it will likely take a very different form in the next several years
- Medicare/Medicaid indirect and direct medical education payment rates have dropped considerably in the past 10 years, and current pressures on the federal budget suggest that they will continue to drop
- Insurance reimbursement and managed care payment rates, such as IME and DME, continue to decline

Over the years, academic family medicine organizations and faculty have become dependent on these

declining funding streams. In recent years we've spent enormous amounts of time and effort on sustaining them, with increasingly diminishing returns. The FFM report noted that, "Faculties are ... consumed by the demands of clinical care and teaching, with little time, energy, motivation, or resources for scholarly inquiry."

The good news from FFM is that the American people want a good relationship with a personal physician. There are foundations, corporations, individuals, and community groups poised to become our partners in health care and education. We need to develop new attitudes, new partnerships, and new funding approaches that project excellence, competence, and the value of our contributions.

During the coming months NPI will roll out in 3 phases:

- The NPI Think Tank will convene on September 28, 2005 at the AAFP Scientific Assembly in San Francisco to identify appealing big ideas and "funding magnets," to suggest key strategic relationships, and to provide overall direction for the project. The Think Tank will be chaired by Michael Rosenthal, MD, Thomas Jefferson University. Other Think Tank members include William Mygdal, EdD, STFM president; Macaran Baird, MD, MS, University of Minnesota; Roland Goertz, MD, Heart of Texas Community Health Center, Waco, Tex; Evelyn Lewis & Clark, MD, MA, Pfizer Pharmaceuticals and Uniformed Services University, William Hueston, MD, Medical University of South Carolina, Stephen Bogdewic, PhD, Indiana University, Laurence Bauer, MSW, MEd, Family Medicine Education Consortium, Susan Kaye, MD, Atlantic Health System, Summit, NJ; David Lanier, MD, AHRQ, Steven Schroeder, MD, University of California, San Francisco; and Roger Sherwood, STFM executive director.
- The Academic Fundraising Fellowship is accepting enrollees now, and each year it will offer 2 workshops and an optional year-long one-on-one coaching program. Participants will learn how to clarify their academic vision, develop new relationships, and improve fund-raising skills. Faculty will include Mr Bauer, Dr Bogdewic, James Gillespie, PhD, CFRE, and Alan Douglass, MD, Middlesex Hospital, Middletown, Conn. Contact Mr Bauer at 937-428-7866 or larbauer@infinet.com for more information.
- The NPI Task Force will take the advice and ideas of the Think Tank and translate them into usable and accessible fund-raising training materials. Task Force members will be appointed by the STFM Board and

will include liaison members from other family medicine organizations.

NPI will be taking STFM in some new directions as it develops promising approaches to the needs of the discipline. We believe this initiative is an important step by the Society as we move the Future of Family Medicine forward.

William Mygdal, EdD STFM President

#### Call For Nominations for Research Awards Submit Your Nomination for 2006 Curtis Hames Research Award

The Society of Teachers of Family Medicine is accepting nominations for the 2006 Curtis G. Hames Research Award in Family Medicine to be presented at the 2006 Annual Spring Conference, April 26-30, in San Francisco, Calif. The award, supported by the Hames Endowment of the Medical College of Georgia, is intended to honor those individuals whose careers exemplify dedication to research in family medicine.

The award recipient is selected by a committee representing STFM, the American Academy of Family Physicians, and the North American Primary Care Research Group. Previous Hames Award recipients are on the STFM Web site listed at http://www.stfm.org/awards/awardhub.html.

Nomination letters and CVs must be postmarked by November 11, 2005, and should be addressed to STFM, 11400 Tomahawk Creek Parkway, Leawood, KS 66211. Contact Kay Frank, STFM, with questions at 800-2742237, ext. 5402, kfrank@stfm.org.

### Could Your Last Study Win the STFM Best Research Paper Award?

The Research Committee of the Society of Teachers of Family Medicine is now accepting nominations for the 2006 STFM Research Paper Award, to be presented at the 2006 Annual Spring Conference, April 26-30, in San Francisco, Calif.

The award is intended to recognize the best research paper published by an STFM member in a peer-reviewed journal between July 1, 2004, and June 30, 2005. The STFM Research Committee bases the award selection on the quality of the research and its potential impact. Previous STFM Best Research Paper Award recipients are listed on the STFM Web site at http://www.stfm.org/awards/awardhub.html.

Ten copies of the paper should accompany each nomination letter that documents the potential effect of the paper and its importance to patients' health and well-being.

November 11, 2005, is the postmark deadline for nominations. Send nominations to STFM, 11400 Toma-

hawk Creek Parkway, Leawood, KS 66211. Contact Kay Frank, STFM, with questions at 800-274-2237, ext. 5402, kfrank@stfm.org.

Traci Nolte STFM Communications Director

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### FAMILY MEDICINE LEGISLATIVE ADVOCACY: OUR POWERFUL MESSAGE

The discipline of family medicine stands at a critical juncture. We face the pressures of dwindling medical student interest and a shift in workforce policy toward a greater emphasis on market-driven forces. Population-based studies show that care provided by family physicians results in lower health care costs and improvements in quality and health outcomes. The regulatory influence of government agencies upon health policy has never been more important than it is now.

The Academic Family Medicine Advocacy Alliance (AFMAA) organizes legislative activities for ADFM, STFM, AFMRD and NAPCRG. At the annual Congressional Conference in April 2005, our members met with legislators and government officials. Senator Barak Obama expressed a clear understanding of our character when he pronounced: "Family physicians are the doctors who always put the interest of their patients ahead of their own." This sentiment was shared by other legislators who, if properly informed, could be champions for policies that will benefit the health of the people of the United States. Unfortunately, they are not yet properly informed.

## The Power of the Proper Composition of the Physician Workforce

Legislators were attentive to information from recent studies of health outcomes, which indicate that higher quality care can be achieved at a lower cost when the physician workforce is composed of the appropriate proportion of generalist physicians. <sup>1-6</sup> These data suggest a potential cure for a health care system that Sena-