Family Medicine Rising: Becoming The Physician Leaders Our Patients Need Us To Be

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EXPLORE
HEALTHCARE SUMMIT

Learning Objectives

- Frame the physician leadership journey in 4 stages based on our personal statement archetype and how to improve patient care
- Contextualize Erik Erikson's Stages of Psychosocial Development (specifically Generativity versus Stagnation) in Family Medicine
- Leverage Starfield's 4 C's to measure how close we are to becoming the physicians we wrote about in our personal statements

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Who is this dude?

- Medical Director @ INTEGRATED HEALTH PARTNERS of Southern California
- #FamilyPhysician (KCS
- Director @ AMERICAN ACADEMY OF FAMILY PHYSICIANS STRONG MEDICINE FOR AMERICA
- Co-Founder #FMRevolution
- Father • Husband • Co-Leader #TheIncredibLEEs
- #KoreanAmerican

The Physician Leadership Journey

Anatomy Of A Superhero Origin Story

Give us a reason to care

Don't make your hero a chosen one; give her a chance to prove herself

It may be useful to tie your character's origin story to the villain's plot

Is your character's background too exceptional?

Give us a chance of a happy ending

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Family Medicine Superheroes

Let's give the American public a reason to care.

None of us is a Chosen One; we must be given a chance to prove ourselves.

Medicine's origins are tied to the fragmented, volume-based fee-for-service model of health care delivery in the US (and historically, we have been great at playing in the sandbox with that broken system but our time is now to fight for us and fight for our patients).

None of us is too exceptional on our own (ok, maybe some of us) but together, we are exceptional (pretty much).

And finally, with physicians leading change/transformation in US health care, we will have a chance for a happy ending.

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FAMILY MEDICINE REVOLUTION

Family physicians are heroes.

Every hero has an origin story.

THE HEROISM OF INCREMENTAL CARE

We devote vast resources to intensive, one-off procedures, while starving the kind of steady, intimate care that often helps people more.

By Atul Gawande

The RULES of #FMREVOLUTION FIGHT CLUB

- 1st RULE: You must talk, tweet, and FB post about #FMREVOLUTION FIGHT CLUB.

- 2nd RULE: You must TALK, TWEET, and FB POST about #FMREVOLUTION FIGHT CLUB.

- 3rd RULE: If they say "stop", tell them we are an unstoppable force for change in the U.S. healthcare system. If they go limp, tap out and start ACLS.

- 4th RULE: At least 128,300 family docs and medical students in our fight to transform the U.S. healthcare system.

- 5th RULE: One fight at a time: the fight to continue giving a damn and being there for our patients.

- 6th RULE: Shirts and shoes please (unless your family doc needs to examine you in which case wear one of those gowns).

- 7th RULE: Our fight to transform the U.S. healthcare system will go on as long as it has to.

- 8th RULE: If this is your first time at #FMREVOLUTION FIGHT CLUB, you HAVE to join our fight (yes, that includes you MedStuds; become the doctor that you wrote about in your personal statement).

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HOW TO CHANGE THE WORLD

1. Realize yourself
2. Show up
3. Occupy the ground
4. Change the world

"Become the physician leaders our patients and communities need us to be."

Erik Erikson's Stages of Psychosocial Development

"Stay relevant"

Erik Erikson's Stages of Psychosocial Development

Infant: Trust vs Mistrust

Toddler: Autonomy vs Shame and Doubt

Pre-Schooler: Initiative vs Guilt

Grade-Schooler: Industry vs Inferiority

Teenager: Identity vs Role Confusion

Young Adult: Intimacy vs Isolation

Middle-Age Adult: Generativity vs Stagnation

Older Adult: Integrity vs Despair

Generativity vs Stagnation

- Generativity
  - Making commitments to other people
  - Developing relationships with family
  - Mentoring others
  - Contributing to the next generation

- Stagnation
  - Being self-centered
  - Failing to get involved with others
  - Not taking an interest in productivity
  - No efforts to improve the self
  - Placing one's concerns over above all else

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Generativity vs Stagnation

- Benefits of Generativity
  - Better health
  - More positive relationships
  - Greater productivity
  - Greater fulfillment
  - Increased community involvement

- Consequences of Stagnation
  - Worse health
  - Lower quality relationships
  - Decreased life satisfaction

What is leadership?

Vision x Task x Relationship

Dream Big

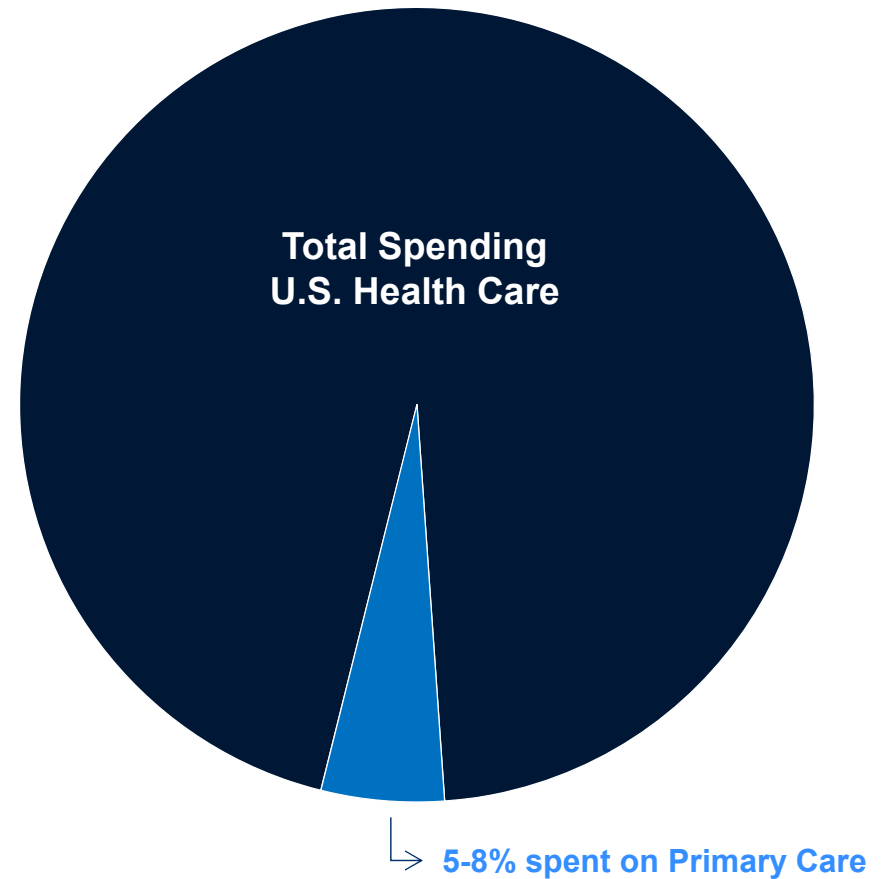**Get SH*T Done**

Passion & Talent

Know How To Have Fun

Leveraging Starfield's 4 Cs to Better Measure Our Successes as Family Physicians

**$13 in savings for every
$1 spent in Primary Care**

Only 5-8% of total health care spending in the U.S. is on primary care

Total Spending U.S. Health Care

5-8% spent on Primary Care

How Health Care is Organized
"Competitive Forces"

- Care Delivery
  - Hospitals
  - Nursing homes
  - Home care agencies
  - Pharmacies
  - Physicians
    - Primary Care
    - Specialty
  - Other caregivers

- Suppliers
  - Pharmaceutical companies
  - Medical supply companies

- Purchasers
  - Organized
    - Business
    - Government
  - Individuals/patients

- Insurers
  - Commercial insurance companies
  - Health maintenance organizations
  - Accountable Care Organizations

The Triple Aim + 1

Value (quality/cost)

Patient experience

Population health

Joy in Practice

Joy?

What is Primary Care?

http://content.healthaffairs.org/content/29/5/799.full

First-contact

Continuous over time

Comprehensive and concerned for the whole patient

Coordinated across the system

How to Better Measure Our Value?

A New Comprehensive Measure of High-Value Aspects of Primary Care

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ABSTRACT

PURPOSE To develop and evaluate a concise measure of primary care that is grounded in the experience of patients, clinicians, and health care payers.

METHODS We asked crowd-sourced samples of 412 patients, 525 primary care clinicians, and 85 health care payers to describe what provides value in primary care, then asked 70 primary care and health services experts in a 2½ day international conference to provide additional insights. A multidisciplinary team conducted a qualitative analysis of the combined data to develop a parsimonious set of patient-reported items. We evaluated items using factor analysis, Rasch modeling, and association analyses among 2 online samples and 4 clinical samples from diverse patient populations.

RESULTS The resulting person-centered primary care measure parsimoniously represents the broad scope of primary care, with 11 domains each represented by a single item: accessibility, advocacy, community context, comprehensiveness, continuity, coordination, family context, goal-oriented care, health promotion, integration, and relationship. Principal axes factor analysis identified a single factor. Factor loadings and corrected item-total correlations were >0.6 in online samples (n = 2,229) and >0.5 in clinical samples (n = 323). Factor scores were fairly normally distributed in online patient samples, and skewed toward higher ratings in point-of-care patient samples. Rasch models showed a broad spread of person and item scores, acceptable item-fit statistics, and little item redundancy. Preliminary concurrent validity analyses supported hypothesized associations.

CONCLUSIONS The person-centered primary care measure reliably, comprehensively, and parsimoniously assesses the aspects of care thought to represent high-value primary care by patients, clinicians, and payers. The measure is ready for further validation and outcome analyses, and for use in focusing attention on what matters about primary care, while reducing measurement burden.

Table 2. Items and Statistics for Cross-validation Online and Combined Clinical Samples

Item	Cross-Validation Online Sample (n = 1,089)			Combined Clinical Sample (n = 323)		
	Mean (SD)	Factor Loading	Item-Total Correlation	Mean (SD)	Factor Loading	Item-Total Correlation
My practice makes it easy for me to get care.	3.1 (0.9)	0.74	0.71	3.7 (0.6)	0.64	0.55
My practice is able to provide most of my care.	3.1 (0.9)	0.74	0.71	3.8 (0.5)	0.70	0.63
In caring for me, my doctor considers all of the factors that affect my health.	3.2 (0.9)	0.85	0.83	3.8 (0.5)	0.70	0.57
My practice coordinates the care I get from multiple places.	2.9 (1.1)	0.76	0.73	3.6 (0.7)	0.50	0.46
My doctor or practice knows me as a person.	2.8 (1.1)	0.84	0.82	3.5 (0.8)	0.55	0.55
My doctor and I have been through a lot together.	2.2 (1.1)	0.67	0.66	2.8 (1.2)	0.48	0.49
My doctor or practice stands up for me.	2.8 (1.0)	0.86	0.83	3.5 (0.8)	0.76	0.72
The care I get takes into account knowledge of my family.	2.7 (1.1)	0.79	0.77	3.2 (0.8)	0.67	0.61
The care I get in this practice is informed by knowledge of my community.	2.4 (1.1)	0.70	0.69	3.2 (0.9)	0.61	0.55
Over time, this practice helps me to meet my goals.	3.0 (1.0)	0.87	0.84	3.7 (0.6)	0.78	0.70
Over time, my practice helps me stay healthy.	2.8 (1.0)	0.85	0.82	3.6 (0.6)	0.74	0.65

Dr. G. Gayle Stephens
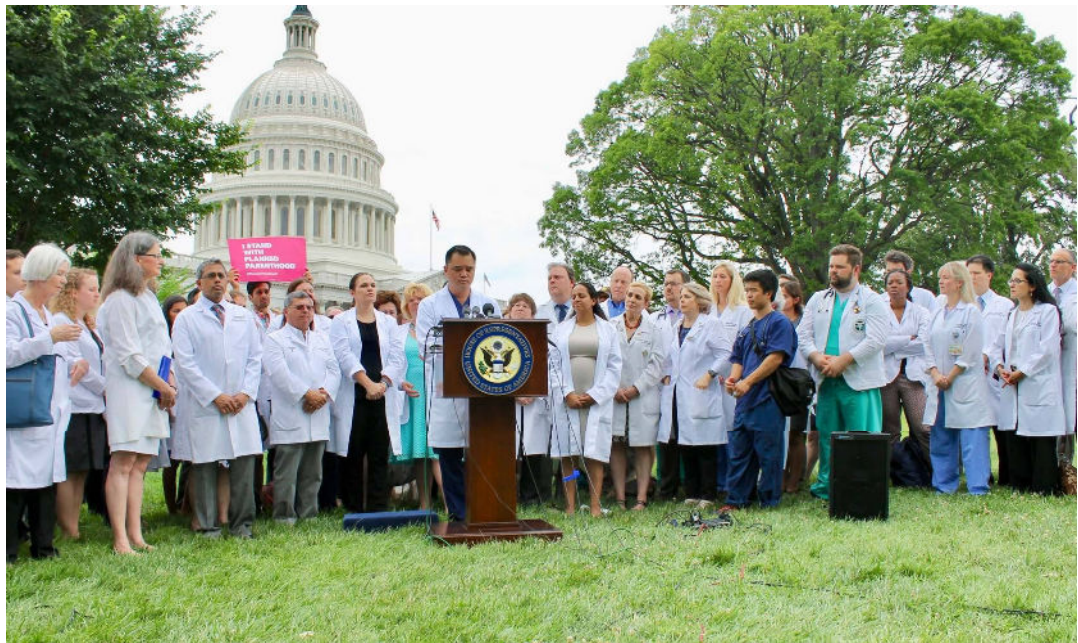## Family Medicine Revolution OG

"Be there"

"Give a damn"

The Job vs The Work

LEGISLATIVE PHYSICS:
Shifting the Health Care Value Vector towards Primary Care

FORCE = MASS X ~~ACCELERATION~~ AMPLIFICATION

THANK YOU!

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#FMRevolution
#FMRising