

# Finding Your Voice: The Future of Family Medicine Hiram R. Walker Lecture

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# Learning Objectives

- Explore real and perceived barriers to leadership and advocacy
- Recognize critical role of **becoming informed** before advocating
- Consider ways of gathering information and recognizing bias
- Develop a tool box of approaches for being a disruptive leader!
- Give you hope about the Future of Family Medicine!

# Disclosure Statement

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**I have no relevant financial relationships to disclose.**

**But...**

# WARNING!

- ...I have a clear bias!
- I love Family Medicine!



# Sad Reality

- Our training has not prepared you for a key part of your roles as physicians
- You are leaders and must be change agents
- But to advocate for your patients, colleagues, practice and communities you need to be informed
- You have to be nimble enough to handle changing processes to succeed in practice!

# Reality check

- How many of you are leaders?
- How many of you have been leaders in the past?
- How many of you can clearly see something that needs to change?
- Anyone with that something in your sphere of influence?
- The future of our specialty depends on each of us to do our part

# Leadership Quotes

- Great leaders don't set out to be a leader. They set out to make a difference. It's never about the role – it's always about the goal. (Lisa Haisha)
- Leadership is not about titles, positions or flowcharts. It is about one life influencing another. (John Maxwell)
- I am sure these quotes describe Dr Walker



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# Disruptive Leaders...

- Are always looking for a better solution
- Want to improve processes
- Are not afraid to shake things up!
- Two guiding principles
  - Assume good intent
  - Cheerful persistence!

# Advocacy

- Activity by an individual or a group
- Goal is to influence decisions
- Can be political, economic, and social systems
- Can be institutions
- It can be in your practice, regardless of your position!
- The skills you learn today can be used many places

# Disruptive Leadership as Zen

## James Lopata

- Understand what is really going on
- Be intentional
- Plan for maximum impact
- Do it in real time
- Live it
- Put in the effort
- Be mindful
- Focus
- Don't do it alone

# How do you currently advocate?

- For what (or whom) do you advocate?
- In what settings?
- What do you think needs advocacy attention?
- How should that be done?
- What stands in the way?

# For today

- Each of you is in the “Healthcare system”
- Disruption of your status quo almost certainly is needed
- Understand where you are
- Get informed
- Focus
- Be intentional
- Live it in real time

# Caveats

- Discussion of healthcare reform and issues
  - Pushes buttons
  - Inevitably touches on politics
  - Inevitably touches on money
- Remember your choices impact patients!
- You must be involved
- You must learn to commit

# Advocacy Occurs Daily

- For your patients about their care
- For your practice with payers
- For your specialty in hospital settings, ACOs
- For “Primary Care” with
  - Legislators
  - Payers

# Lightning Rods

- Partisan Politics/Fake News/Bias
- ACA/Obamacare
- PCP
- “Primary Care”
- Medicaid expansion (TN)
- Often the wrong question is being asked
  - Key skill of advocacy
  - Reframe to common ground!



# Why should I care about Family Physicians?

- We need to have an answer for this one!
- Who are we?
- Why are we critical?
- It is nice to hear national leaders say “I love primary care”...

# Essence of Patient-Centeredness

- It's about relationships
- It's about stories
- It's about social responsibility
- It's about service
- It's not patient-centered until the patient says it is!

# Nebraska exemplifies full scope, comprehensive family medicine at all the right tables



# Primary Care is: “The Answer”!

- National recognition of the value of “Primary Care”
- Institute of Medicine agrees
- Primary Care Physicians
  - Are key to improving health care for all
  - Can provide needed coordination of care
  - Can reduce fragmentation of care
  - Can restrain costs.

# Our Challenge

- Family Medicine is THE Primary Care specialty
- Our comprehensive training is designed so we can do it all
- Make sure we walk that talk!

# Starfield's 4 Cardinal C's of Primary Care (Plus 1!)

- Contact (accessibility)
- Collaboration
- Comprehensiveness
- Continuity
- Community-based care

# Healthcare Realities

- Main factors that improve health outcomes
  - Regular source of comprehensive care
    - Primary Care - not the ED!
  - Insurance coverage
- Access to primary care **specialists** must be improved
  - Not just primary care **services** like vaccinations, Pap smears, labs
  - Can be done by non-primary care specialties, retail clinics, pharmacies

# The ACA

- Fact from fiction is difficult to assess!
- It did not take a good system and ruin it
- It addressed a growing problem, but did not do so well



# Pre-ACA U.S. Health Care System

- A non-system
- Uncoordinated
- Fragmented, siloed care
- Emphasized intervention, not prevention
- Not focused on health
- Unsustainable costs that were rapidly increasing
- Access was declining
- Quality was far from ideal

Source: [\*Health care for all: a framework for moving to a primary care-based health care system in the United States\*](#). American Academy of Family Physicians, 2008. Accessed August 30, 2013.

# US “Healthcare”

- US health outcomes far from the best
- Total US healthcare spend on Primary Care is 4%
- Other countries
  - Spend much more on PC
  - Have better outcomes
- Administrative burdens support billing
  - Chart care instead of patient care!

# Core Goal: Quadruple Aim

- Improved outcomes
- Better satisfaction of patients
- Better satisfaction of providers
- Lower cost
- These principles drive
  - Discussions
  - Changes

# Key Changes Needed

- Reinvigorate the primary care infrastructure in the U.S.
  - Schools must graduate needed workforce
    - Connect money to outcomes
    - New shared aim of 25% by 2030
  - Teaching Health Centers
- Redesign how we deliver primary care
- Create centrality of primary care
- Implement Team-Based Care
- Source: [Health care for all: a framework for moving to a primary care-based health care system in the United States](#). American Academy of Family Physicians, 2008. Accessed August 30, 2013.

# Nebraska's Success 2017

- Creighton
  - Graduated 17 students into FM, 10.5% of its class.
  - 13 yr average: 8.6%
  - 2018: 8% of the class
- University of Nebraska
  - Graduated 22 students into FM, 17.7% of its class
  - 13 yr average: 14.4%
- Source: Phillips JP, Wendling AL, Bentley A, Marsee R, Morley CP. Trends in US Medical School Contributions to the Family Physician Workforce: 2018 Update From the American Academy of Family Physicians. Fam Med. 2019;51(3):241-250.

# FM Healthcare Offerings

- Health and Promotion
- Acute and Emergency Issues
- Chronic Disease care
  - More with CAD see PC than Cards
  - More with MS see PC than Ortho
- Procedures

# Keep doors open, be creative

- Ambulatory
- Hospital
- Longterm Care Facility
- Home visits
- Group visits
- Medication Therapy Management

# Create/Demand/Advocate for

- Interoperability/Communication
  - Clinic and hospital
  - Other subspecialty care
- Relationships/Communication
  - Pharmacies
  - Health department



# Team-Based Care

- Embedded services (or relationships)
  - Pharmacy
  - Social worker
  - Behavioral Medicine
- Collaborative Practice Agreements (legal in NE)
  - “Teams” do not always need contracts!
- Annual Wellness Visits
- Chronic Care Management

# Advocate for your value!

- What you can do for them
- Tell them what they can get from you
- Ask for what you need to do that

# Scope of Practice Button

- Systems can limit scope
  - Hospital privileging
- Others can encroach
  - Offer some primary care services
- Others can be substituted by mandate
  - PCP
  - NPs in NE allowed after 30 hrs pharm training
- Or we make choices...

## ...the real Scope of Practice issue

- Don't stop doing the things you were trained to do
  - Or love to do
- Do procedures
- Use consultants for things you cannot do
  - Not to think for you!
- Provide services
- Develop and maintain relationships!
- Become indispensable

# Code for the Complexity of care you provide!

- OMM
- Code based on time
- Same day procedures with modifier
- High Complexity Codes (HCC)
- You do level 214s much more than you code for them!
- CMS may change the rules...

# Advocacy Challenges

- Actions to increase number of primary care physicians
  - Nonphysician providers cannot replace you!
  - Every team member is critical but not interchangeable!
  - Team based care must include physicians
- Payment Reform
  - The key to any action on Healthcare Reform
- Primary Care Physicians must
  - ...be who we say we are
  - ...do what we say we can

# Opportunities for Change Abound!

- Practice Leadership
- Hospital Opportunities
- Community Roles
- Meetings (anywhere)

# Foundation Skills

- Communication skills
  - Active listening for cues and clues
  - Recognize and respond to emotion (EI critical)
- Truly Listen!
- Be respectful
- Clarify roles and responsibilities
- Engage in crucial conversations



# Meeting Tools: Create Sacred Space!

- Circles for meetings
- Comfortable surroundings
- Nice sounds
  - Water
  - Chimes
- Time for breathing, pausing, yoga
- Take the space with you
  - What you write with
  - What you drink with

# Life Tool: A Day of Ceremony

- Implement ritual and ceremony
- Morning affirmation/beginning
- Yoga or prayer
- Make coffee/tea/water special!
- Enjoy sacred space
- Do something outside
- **Experience** your meals
- Cultivate thankfulness many times a day
- Have a closure to the day

# Cultivate Thankfulness!

- You are doing what you dreamed of
- You are helping people every day
- You are where you are supposed to be right now
- At the same time
  - Be the change you want to see in the world - Gandhi

# How to...

- Emails count!
- Calls
  - Still can work especially if to the healthcare aide
- SpeakOut
  - <https://www.aafp.org/advocacy/involved/toolkit/advocacy-resources/speak-out.html>
- Social media probably goes to the legislator's aide

# How to...

- Personal visits!
  - State or DC
  - Tell stories
  - Connect with a real person/patients
  - Take medical students
- Follow up email or note

# Maintain Compassion

- Practice “Patient-Centered” Medicine
- Our system is physician-oriented
  - Hours, access, options for dx and rx
- Remember they come see us at their most vulnerable
  - Their needs do not match our schedules
- Reframe controversy to its impact on patient care
- You are called to a service profession!

# Get Informed: AAFP Conferences

- Leadership Conference in KC April 25-27
  - <https://www.aafp.org/events/aclf-nccl.html>
- Family Medicine Advocacy Summit
  - <https://www.aafp.org/events/fmas.html>
  - May 20-21 in DC
  - Informing, Training and Implementing!

# Get Informed

- AAFP website
  - Government Relations Staff
  - Washington Update from GR
- AAFP SmartBrief: <https://www.aafp.org/about-site/about/contact/updates/smartbrief.html>
- Health Is Primary: <http://healthisprimary.org/>
- Family Medicine for America's Health: <https://fmahealth.org/>
- Twitter: @aafpprez @blackweldermd
- Facebook: Reid Blackwelder



# Be Involved - Local

- In your school
- In your residency program
- In your state chapter
- In your practice
- In your hospital
- In your community!

# Be Involved – Bigger Picture

- State and National Academy meetings
  - Maybe
- Connect with your representatives
  - Please! In some way!
- Use Speak Out
  - Easy
- Engage in your community
- Always be there for your patients
  - Essential!

# What will you commit to do?

- Write it down!
- Set a deadline!
- Create a new reality!
- Lead the way to a better world!



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