

Family Medicine Updates



From the Association
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Family Medicine

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EMBRACING OUR NEW REALITIES

For over 2 years, we have been living with the uncertainty that the COVID-19 pandemic ushered in. This year, despite remaining hopeful, assessing our risk with epidemiologic modeling, polling our members for their preferences, and reviewing our event location safety practices, we made the decision to postpone our regularly scheduled Annual Conference dates in February 2022 due to COVID-19 surges. After careful consideration and ongoing monitoring, we excitedly and carefully met with our membership, June 8-10, 2022 in Denver, Colorado.

"Embracing Our New Realities" was the theme and the subtext of the 2022 ADFM Annual Conference. The COVID-19 pandemic has changed reality as we know it; our Annual Conference content was designed to embrace these changes and remind each other of what we can take away from the inequities exposed and exacerbated by the pandemic. Our former President, Chelley Alexander, MD, opened our Annual Conference by discussing our new reality and reflecting on the major life changes we experienced together. Dr Alexander eloquently relayed that we have to adapt and continue to learn to thrive in an age of disasters. While disasters have reshaped care as we know it, they have also opened doors and opportunities to collaborate better, to care for patients more thoroughly, and to embrace harmonization.

We moved on to our keynote speaker, Jonathan A. Patz. Dr Patz, the director of the Global Health Institute at the University of Wisconsin - Madison, led our plenary session "The Climate Crisis and Our Health: Priority Roles and Opportunities for Primary Care." Dr Patz served as a lead author for the United Nations' Intergovernmental Panel on Climate Change (IPCC) for 15 years and as a family physician has a unique understanding of the way that climate change impacts family medicine and our overall health. Dr Patz reinforces that "Family Medicine Departments are ideally positioned to lead the discourse and train the next generation of trusted messengers and change-makers to help solve the climate crisis... and our health will enormously benefit in the process of reaching a clean energy economy."

Hope Wittenberg, MA, our wonderful director of governmental relations, who will be retiring this year after 30 years of service, gave her last policy update. She will be deeply

missed and we wish her the best! Hope's updates nicely dovetailed into an interactive workshop on "Advocacy in your family medicine department." The small group work for this session focused on department and faculty advocacy efforts in any of the following areas: promoting family medicine and primary care; addressing climate change; promoting equity and diversity; and more.

Our penultimate session of the day focused on advancements in our new reality with a session on Artificial Intelligence (AI) & Machine Learning (ML), led by Bob Phillips, MD, MSPH, and Andrew Bazemore, MD, MPH. Drs Phillips and Bazemore discussed the power AI has to transform family medicine and introduced a panel of ADFM members to share how AI/ML is being used in their departments, with examples including imaging for diabetic retinopathy, AI-based language processing, and machine learning for social determinants of health.

To end the first day, we held a panel discussion on integrating behavioral health and primary care with Susan McDaniel, PhD, Frank DeGruy, MD, MSFM, and Stacy Ogbeide, PsyD. Each panelist discussed the journey of integrating behavioral health within their departments. They detailed some of the roadblocks, the successes, and the differences in integrating behavioral health in an institution with strong support, mid-level support, and little to no support. Following suit the next day was a session on understanding social determinants of health (SDOH) to address integrating social care with health care. This discussion was led by Alicia Cohen, MD, MSC, and panelists included Shalina Nair, MD, and Carlos Jaen, MD who elaborated on concepts of SDOH and ways to address SDOH in health care, including examples of partnering with food banks and through community-based care programs.

Christine Arenson, MD moderated a workshop on "Sustaining Support for the Academic Mission with Increasing Clinical Demands." Attendees were able to select the size/type of their clinical enterprise and workshop with others on managing up (engaging with our health systems to create realistic clinical expectations for academic faculty/departments) and managing down (engaging with our faculty to create rewarding and equitable workplaces).

We closed the 2022 ADFM Annual Conference with 2 impactful sessions, the first on the experiences of sponsoring, coaching, and mentoring (SCM) for women and underrepresented chairs. In addition to articulating the differences in SCM, Dean Seehusen, MD, MPH, and Jeanette South-Paul, MD described themes from the experiences of women and BIPOC chairs, and highlighted strategies related to SCM that can be applied in academic departments to better support women and BIPOC faculty and leaders. Lastly, we concluded with stories from 2 of our members who shared their experiences of battling illness as an academic physician leader and

how the perspective of being a patient can better prepare you to provide the care we would want for ourselves.

It was an impactful and successful conference after the delay to gather again in person; we are so grateful for the opportunity to convene and grow together as we embrace our new realities.

Jessie Raquel Vera



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NAPCRG PATIENT AND CLINICIAN ENGAGEMENT: FROM IDEA TO PROGRAM TO BOARD MEMBERSHIP

Patient engagement in research is essential to translating the best evidence into clinical practice with the ultimate outcome of improving the health of a population. Too often, community partners in health research consist of health professionals and organizational leaders. Patient and community engagement has long been a prominent component of NAPCRG.¹ Growing from this robust history, the NAPCRG Patient and Clinician Engagement (PaCE) committee develops programs to foster a diverse community of patients, researchers, and primary care providers.² PaCE identifies partners who are the “non-usual suspects”—people who are not necessarily medical or public health professionals, who are not aligned with a particular or personal research policy agenda, and whose local influence is defined within the context of the community versus job titles or credentials.³ PaCE leadership has included patients and clinicians from the beginning, and includes 2 Board members, 1 from the United States and 1 from Canada.

Currently Kirk Mason (Canada) and Arturo Martinez-Guijosa (US) serve as patient representatives on the NAPCRG Board of Directors. We asked each of them to describe their participation in NAPCRG and vision for PaCE patient engagement, and board membership. They offer their reflections on their experience with NAPCRG and on patient engagement in the future.

Kirk Mason

My first NAPCRG meeting was in 2015 in Cancún, México. As I was finishing my undergraduate degree, I became my grandfather's primary caregiver. It was in this journey that I had discovered the importance of advocacy in the health care system. I saw NAPCRG as a place where I could learn more about the world of health care and find a way to support its improvement.

I had been volunteering on a patient steering committee

and Dr David Kaplan, a primary care clinician who led the local program, approached me to team up with him. We attended NAPCRG as a dyad through the PaCE pre-conference to learn more about patient, clinician, and community engagement and advocacy. What we found there was a community of like-minded people who wanted to better the world of primary care research.

Every year when I attend NAPCRG, I learn so much, meet so many interesting people, have so many meaningful conversations and most importantly—I leave inspired and eager to do more to impact the health care system.

Arturo Martinez-Guijosa

I attended my first NAPCRG Annual Meeting in the fall of 2015 at Cancún. I attended NAPCRG because I worked in a federally qualified health clinic (FQHC) as an advocate and social service provider helping underserved communities get access to care. In my role, I witnessed the inequities and lack of community voice in our health care system. NAPCRG was a place where our health care providers were willing to listen and welcomed me to participate.

Dr Emily Godfrey, a Seattle-based primary care physician and researcher, encouraged me to attend my first NAPCRG PaCE pre-conference as her patient partner. We shared a belief that all people deserve access to high-quality primary care and wanted to make access to reproductive health care easier for underrepresented youth in the Greater Seattle area. The people and passion keep me coming back to NAPCRG. Everyone at NAPCRG cares about improving the health care of their communities. It is a very nurturing place to learn from each other, share ideas, and have fun while connecting.

Future of Patient Engagement

Both of us came to NAPCRG from our positions in the community as caregivers; that is, caring for a family member and advocating for underserved community members. In our perspective, NAPCRG is in a position to lead the charge in making high-quality patient and community engagement common practice in primary care research. It is important to partner with communities and make decisions centered around the most vulnerable and least-represented voices. Only through full and meaningful engagement can system changes be implemented in our communities to improve the health and well-being for all.

*Kirk Mason and Arturo Martinez-Guijosa, PaCE
Leaders and NAPCRG Board Members*

References

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