Family Medicine organization convening focus group: Association of Departments of Family Medicine

Participants (type and name): Leaders of FQHCs and FQHC systems
Date of focus group: October 22, 2020 (90 mins)

What questions did your focus group address and discuss?	What themes were developed in the discussion?	Any foundational or critical components in the themes?
Discussion points following a short poll: *Currently, family docs deliver X% of [type of care, see list below] and/or (depending on what data we have) X% of family docs deliver this care. In 10 years, do you think this will be:* • *More* • *Same* • *less*	Outpatient continuity care – 60% more/40% same. FQHCs find FPs very attractive due to their broad training and versatility. Inpatient care – all thought FPs would be doing less in 10 years. GIM are gravitating toward inpatient hospital care, FPs will become default generalist physicians for outpatient care. Important to train for rural areas but most places not the model being used. Pediatrics – 20% more, 40% same, 40% less. Versatility of FPs is helpful to care for broad populations especially in rural areas but in many places we are the front line in caring for the growing elderly population so shifting of panels; do not see grads giving up peds the way we see them giving up OB	Versatility of FPs is very useful to FQHCs and their populations Comfortable with way the inpatient system where you are works - whether includes FM or IM Whether we do OB or not, depends on area Peds is important but might do less depending on other providers
What do you see as the role of family physicians in your system and what do you mean by that?	Great value of well-trained generalist physician - and the FP is the only type that is well-trained across the lifespan. It is hard to predict what you will be doing or needs of community in 10-20 years so having a broad set of skills is crucial. Recognize that there are different needs across the	Broad based skill set really important for disadvantaged population and part of our mission as Family Physicians – to provide healthcare for all

	country but for rural practice really need the cradle-to-grave full spectrum FM training; also very true for other places serving with a lens of health equity, recognizing large gaps in health outcomes Greater need for clinicians with a wide range of skillsets in these new urgent care settings (FPs can do a lot of procedures that GIMs don't know how to do)	
What are our roles in relationship to NPs and PAs? (how are these different, the same in terms of skillset, goals of what can be addressed by provider types, etc.)	Many FQHCs have more APPs than physicians, mostly as part of cost equation and also can help with access (often more available/more consistently available in a residency setting). Have found most success when building in good collaborative teams; need to create good symbiotic relationships and see learners trained in these settings. Some expressed preference to hire physicians when possible because they have more latitude and more assurance that patient will get what they need. Acknowledgement that APPs are not increasing access to care in rural areas.	Teaching residents how to work in collaborative teams with APPs (and what functional team-based care looks like) is critical to the future of care in this country given the primary care shortage Want a confident family physician as the center of the team
What else to look at in the training for the future? *What do you think we need to include in the training for FM residents? What residency training would equip Family Physicians to be in a leadership role in a healthcare system?*	The way healthcare is transitioning to value-based system; the business side of healthcare Understanding what is required for tracking and reporting quality; lots of stakeholders and hard to balance with clinical	Push toward making sure FM keeps broad scope of practice; even if our specialty as a whole does not maintain it in practice, still need to keep teaching it Teaching systems of medicine that they might end up in in practice – including value-based

	learning but important especially if planning to practice in an FQHC Don't want to lose sight of being a well-trained clinician with a broad scope of practice Also training to be a good team member, leader, and advocate for system change or community needs In telehealth - how can we get them comfortable with a relationship with the camera and still be empathetic, provide good patient care?	care, quality, team-based care, leadership Need to incorporate more geriatric training for all residents due to growing aging population
As you look at position of FM grads in FQHC system going forward - 5, 10, 20 years from now - what do you see? And thinking about training for LEADERSHIP - physician executives…	more residents are going to FQHCs to practice, that means some will become leaders - some training in leadership would be helpful how to we share that it is great to be a physician in leadership to be able to make decisions that impact training and care? In the FQHC world, if a resident who trained there understands the model and what the mission should be and then goes into leadership, could boost safety net and provide a places where FPs could shine and practice the full spectrum of continuity care (creating a national network of FP leadership in FQHCs)	Leadership skills are important in training the residents of the future, but some on-the-job training is needed; introduce some of the fundamental concepts in residency Understanding the business side of quality metrics and population health Might think about a leadership track in FM