

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

**Participants (type and name):** Leaders of non-profit and for-profit health systems (non-FQHCs)

**Date of focus group:** October 28, 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?
<p>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:</p> <ul style="list-style-type: none"> <li>• More</li> <li>• Same</li> <li>• less</li> </ul>	<p><i>Hospitalists</i> – 40% more, 40% same, 20% less Very region-specific</p> <p>Distinction between being a hospitalist and providing care in the hospital</p> <p>Even in places where FPs can get hospital privileges very few are taking us up on it</p> <p><i>OB</i> -- 20% more, 20% same, 60% less Also feels very regional; so critical to continue to provide access to OB care in rural hospitals but lots of issues with credentialing, etc in other places.</p> <p>In places with more OB access, if we build it, will they even come? (experiences say very few take advantage of option even in self-funded malpractice models like Kaiser). But also worth noting that doing prenatal care can help get babies and children into panels (even if don't provide the care during delivery)</p> <p><i>End of life care</i> – 100% more Not just palliative and hospice care but advanced care planning all the way up and incentivizing this (can't do in a 10 or 15 min visit). As our</p>	<p>Much care may be regionally specific but teaching a full scope is important; team-based care models will be a critical part of practice in the future</p> <p>Essential to have well trained Family Physicians trained in OB to improve/maintain infant mortality rates</p> <p>Every family physician should be able to do end of life care</p>

	<p>population ages (and as we move to value-based care and reducing readmissions is incentivized), definitely need more training at the residency level. Need to think about team-based care and systems levels too.</p> <p><i>Continuity of care –</i>        May see a shift in the individual provider having continuity with a given patient due to patient desires, push toward telehealth caused by COVID with some providers doing only telehealth, fracturing off of pieces of care; new models for continuity in context of teams.</p>	<p>Expect more continuity of care but it will look different and include new models like teams, different types of visits</p>
<p><b>What do you see as the role of FPs in your system, and what do you mean by that?</b></p>	<p>Capturing the importance of primary care at a population level is an opportunity – this is FM’s “day in the sun” as systems begin to realize this in the pivot to value-based care.</p> <p>Putting FPs in key system roles – if they are the ones who can look at broad datasets and apply to populations; and showing that flexibility in clinical care translates to skills in looking at delivery system reorganization can help move more FPs into leadership.</p>	<p>Role as leaders of population health and value based care an essential part of our future success</p>
<p><b>How do you differentiate between IM physicians and FPs within the network in terms of hiring, staffing strategies, etc.?</b></p>	<p>Do not see much difference in quality outcomes between FM and IM docs but do run into challenges with cross coverage (esp for peds) and do see differences in cost outcomes</p> <p>Some strong feelings about keeping them separated partly for “identity,” some challenges creating things like collective</p>	<p>GIM does not seem to be a threat to future because there are so few of them</p>

	<p>primary care service lines due to “turf issues”</p> <p>In a shared strategy for primary care growth, do see more FPs who can fill clinical space than GIMs – there are just not enough of them</p>	
<p><b>Do you differentiate between APPs and physicians, esp family physicians, in your hiring and staffing strategy in your network?</b></p>	<p>APPs are critical to team-based care; we have a primary care shortage and we need to have primary care docs take on a bigger panel with support (extension for primary care)</p> <p>Evidence that APPs do not extend access in rural areas or places of primary care need even in places where they can practice independently</p> <p>Systems may push hiring APPs because they are cheaper but also increase costs by ordering more tests</p> <p>Need to teach primary care docs how to manage APPs and what a functional team-based model looks like</p>	<p>Supportive of APPs in team-based care models as ways to expand and extend primary care but not in independent practice</p> <p>Training for FM residents must continue to be full scope to differentiate us from APPs</p>
<p><b>What is it that we are NOT training family docs to do that you would like to see the training programs incorporate into the training?</b></p>	<p>how to run a team, how to supervise - not just social workers but also APPs. And recognition of what you need in terms of support to practice most efficiently and effectively (may be region or clinic specific)</p> <p>interdisciplinary and interprofessional training where they work with other trainees or other disciplines within care team - both inpatient and outpatient</p>	<p>Team-based care and how to lead teams</p> <p>skills around leadership and translation of system priorities, initiatives, financing into patient care models</p>

	<p>need to be able to look at data and understand - population management, quality, care under value-based system</p> <p>how to build programs/start initiatives and gain institutional support</p> <p>Healthcare financing and how to speak that language to promote care redesign efforts</p> <p>community assessments and how to engage with community agencies to improve chronic disease outcomes.</p> <p>how to measure "value of care". In global payment models, FPs can lead in this area for the next decade.</p> <p>how to have goals of care conversations</p> <p>Social determinants of health</p>	
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