

Family Medicine Updates



From the North
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SECOND INTERNATIONAL CONFERENCE ON PRACTICE FACILITATION (ICPF) FOCUSES ON BUILDING CAPACITY

Conference attendees, contributors, and organizers of the second International Conference on Practice Facilitation (ICPF), held December 10 and 11, 2018 in Tampa, Florida, continue to collaborate and innovate to advance the field of practice facilitation. With ongoing support from the Agency for Healthcare Research and Quality (AHRQ) and the North American Primary Care Research Group (NAPCRG), this annual conference aims to recognize and address the needs of the professional community of practice facilitators (PFs) by advancing the science and best practices of facilitation.

Building on our success in 2017,¹ the 2018 ICPF was designed to include highly interactive and informative content, aligned with the main theme of "Building Capacity for Practice Facilitation." Sessions based on peer-reviewed abstracts addressed 6 topics: (1) Developing Best Practices and Resources for Practice Facilitation, (2) Practice Facilitator Training and Ongoing Development, (3) Practice Facilitator Skill Building, (4) Sustaining and Managing Practice Facilitation Programs, (5) Advancing the Science of Practice Facilitation, and (6) Leveraging Technology in Practice Facilitation. Attendees represented more than 90 different programs hailing from the United States, Canada, and Australia and included PFs, program managers, and scientists representing a range of experience and expertise.

Formal evaluations (from almost 50% of the 146 registrants) plus informal feedback demonstrated high levels of satisfaction with conference content, structure, and composition of the attendees. The inclusive and interactive nature of the conference is illustrated by the following participant comments:

- "I like the varied conference setup and how there are concurrent sessions with different format/topics - there was something for everyone."
- "Inclusiveness of attendees with a range of backgrounds [was the most valuable]."
- "I found myself talking much more than just simply listening, like we usually do at most conferences. It is very interactive!"

The first plenary on Day 1 titled "What's This Thing Called Facilitation...?" by Alison Kitson, RN, BSc, PhD, FRCN focused on the integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework, a pragmatic approach to link facilitation approaches to the implementation strategy and context. Workshops and skill labs, oral presentations, and poster sessions followed on topics such as system context, education, and technology. The day concluded with a Learning Community general session facilitated by Melinda Davis, PhD and Jen Reese, RN CRN, CPF, where cases representing common PF challenges were presented and discussed with the audience and expert panelists. Happy hour and dine-around groups wrapped up the day's events.

On day 2, JoAnn Kirchner, MD presented Plenary II: "Facilitation Tools and Processes to Help us Change the World!" Dr. Kirchner discussed how facilitation models have varied in application within research and clinical settings with a description of tools and processes that support facilitation, evaluation of activities and cost, and real-world spread and handoff to clinical and operational leaders. Workshops and oral presentations were presented on themes including quality improvement, implementation, methodology, and PF roles.

Evaluation results and comments highlighted new knowledge and skills that attendees intend to apply in the workplace, such as using motivational interviewing, using existing tools to track encounters, or applying frameworks. Others noted their intent to help build PF capacity through "helping organizations develop their own facilitation program" or "going to leadership to discuss developing (formally) a practice facilitation program." Attendees were also positive about the learning community and noted how the ICPF structure, flow, and content provided opportunities to strengthen interpersonal relationships and engage in profession-building activities, as illustrated in these comments:

- "The opportunity to soak in valuable and practical information and to interface with others in small-group settings was excellent!"
- "Sessions that shared tools particularly software and research projects to advance work of PF [were most valuable]."
- "The contacts, information, and ideas from brainstorming with other PFs [were] invaluable. I would love the opportunity to attend this conference again."

We intend to continue to interact and share knowledge, resources, and expertise for PFs beyond the

annual meeting. Through the Learning Community, ICPF participants have an unprecedented opportunity to help shape the development of a new health care profession. The ICPF provides excellent networking opportunities and helps to develop leaders in the application, management, and study of practice facilitation. On behalf of the ICPF Steering Committee, we invite you to attend ICPF 2019, which will be held in Bethesda, Maryland on June 26-27, with the theme "Practice Facilitation in the Context of Community."

Plenary presentation videos are available on the NAPCRG website (<https://www.napcrg.org/conferences/icpf/pastconferences/2018/>).

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Paula Darby Lipman, PhD, Leanora Dluzak, MA,
Jill Haught, On behalf of the ICPF Steering Committee

References

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25 X 2030: ANTICIPATING THE IMPACT

In 2025, 565 million visits to primary care physicians are projected in the United States. To meet this increasing demand, a study published in 2012 found that an additional 52,000 primary care physicians need to be added to the workforce.¹ In 2018, 3,654 family medicine residency training positions were available in 653 ACGME-accredited programs. This represents approximately 12.6% of US allopathic and osteopathic medical school graduates matriculating into a family medicine residency program.

In August 2018, the AAFP hosted a meeting to kick off a long-term initiative known as the America Needs More Family Doctors: 25 x 2030. The energy at this meeting was electric! Leaders in academic family medicine organizations came together to work towards the goal of having 25% of US allopathic and osteopathic medical school seniors choose family medicine as their career path. When viewed through the lens of 2018, this goal is daunting as it challenges our profession to double the number of students choosing family medicine as their specialty.

There are multiple opportunities for family physicians—locally and nationally, in clinical and academic roles—to support this significant effort. In academic family medicine, encouraging greater involvement from our specialty on medical school admissions committees is essential. While some schools have a mandate to increase the percentage of the graduates choosing primary care, many do not. Admissions committees must focus on criteria that predict a greater likelihood that a student will select family medicine as their specialty: women, nontraditional students, students from rural backgrounds, first generation college graduates.² In admission interviews, most medical school candidates express the very same aspirations and goals that led us to choose family medicine.

Through the pre-clerkship years, students encounter different perspectives and can be attracted by subspecialties they may not have previously considered. During undergraduate medical education, the Family Medicine Interest Group (FMIG) is critical in cultivating the interest of students through procedural workshops, advocacy, and community activities which showcase the dynamic depth and diversity of our specialty. Also critical is the influence of family physician mentors and role models on students' perspectives. If a third- or fourth-year medical student rotates with a family medicine preceptor who constantly complains about their EHR, their harried schedule, poor reimbursements, and insurance woes, students smartly gravitate to other specialties which appear to deliver a better postgraduate life. Clinical clerkship faculty play a crucial role in portraying the family medicine clinic as a challenging, compassionate, community-oriented, and energizing practice choice.

Community family physicians have a part in the 25 X 2030 goal as well. Family physicians are well positioned to develop local pipelines to facilitate successful admission to medical school. We can identify patients within our own practices who would thrive as a primary care physician and encourage them to make use of those pipelines. Local and state family medicine organizations can collaborate to offer scholarships to promote financial equity for those students who have a high likelihood of choosing family medicine yet may have a low economic probability of matriculating into medical school.

As ambitious as the 25 x 2030 goal is, those of us involved with graduate medical education see an equally daunting challenge to have accredited, quality residency training positions ready for this influx of graduates choosing our specialty. Some would suggest this goal would require over 700 new family medicine residency programs across the country. Developing new programs and adding GME positions will require