

rewarding as ASPN was able to move primary care research in new breakthrough directions. The list of studies accomplished by the network throughout this period is impressive. Dr. Nutting was especially proud that ASPN was able to serve as both a model and a rallying point for many other, smaller networks.

Since the unfortunate demise of ASPN in 1999, Dr. Nutting has been focusing on research that brings together most of the themes in his earlier work. The primary focus of his current work is on assisting practices in redesign efforts to provide higher quality care for patients with chronic disease. This work has particularly capitalized on lessons learned from his past research that have demonstrated the systemic nature of medical practice.

In addition to his groundbreaking research, Dr. Nutting has contributed greatly to family medicine research capacity building. For many years he chaired the North American Primary Care Research Group's Committee on Building Capacity. His years as editor of *The Journal of Family Practice* showed him the need for and potential viability of a journal focused on family medicine research. He has served as a mentor for countless family medicine researchers, both formally through the Grant Generating Project and informally. His capacity-building and mentorship efforts were recognized through a President's Recognition Award from the North American Primary Care Research Group in 2002.

The Hames award is intended to recognize those who have contributed to family medicine research either directly as a researcher or indirectly by promoting research within our discipline. Paul Nutting's major contributions in both of these areas made it very easy for the Hames Award Committee to decide to recognize him with the 2003 Curtis G. Hames Research Award in Family Medicine.

CALL FOR NOMINATIONS FOR RESEARCH AWARDS

Submit Your Nomination for 2004 Curtis Hames Research Award

The Society of Teachers of Family Medicine is accepting nominations for the 2004 Curtis G. Hames Research Award in Family Medicine, to be presented at the 2004 Annual Spring Conference, May 12-16, in Toronto, Ontario. The award, supported by the Hames Endowment of the Medical College of Georgia, is intended to honor those individuals whose careers over the years 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 listed at www.stfm.org/awards/awardhub.html on the STFM Web site.

Nomination letters and CVs must be postmarked by November 14, 2003, and should be addressed to STFM, 11400 Tomahawk Creek Pkwy, Leawood, KS 66211. Contact Kay Frank, STFM, with questions at 800-274-2237, ext. 5402, society@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 2004 STFM Research Paper Award, to be presented at the 2004 Annual Spring Conference, May 12-16, in Toronto, Ontario.

The award is intended to recognize the best research paper published in a peer-reviewed journal between July 1, 2002, and June 30, 2003 by an STFM member. The STFM Research Committee bases the award selection on the quality of the research and its potential impact.

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

November 14, 2003, is the postmark deadline for nominations. Send nominations to STFM, 11400 Tomahawk Creek Pkwy, Leawood, KS 66211. Contact Kay Frank, STFM, with questions at 800-274-2237, ext. 5402, society@stfm.org.

*Perry Dickinson, MD,
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From the Association of
Departments of Family Medicine

BALANCED SCORECARDS: A NEW TOOL FOR FAMILY MEDICINE

Academic health centers are grappling with daunting financial challenges. Declining reimbursement rates for clinical services, skyrocketing malpractice premiums, and the manifold implications of a struggling economy have all contributed to financial distress. Increasingly, department chairs are expected to function as CEOs of small (or not so small) businesses. The pressure to generate revenue from both new and old sources poses a threat to pursuit of educational, research, and community service missions. To preserve all aspects of

academic mission, departments have needed to adopt rigorous approaches to strategic planning, definition of faculty roles, accountability, and measurement of achievement.

Developing new approaches to planning and management has been vital to success in this demanding environment. Most departments of family medicine now utilize explicit, evidence-based planning and management tools. These techniques come under the general umbrella of measurement-based or fact-based management. Several departments, including those at the University of Saint Louis, the University of Cincinnati, and Thomas Jefferson University, utilize the Balanced Scorecard, the best known of these new approaches. Developed at the Harvard Business School in the early 1990s, the Balanced Scorecard is a strategic planning technique designed to clarify mission and critical success factors.¹⁻³ The Balanced Scorecard forces departments to assess the needs of their customers carefully, determine the types of internal processes they do well, determine what processes and activities are needed to continue to learn and change, and set clear financial strategies and goals. When used correctly, a Balanced Scorecard not only drives change, but also drives a robust examination of department performance. Although the Balanced Scorecard is one effective measurement-based management tool, every department has had to institute rigorous approaches to assessing group and individual performance.

One of the most challenging but important aspects of instituting these new levels of accountability is translating departmental objectives into effort by individuals. Achieving success in each aspect of academic performance has required that larger departments of family medicine differentiate assignment of faculty roles. Increasingly, clinician-educator faculty are expected to have received additional training in clinical and teaching skills. All research faculty complete some type of research fellowship, which often includes an advanced degree. Department physician-administrators undergo a variety of training experiences to prepare for their key leadership roles.

Department chairs are also working with individual faculty members to define distribution of effort. A growing number of departments are matching effort to source of funding. Medical student teaching is supported by the medical school budget, the hospital supports graduate medical education, and clinical efforts are matched to the clinical budget. Research and other contractual activities are matched to a specific source of dollars. Linking effort to funding makes it possible to assign a specific financial balance sheet, not only to programs but also to individual faculty members. This level of accountability has been a source of stress as

well as a source of enlightenment. Individuals respond well to clarity of mission and establishment of clear goals, particularly if the link between individual effort and department success is clear. For many departments, faculty now talk about contracted time: "Here is what I'm being paid to do for this percentage of my total salary".

Although bringing a business perspective to academic medicine can be intimidating and feel like a departure from core mission, it can be gratifying as well. As an example, during the past 4 years the Department of Family Medicine at Thomas Jefferson University in Philadelphia has been hard hit by low reimbursement and overwhelming malpractice rate increases. The department has faced budget cuts and new expenses totaling just under \$4 million. Strict measurement-based management, including a high level of group and individual accountability, enabled the department to maintain faculty size and high teaching scores from students and residents, to fill all residency positions through the match with US medical school graduates, and to increase dramatically funded research and community activity.

Achieving difficult objectives and maintaining optimism in challenging times are some of the foremost challenges facing chairs of departments of family medicine. The ability to define and measure progress is increasingly a part of the fabric of department management and is a necessary part of the process for departmental success.

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References

1. Kaplan RS, Norton DP. The balanced scorecard – measures that drive performance. *Harv Bus Rev* 1992;70:71-79.
2. Kaplan RS, Norton DP. Having trouble with your strategy? Then map it. *Harv Bus Rev* 2000;78:167-176.
3. Kaplan RD, Norton DP. *The strategy-focused organization*. Boston: Harvard Business School Press; 2001.