Family Medicine Updates

From the Society of Teachers of Family Medicine

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STFM BEGINS UPDATE OF ITS STRATEGIC PLAN

The Society of Teachers of Family Medicine (STFM) has embarked on an update of its Strategic Plan for 2020–2025. STFM uses its strategic plan to guide the organization and its activities.

"The Board takes strategic planning very seriously. The strategic plan guides every major decision and for that reason it is so important that we regularly monitor and revise the plan, using input from our members and environmental scans," said STFM President Beat Steiner, MD, MPH.

The Strategic Planning Committee (SPC) members include:

- Freddy Chen, MD, MSPH, University of Washington
- Renee Crichlow, MD, University of Minnesota
- Joe Gravel, MD, Greater Lawrence Family Health Center, Lawrence, MA
- Cristy Page, MD, University of North Carolina
- Heather Paladine, MD, NY Presbyterian Hospital FMR, New York, NY
- Andrea Pfeifle, EdD, Indiana University
- Randall Reitz, PhD, St Mary's Hospital, Grand Junction, CO
- Beat Steiner, MD, MPH, University of North Carolina, SPC Chair
- Stephen Wilson, MD, MPH, University of Pittsburgh Medical Center
- Stacy Brungardt, CAE, STFM
- Stan Kozakowski, MD, SPC facilitator
- Mary Theobald, MBA, STFM

"STFM exists to serve its members. A strategic plan must attend to both the current environment as well as demonstrate value to its members in a rapidly changing workplace environment now and over the next several years," said Dr Kozakowski, MD, who will serve as strategic plan committee (SPC) facilitator.

As part of the strategic plan update process, the SPC will be assessing the previous goals and strategies and the achievements of the organization in relation to the current plan. The committee will also review results of extensive data collected from the STFM member needs survey, interviews with current and past members, a staff survey, and SWOT (strengths, weaknesses, opportunities, and threats) analyses performed by each STFM Standing Committee. At its December 2018 meeting, the STFM Board will synthesize the ideas from the committee SWOT responses and prioritize the key issues to share with the SPC.

"This plan becomes more critical than ever as our members wrestle with an unsustainable health care system due to runaway costs, health care disparities, competing demands for clinical production and academic activities, and personal health and well-being," added Dr Kozakowski.

The SPC will hold its first meeting in January 2019 and will continue its work through June 2019 with plans to have a preliminary draft of the 2020–2025 Strategic Plan for review by the STFM Board of Directors at its July 2019 Board meeting. Based on feedback from the Board, the SPC will refine the plan for final Board approval in September 2019.

Traci Nolte
Society of Teachers of Family Medicine

From the Association of Departments of Family Medicine

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ALTERNATIVE PAYMENT MODELS IN DEPARTMENTS OF FAMILY MEDICINE: OUR JOURNEY TOWARD THE QUADRUPLE AIM

A combination of escalating costs of health care and an aging population with increased longevity and complexity is changing the environment of the patient office visit and how physicians are reimbursed for their services.

In 2008, Berwick et al presented the Triple Aim[1]—improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations. Since that time, the Affordable Care Act was passed and new models of health care delivery have evolved to redesign the delivery of health care to meet these goals.

Various alternative payment models include payment rewards to providers for delivering high-quality

and cost-efficient care. A payment model founded on value-based care, the Accountable Care Organization (ACO), targets total population spending and was designed to provide incentives for physician groups or delivery systems to reduce per-capita spending and improve quality with the savings generally shared with the organization that employs the primary care physician. Medicare created the Medicare Shared Savings Program and the Advanced APMs, a subset, to allow practices to earn more rewards in exchange for taking on risk related to patient outcomes. Many practices have adopted the patient-centered medical home (PCMH) model with levels of recognition by NCQA and other review organizations. The PCMH model strives to establish long-term relations between patients and their primary care team from a population health standpoint. These models developed shared plans of care; coordination of care to include subspecialists and hospitals; and offer innovative access to services through improved scheduling and integration with community resources.

Recently, the Association of Departments of Family Medicine (ADFM) surveyed its membership to determine how academic family medicine departments are navigating through the changing environment. A large majority (87.6% of respondents) reported that their departments are involved in an alternative payment model. Among those with any alternative payment model involvement, Medicaid or Medicare ACOs are very common, with 67.4% and 56.5% respondents involved, respectively; though a significant number of departments (66.3%) are using the PCMH model with enhanced payment for either monthly care coordination or population-based payments in addition to fee-for-service payment received.

The survey results reported a shift within a majority of the family medicine departments from a fee-for-service or capitated arrangement to a value-based plan with only 2.2% of our surveyed members participating in a direct primary care model that consisted of fully capitated/per-member, per-month payment paid directly to the primary care practice by patients or their sponsors.

Utilizing a population health management approach is an imperative focus in order to decrease the overall cost of care while improving the quality of care delivered. A potential association of the additional work required to achieve the Triple Aim goals has been the increase in frequency of reported physician and staff burnout. Bodenheimer and Sinsky identified a fourth aim, The Quadruple Aim,[2] to address this concern. The Quadruple Aim focuses on areas to adjust the work life of the clinician and their staff and accentuates its importance in order to succeed in improving population health in any model. Since 2015, ADFM has provided continuous programming to assist its members to identify, address, and manage burnout in their departments and rekindle the joy of practice with their faculty and staff.

Other identified challenges encountered in implementing and sustaining these new practice models have included: (1) the ongoing investment in time, staff, providers, and multiple other personnel required to implement further change; (2) the increasing financial risk in order to be eligible for or to attain an incentive that is not guaranteed; (3) the variations between payer contracts around attribution, metric definition, and various logistics (data capture and integration of other supplemental data); (4) the continued rise in general operational expenses such as the costs for supplies, labor market, pharmaceuticals, information technology, etc, while working within a defined budget; and (5) the increasing out-of-pocket expenses for our patients to meet the recommended follow-up and quality gap metrics the model is required to fulfill.

As part of the strategic plan over the next 2 years, the membership of ADFM has expressed interest in opportunities to share best practices in health care delivery that advance the Quadruple Aim and to identify ways to implement population health strategies in patient care, research, and education that benefit their departments. ADFM has an ongoing webinar series to address some of these content areas (more at: http://www.adfm.org/MembersArea/Webinarsresources).

We invite all in the "family of family medicine" to join our upcoming webinar on Alternative Payment Models, featuring a panel of those who have been involved in the various models. This webinar will take place on December 13, 2018 at 12:00PM Eastern. Please register here: https://goo.gl/forms/DCkyxbmnmAxN4SCe2.

George D. Harris, MD, MS; Michael Jeremiah, MD, FAAFP; Ardis Davis, MSW; Grant Greenberg, MD, MHSA, MA; Amanda K.H. Weidner, MPH

References

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2. Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: care of the patient requires care of the provider. *Ann Fam Med.* 2014;12(6):573-576.