# DFMCH ReCHARGED BLUE SKY SUMMARY
Wednesday, March 18 – 12:00-5:00 PM

Dr. Gilchrist welcomed everyone and introduced the two speakers present: Frank deGruy III, MD MSFM and Macaran (Mac) Baird, MD MS. Recordings of the talks are archived on the DFM website.

Sharon Adams, MSW was unable to attend the event due to travel issues. She will be speaking via a statewide videoconference on May 1, 2015.

**Frank Verloin deGruy III, MD, MSFM,** Woodward-Chisholm Professor and Chair of the Department of Family Medicine at the University of Colorado

The DFMCH ReCHARGED Steering Group asked Dr. deGruy to consider the following:

1. How do you foster individual/department creativity and resilience in today's changing health care environment?
2. What is the most exciting thing going on in your department or any department you know of now?
3. What do departments need to be thinking about for the future that they are not thinking about now or need to think about differently?

Opening Presentation:

1. **Failure**
   a. You can't have success unless you know how to fail. Cultivate a department that thrives on trying innovative things.
   b. Family Medicine is good at trying important and scary stuff. My department has gotten comfortable with failure. Fail fast, fail smart. Many of us growing up were paranoid at not getting 100%. Use failure as the best instance for learning.
2. **Have fun**
   a. Laughter needs to be heard throughout the halls. It is a normal element of work.
3. **Breathing room**
   a. Give people space to be creative.
   b. My department gives people paid time to work out. It increases productivity and improves morale.
   c. While people take breaks to walk in the park or play Frisbee, they come up with great ideas.
   d. "Solve the problem before it exists." Look beyond our field. Look beyond family medicine for creative ideas.
4. **Train the Primary Care workforce, not just future family physicians.**
   a. "Never undertake a project unless it is manifestly important and nearly impossible." –Edwin Land
   b. If we are truly going to implement Patient Centered Medical Homes (PCMH), we need to train the primary care workforce. We must look beyond our field in Family Medicine
   c. This includes residents, PAs, MAs, Care Managers, Pharmacists, Psychologists, etc.
   d. We work with psychologists and have a post-doc program. We have an addiction medicine fellowship. We work with the community colleges to train care managers.
   e. Family doctors must work with medical assistants, community outreach workers, clinical pharmacists to work effectively as a team.

Closing Words:

I heard these key themes in the Question and Answer sessions:

- What does the practice of the future look like? That opens up the possibility that it might be radically different than what we are doing now. Embracing that is difficult but necessary.

- What if primary care was really about helping people behealthier and health?
- How do we work in a constrained environment?  Appetites for doing the right thing – can't have appetite of damages or be starving, it's normal and healthy to be hungry and not have enough.

▪ Take a moment to reflect and celebrate that we are lucky and fortunate. We can encourage and aspire to make this a greater department of family medicine.

**Macaran (Mac) Baird, MD, MS**, Head, University of Minnesota Department of Family Medicine and Community Health

The DFMCH ReCHARGED Steering Group asked Dr. Baird to consider the following:

1. What is your vision of the family medicine in the future?
2. What trains are coming down the track that we should be prepared for?
3. How can we best train teams for the family medicine practice in the future?

Opening Presentation:

1. **Training in Teams**
   a. We must train a primary care workforce team, not just residents in Family Medicine. We should work with community health workers, community EMTs
   b. We need to achieve operational excellence – efficient care. This will lead to meeting patients' needs and improving access
   c. Primary Care:  Teamwork, community-based.  Listen to the public – don't just do what is convenient for us.
2. **Standardize Care**
   a. Encourage those around us to work on standardizing practices if possible.
   b. Lean methodology reduces irrational variation in care
   c. We need to really involve patients in care and listen to what they need
   d. Promote e-consults and telephonic care
3. **Leadership**
   a. A leader is someone who expresses a relatively sane but unpopular idea with the least amount of anxiety
   b. An outside consultant provided leadership training for my department.
   c. Leaders spend time with individuals, time managing and time on leadership. Leadership—listening and vision—should be the majority of the time.
   d. Work should be an enjoyable experience:  laughter is essential.  We need to make positive experiences, innovations, and good work
   e. Listen to the people.

Closing Words:

▪ Things most likely will not be comfortable going forward.  Now that we have begun to move into teams, population based health, and accountability, this will be our "new normal." Again, it will be uncomfortable, but it's ok.  We are moving toward a better ability to meet the patients' needs.
▪ We need to now engage the wider community: families and communities have always helped.  Health is out in the world. We need to engage the wisdom of the citizens in our communities. You are all in charge of the future of this department.