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**From the Association
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THE CHANGING ROLE OF A CHAIR AND DA: FOLLOW-UP FROM THE 2023 ADFM ANNUAL CONFERENCE SESSION

With the consolidation and growth of ever larger health systems, and the development of service-line approaches to clinical specialties, increasing numbers of academic medical centers have combined the role of department chair with that of an enterprise clinical leader. In the 2024 ADFM member survey, 63.8% of department chairs indicated that they oversee clinical operations for their departments. Integration of academic and health system responsibilities fundamentally alters these roles to one that allow leadership and influence of primary care across regional health systems, while also shifting the center of gravity of the chair role beyond the academic department. Building upon a session at the 2023 ADFM Annual Conference of the same title, this article provides updates on the experience of 3 large health systems

whose chairs of family medicine or administrators also hold enterprise leadership positions and describes how those roles are shaped by and are shapers of the organizations in which they reside.

The Donald & Barbara Zucker School of Medicine at Hofstra/Northwell

This medical school was created under the collaboration of an existing health care system, Northwell, and a university, Hofstra. A selection of clinical department leaders of the hospitals and academic leaders of various residency programs were invited to help create the new structure and curriculum for the medical school. Eventually, most of these individuals would go on to be the medical school department chairs and their physicians would become faculty. The original operational role that most had now involves academic skills. The clinical sites for the trainees and physicians vary from the large medical partner group to the federally qualified health centers, community-based clinics, hospital-based clinics and a variety of other areas that our family medicine physicians work. Due to the scale of this organization, the operations are divided into regions with administrative oversight influenced by the specialties and service lines.

This interplay between the operations of the organization and the academic mission of the medical school can at times create a tension for the academic chairs who are working to increase the academic productivity while being mindful of the clinical work that is needed to serve our patients and community. The team has managed to work with other specialties in both areas—providing Advanced Life Support in Obstetrics for the OBGYN interns annually, creating a Family Medicine Urology fellowship and then a Family Medicine ENT fellowship to help with the lack of access in these specialties in certain regions.

Medical College of Georgia at Augusta University

In the last year, the Medical College of Georgia has partnered with Wellstar, a 11-hospital system in Georgia. The transition has provided more opportunities and attention to primary care and resources for the department. This has allowed the department chair and administrator the opportunity to sell the importance of family medicine and take the lead in the expansion. Materially, they have been tasked to identify new locations to grow. To enhance the teaching mission, the team sees this as an avenue where residents can rotate in more sites, see patients of varying acuity and need, and access to increased recruiting opportunities in Georgia. The partnership between Wellstar and Augusta University has also resulted in a fruitful exchange of knowledge, benefiting both institutions. On a quarterly basis, departmental faculties showcase theirs and other academic research to Wellstar community clinicians. The rich interaction and dialogue have opened doors for conversations on new models of interventions and active learning by both entities. The diverse opportunities presented by this collaboration have generated enthusiasm among learners and

clinicians alike. As the relationship strengthens, both parties envision conducting enhanced, patient-focused research studies across the state with greater ease.

Jefferson Health/Thomas Jefferson University

In recent years, Jefferson Health as a clinical system underwent rapid expansion, growing from 3 to 17 hospitals. Jefferson Primary Care, now a 98-practice system, provides comprehensive, longitudinal, relationship-based care to 560,000 people. In 2021 the role of the Chair of Family and Community Medicine, was combined with that of Enterprise Chief of Primary Care. This synergy enhances the ability to implement research initiatives at scale; enables partnerships across 5 family medicine residency programs; and creates opportunities for dialogue across primary care leaders, physicians, and clinical teams with a great diversity of personal knowledge, organizational histories and cultures, and communities.

Furthermore, the acquisition of a health plan has transformed Jefferson into an “academic payvider,” creating further opportunities for the evolution of primary care across the system. Alignment of primary care’s areas of strength have led to greater organizational emphasis on primary care, including attention to community engagement and equity. Managing this combined portfolio requires a larger departmental leadership structure with delegation to, and thus career opportunities for, a variety of faculty members, primary care colleagues, and administrators.

In conclusion, the changing role of the academic family medicine chair and administrator requires adaptability and utilization of newer operational skills as they take on the responsibility of clinical site operations influenced by the ever-evolving health care landscape, while prioritizing the academic mission. Balancing both roles requires effective skills in leadership, strategic thinking, financial management, communication, change management, problem solving, and relationship building. Fortunately, as shown by these examples, the specialty of family medicine lends itself to adapting, evolving, and acquiring necessary skills. Leaders should create opportunities to hone their own abilities in health system management while teaching our students, residents, and faculty what they need to succeed in the future.

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IMPACT OF HEALTH EQUITY FELLOWSHIPS

When family medicine leaders increase their understanding of health equity, their programs, residents, and communities’ benefit. AFMRD, with the AAFP, supports 2 health equity fellowships annually. This fellowship, established in 2018, helps family physician leaders improve expertise in the social, cultural, and institutional influences on patient health, prioritizing the health of underserved communities and minority groups. We support residency leaders during fellowship to translate the concepts of health equity into clinical practice for their programs. Elizabeth Beiter, MD, and Erin Kavanaugh, MD, completed their health equity fellowships in 2023 and graciously share their experiences.

Dr Beiter is the Associate Program Director with Bethesda Family Medicine Residency Program, in Cincinnati, Ohio. Her capstone project was titled *Improving Health Equity Now and in the Future: Assessing and Addressing Social Determinants of Health and Creating a Longitudinal Residency Curriculum*.

My experience with health equity has been an extension of what I consider core principles of family medicine—understanding and improving the lives of our patients through connection to the patients and communities we serve, evidenced-based care, and continuing education. My goal was to increase my knowledge and confidence teaching and addressing principles of health equity within my program while improving patient care and connection to the community. Little did I know that my experience would be an incredible launchpad for innovation, education and leadership within my practice, my health system, and my community. Through the fellowship and the support of TriHealth and AMFRD, I was exposed to high quality evidence-based education on emerging principles of health equity, coupled with mentorship to implement a capstone project within my organization. There is no question that the impact of health equity principles in outcomes for our patients is large, but how to address these successfully is at the forefront of healthcare innovation. The fellowship’s impact continues to be felt through a longitudinal health equity curriculum in the family medicine program, and system level connection within TriHealth which brought an ongoing partnership with Family medicine, GME and TriHealth’s new Center for Health Equity

Dr Kavanaugh is the interim chair of the Department of Family and Community Medicine, program director of Family Medicine Residency and Co-Program Director of the Emergency Medicine/Family Medicine Residency for Christiana Care in Northern Delaware. Her capstone project was titled *Impactful Alignment of Family Medicine and Emergency Medicine/Family Medicine Physicians-in-Training Workforce with the Wilmington, Delaware Community*.