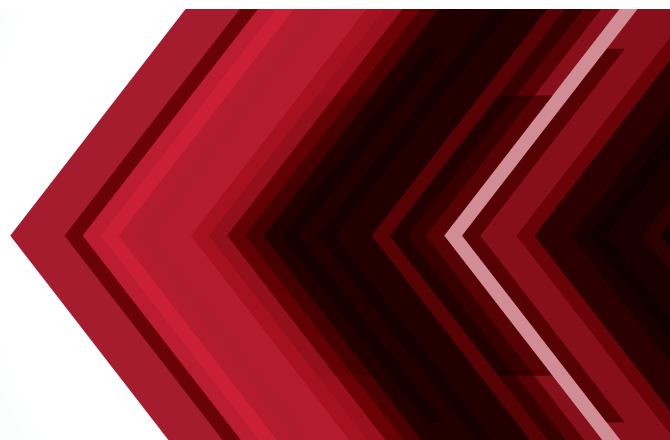


# FMPC

## Grant Awards



2010-2014 • Volume II



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
FOUNDATION

The Family Medicine Philanthropic Consortium (FMPC) is a collaborative program of the American Academy of Family Physicians Foundation and the Constituent Chapters and Chapter Foundations of the American Academy of Family Physicians. The Consortium is organized to improve the health care of all people.

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# FMPC BACKGROUND

The Family Medicine Philanthropic Consortium (FMPC) was established in 2006 as a collaborative program of the American Academy of Family Physicians Foundation and the Constituent Chapters and Chapter Foundations of the American Academy of Family Physicians. There are no costs for membership in the FMPC.

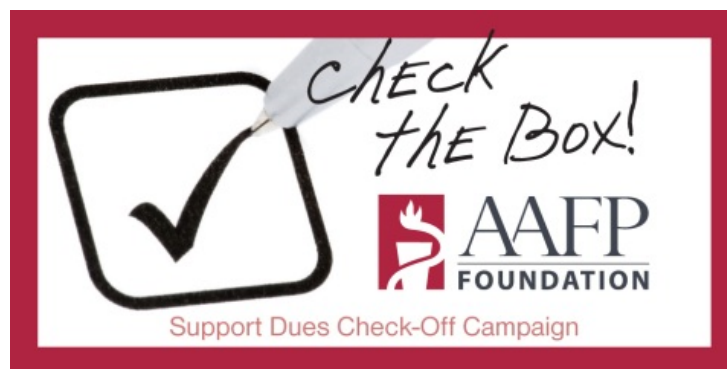
The FMPC is organized to improve the health of all people and accomplishes its mission by:

- Collaborating in the use of national Dues Check-Off revenues provided by the AAFP Foundation.
- Sharing expertise, replicating programs, and sharing best practices.
- Providing FMPC Grant Awards.

The mission of the FMPC Grant Awards program is to support Constituent Chapters and Chapter Foundation programs, and assist them in fulfilling their mission of improving the health of all people.

Annual FMPC Grant Awards are determined through a competitive grant funding process, with funding available only to AAFP Constituent Chapters and Chapter Foundations. Since establishing the FMPC Grant Awards in 2006, grants totaling \$845,370 have been awarded to fund 209 projects in 38 states. The complete list of 2006-2014 FMPC Grant Awards begins on page 58 of this booklet.

For more information about the FMPC or FMPC Grant Awards please visit our website at [www.aafpfoundation.org/fmpc](http://www.aafpfoundation.org/fmpc) or call any member of the Development team at 1-800-274-2237.



Funding for FMPC Grant Awards comes from the national Dues Check-Off Campaign.

# OUTREACH PROJECTS

## ADVANCED LIFE SUPPORT OBSTETRICS INSTRUCTOR COURSE - *ARIZONA AFP (2011)*

In Arizona the Advanced Life Support Obstetrics (ALSO) course is an integral part of the residency curriculum and a valuable program for practicing physicians. To increase the number of ALSO certified instructors able to provide this educational opportunity we targeted faculty from the state's Family Medicine residency programs to attend the course, thereby ensuring continuity of instructors from year to year.

**Results from the '11 Grant Award:** In July of 2012, AzAFP hosted the ALSO Instructor course, which was attended by 58 people at the University of Arizona downtown campus. All Arizona Family Medicine residency programs had residents who participated in the training and all but one person who attended passed the test to become an ALSO Instructor. The grant helped pay for faculty and food during the day's events.

## ADVANCED LIFE SUPPORT OBSTETRICS INSTRUCTOR COURSE - *NORTH DAKOTA AFP (2014)*

The Advanced Life Support Obstetrics Course (ALSO) is a graduation requirement of all three North Dakota Family Medicine Residency programs. We have a core group of Residency Program Directors and Residency Faculty committed to teaching ALSO, but many are nearing retirement. To ensure ALSO can continue to be offered locally for the residents, we will be recruiting and training residency faculty members and resident graduates interested in becoming certified instructors. The requested grant funds will support the ALSO Instructors Course in North Dakota. *Results from the '14 Grant Awards will be reported in March 2016.*

## ADVOCACY & LEGISLATIVE SERIES - *LOUISIANA AFP (2012, 2013)*

The overall goal of the Legislative and Advocacy Series is to provide our members with the education, tools and resources to successfully fight for the best interest of their specialty within the political arena. Prior to the start of the Louisiana legislative session a Legislative and Advocacy Training Seminar was held. The LAFP Committee on Legislation and the Board of Directors assisted by organizing breakfasts with legislators in the different LAFP districts throughout the state before the legislative session began and members were encouraged to attend the breakfasts, which provided an opportunity to meet one-on-one to discuss Family Medicine, established a personal relationship, and served as a resource to the legislators throughout the legislative session. After the training seminar, residency programs from around the state set up screening booths for the White Coat Day Health Fair in the State Capitol Rotunda. Here, legislators were able to be seen by our residents and physicians, who shared concerns and advocated for Family Medicine. Health screening included: blood pressure, BMI, glucose screening, depression, sleep apnea and dermatology. Closing out this series, and new to the program for the 2014 legislative session, was the legislative appreciation dinner. FMPC grant funding received was used solely for advocacy education components of the project.

**Results from the '12 Grant Award:** LAFP received a Chapter Advocacy Day Assistance Grant from the AAFP for this series, which allowed LAFP to present the series to other Chapters who attended the AAFP State Legislative Conference. We shared successes and answered questions to encourage a similar type of program to be conducted by other Constituent Chapters. Prior to the start of the 2013 legislative session five Legislative Breakfasts were hosted around the state and were attended by 29 active LAFP members, eight residents, five medical students, 26 legislators and five LAFP staff. In addition, 24 residents and 18 active LAFP members attended the Advocacy Training Seminar and White Coat Day. Health screenings were provided to 123 legislators and others. Pre- and post-tests were delivered on the content presented during the training session. The average

pre-test score for the Advocacy Training Seminar was 2.3 out of 5.0; the average post-test score was 4.1 out of 5.0, which indicated an increase in knowledge.

**Results from the '13 Grant Award:** The format for the 2014 program included legislative breakfasts, a legislative and advocacy training seminar, a health fair in conjunction with White Coat Day at the capital and a legislative appreciation dinner. Eighteen residents, five students, eight active LAFP members, six LAFP staff and one AAFP staff member attended the Louisiana Legislative and Advocacy Series in 2014; and health screenings provided by members from five FMRPs were provided to 118 legislators and the public. Based on the seminar evaluations both speakers received an average of 4.8 out of 5.0 on all evaluation questions. During the training seminar, a pre- and post-test was delivered on the content presented: the average score on the pre-test was 2.5 out of 5.0; and the average score on the post test was 4.5 out of 5.0, which clearly indicated an increase in knowledge.

## **ADVOCACY DAY - MICHIGAN AFP (2011)**

The April 2010 MAFP member survey revealed that training and/or accompanying members on visits with state legislators would be extraordinarily beneficial in increasing members' level of comfort when serving as their own advocates with lawmakers. MAFP Advocacy Day was designed to fulfill this need through morning leadership training sessions, followed by in-person meetings with legislators in the afternoon, and a legislative reception in the evening.

**Results from the '11 Grant Award:** Thirty-four active MAFP and MAOFP (Michigan Association of Osteopathic Family Physicians) members, residents and students participated in the half-day 2012 MAFP Advocacy Day, which received support from the FMPC grant. Collaboration with MOAFP successfully increased participation. 2012 Advocacy Day included legislative speeches from key lawmakers prior to the 36 legislative office visits. Packets of information on advocacy priorities were distributed at each meeting; and the 34 members networked with 25 legislators about Family Medicine at the evening reception. Though we hoped to, we were not able to videotape the advocacy training and speeches as originally planned due to funding limitations.

## **EDUCATING ABOUT THE BCBS BLUE QUALITY PHYSICIAN PROGRAM - NORTH CAROLINA AFP (2010)**

In 2009 Blue Cross Blue Shield of North Carolina rolled out a new initiative to pay its member physicians up to 30% more for E&M Codes. These increased payments were based on acceptance and implementation of PCMH principles. According to an online article published by the AMA in March 2010, letters were sent by BCBS of NC to over 4,000 family physicians, internists, pediatricians and ob-gyns in December 2009 – and as of March 2010 only 32 physicians at six practices had participated. The goal of this project was to increase awareness of and eligibility for the BCBS of NC Blue Quality Physician Program (BQPP).

**Results from the '10 Grant Award:** At the start of 2011, 29 practices representing 140 physicians had qualified for BQPP. As of January 1, 2012 the number had increased to 53 practices representing 206 physicians. With the work we did and our continued work planned for 2012 our hope was that the number would jump substantially by January 2013. We sought to raise awareness of the BQPP by alerting our members through the publication of articles in three out of five issues of our magazine and in our electronic newsletter. We also decided that the best way to reach our physicians was to have a panel presentation at our 2011 winter meeting, which attracted nearly 750 attendees. The data from the baseline survey was not useable due to a very low rate of survey response. Unanticipated benefits of this grant project included working with Community Care of North Carolina, through the multi-payer pilot, which enabled us to form a stronger relationship with North Carolina's Medicaid management system. We were also asked by BCBS of NC to invite our physician leaders to be involved in revamping the BQPP program for a second iteration.

## **EMPOWERING SENIORS IN A MEDICAL HOME – ILLINOIS AFP (2014)**

This project, offered to all Family Medicine physicians in Illinois and directly promoted at the 27 residency training programs in the state, will provide education and resources to strengthen providers' ability to offer high quality medical care and palliative care services to their senior patients, as well as providing patient resources to empower elderly patients. Elements include: 1) Connection and collaboration with Family Medicine Residency Programs to expand awareness of resources and education to physicians in training; 2) Support for the Senior Medical Home project and the implementation of a software application for the Annual Medicare Wellness Visit. The specific project will be initiated in practice sites throughout Illinois and will assess, report upon and provide risk stratification methods for this senior medical population; 3) Identify social service resources from the medical care community in the service areas of the Senior Medical Home Project; these ancillary service offerings account for the other (non-medical) piece of access to care for seniors; 4) Produce a one-page patient education piece for physicians/residents to give to senior patients outlining resources, services and tools available in their area; 4) Support training workshops for physicians/residents and presentations to senior community members on better understanding, managing and embracing palliative care and end of life issues (The Death Café, as an example); and 5) Develop a CME activity to address the polypharmacy issues present in the senior population. *Results from the '14 Grant Award will be reported in March 2016.*

## **ENCOURAGING WORDS - KENTUCKY AFP FOUNDATION (2014)**

Based on focus group interviews, conducted by West Virginia's Vice Chancellor for Health Sciences, the majority of medical students that chose Family Medicine residencies were influenced by their family physician to go to medical school. The goal of this project is to develop a program on "How to be an Influencer." Through this project we will locate 10 family physicians influenced by their personal family physician to apply to medical school. These 10 will be asked to write articles about their personal family physician and if these "influencing" family physicians are still living, they will be contacted to review these articles and provide personal insight into the role of being an influencer. The information gathered will be used to develop a webinar on "How to be an Influencer." *Results from the '14 Grant Award will be reported in March 2016.*

## **ENGAGE AND PARTICIPATE IN COMMUNITY - KANSAS AFP FOUNDATION (2014)**

This social-media based program (EPIC) will engage new physicians in the Family Medicine community through a blog spot or forum where people can submit thoughts and questions. The message to the new physicians will be, "you are not alone as you go into practice; there are people willing to help and you can find us at the EPIC site." Advocacy Day in January of 2016 will be the focal point for a meeting; program directors will bring residents and KAFP will send a special invitation to all new physicians. KAFP will host EPIC sessions including a demonstration of the social media program and ways to get connected early. During the EPIC breakout for new physicians, seasoned physicians will be there as a resource. We will have a separate space during lunch for new physicians and a designated connection space. The two groups – individuals who want help and seasoned physicians who are willing to help – will come together during lunch and the breakout. The proposed outcomes for this pilot project are: at least 20 new physicians and 10 advisors will participate in the program; when a new physician asks EPIC a question an advisor will contact them with suggestions within 48 hours; and at least 20 questions will be asked and answered via the EPIC program. *Results from the '14 Grant Award will be reported in March 2016.*

## **ESSENTIAL CARE FOR OLDER ADULTS CME SERIES - PENNSYLVANIA AFP FOUNDATION (2014)**

The "Essential Care for Older Adults CME Series" will improve care for Pennsylvania's large geriatric population. By 2030, more than 3.6 million Pennsylvanians will be 60 and older. In line with the PAFP's effort to help practices implement the Chronic Care Model and the Patient-Centered Medical Home, goal No. 1 of Pennsylvania's 2012-2016 State Aging Plan is to "improve access to care for older individuals at the right time, in



the right setting, and at the right intensity.” The “Essential Care for Older Adults CME Series” is a five-part series that takes advantage of two popular PAFP CME events: the Regional Meeting Series and the Live CME Conference Series. In October 2014 the following three CMEs in the series will be presented: Depression in the Older Patient (10/8); Palliative Approach to Pain Management (10/15); Evidence-Based Fall Prevention (10/22). These will be presented as Regional Meeting events, held live online for PAFP members on Wednesdays, from 12:15-12:45pm, to allow physicians to finish morning appointments, get to their computers with lunch, participate in the event and be finished in plenty of time for afternoon appointments. In November two more in the series will be presented live on-site at the PAFP Pittsburgh CME: Geriatric Sensory Changes (11/7); and Safe Prescribing Practices for the Elderly (11/8). Events will be archived as CME webcasts and available to any physician or provider. *Results from the '14 Grant Award will be reported in March 2016.*

## **FAMILY MEDICINE RESIDENCY PROGRAM & COMMUNITY HEALTH CENTER COLLABORATIVE - PENNSYLVANIA AFP FOUNDATION (2013)**

The PAFP Foundation’s Residency Program & Community Health Center Collaborative improves patient outcomes in diabetes and cardiovascular care by combining traditional CME with systems change education and extensive outcomes measurement in a learning collaborative model. The goal of the Collaborative is to transform participating practices so that they both teach and practice quality improvement and patient-centeredness. Participating practices are teaching health centers and safety net providers who track health outcomes data on more than 19,000 patients. Our target audience was the 24 FMRP practices and 21 community health centers participating in the Collaborative that renew their participation each year (July-June). The Collaborative focuses on systems change using the Chronic Care Model and PCMH, and includes a full range of services such as data support/data integrity, support from staff and physician faculty, and education. The Collaborative provides a secure extranet where practices submit data, download reports and can securely communicate with each other. Education includes live, full-day events each year that provide clinical and quality improvement education to improve knowledge and skill development. These events also provide generous amounts of time for learner interaction and sharing, a key component of the learning collaborative model. This grant from the FMPC will be used to support staff travel and faculty dinners for these live events.

**Results from the '13 Grant Award:** With a focus on improving patient outcomes through health care delivery redesign, the PAFP collected quality data on more than 31,000 patients from 37 practices. Our faculty preach that managing process measures is the best foundation for improving outcome measures. A1C documentation is less than 5 points from goal among residency program practices. Nephropathy screening is less than 14 points from goal in both groups. Tobacco use documentation has surpassed goal in both groups. BP <140/90 for patients with DM went above the national average and is closing in on HEDIS. Improvement in A1C>9 made during the 2013 A1C Challenge was not only sustained but the percentage dropped almost 5 points. A significant challenge to improvement was growth in denominators without improvement in the numerators. We speculate that this is a consequence of the ACA; more people now have insurance and are coming in for care. Thanks in part to FMPC’s investment, the PAFP Foundation was ideally aligned for a partnership with Joslin Diabetes Center, which brings a unique set of resources to our practices.

## **MAINE DIRECT CARE PARTNERSHIP: PHYSICIAN OUTREACH INITIATIVE - MAINE AFP FOUNDATION (2013)**

The purpose of the Maine Direct Care Partnership (MDCP) network was to provide primary care access to Maine’s uninsured, non-indigent consumers by inviting existing practices to offer some of these consumers a special, financially transparent and sustainable direct care arrangement within their current practice structure. The first year was going to be the development of a pilot project of a financially viable, sustainable direct care model with price transparency for the consumer. It was intended to inform physicians about the financial viability and sustainability of such a model available for adoption by interested MAFP practices, and solicit

physician and local practice involvement in solving the affordability of primary care access for the population left in the gap between free care and increasingly expensive insurance plans. MDCP Physician Outreach Initiative would provide MAFP members educational and promotional materials for the adoption of direct care options in their practices, as well as patient educational materials about a direct care opportunity. It was also intended to provide physicians and practices with a model, including legal and billing structures, to increase cash flow from direct care arrangements, providing some relief from the delays and uncertainties of traditional insurance reimbursement, and fee for service models. As you will read below, the project was modified from this original vision and many positive outcomes were achieved.

**Results from the '13 Grant Award:** 1) A DPC Resource Center was developed on our website, <http://www.maineafp.org/medical/direct-primary-care>. 2) Prospective research was conducted, eight potential funders were identified and two concept papers were produced. On review of the concept papers it became apparent that the Maine AFP Foundation and Maine AFP, at the current time, do not have the infrastructure and/or administrative capacity to apply for or administer grants of the size needed to effectively fulfill the objectives of these grant proposals. So although we will not be pursuing any of the prospects for funding, the Maine AFP Foundation Board overwhelmingly endorsed making our concept papers and all of the research undertaken available to other medical associations in Maine in the hope that these ideas will see fruition. 3) Legal contract templates for Maine Physician-Patient contracts were developed to enable Maine AFP physicians to start piloting Direct Care arrangements to their uninsured. 4) The Maine AFP Foundation was able to leverage FMPC funding by collaborating with several other – larger- healthcare organizations in the state to host a Direct Primary Care Workshop, *Direct Primary Care in Theory and Practice: A Primer*. We also hosted a round-table discussion at our annual CME meeting. The evaluations from the DPC Workshop overwhelmingly rated the workshop as “excellent” and many said this was new information and they would be exploring the possibility of doing DPC.

## PATIENT CENTERED MEDICAL HOME & ACCOUNTABLE CARE ORGANIZATION IMPLEMENTATION AND RESEARCH - *NEBRASKA AFP (2013)*

The goal of the Patient Centered Medical Home (PCMH) & Accountable Care Organization (ACO) Implementation and Practice-Based Research project was to improve knowledge and discuss nuances in successful implementation. NAFP created a series of three CME sessions to talk specifically about ACO implementation in conjunction with PCMH and a discussion forum about practice-based research networks. The final session created a network for Nebraska family physicians to partner with Dr. Jennifer Larsen, the Vice Chancellor of Research at UNMC for clinical research opportunities. This day of CME sessions took place one day prior to the NAFP Fall Conference to encourage participation. Our targeted attendance was 30 family physicians.

**Results from the '13 Grant Award:** Forty participants attended: 31 family physicians, and nine nurses and administrative personnel. We named the conference “*Juggling the Exciting Changes in Primary Care*.” It was designed to help our busy physicians juggle their jobs and responsibilities and help them understand the confusing information they had been hearing about healthcare relating to the Patient-Centered Medical Home (PCMH) and Accountable Care Organizations (ACOs). In addition, the Vice Chancellor of Research talked with us about possible development of a project-based network for clinical research projects with Nebraska clinics. Pre- and post-survey results showed a significantly increased understanding of the core concepts of PCMH, ACO and project-based research (PBR) and how their practice could benefit from these. Participants also significantly increased their understanding of the data to collect and the tools to be used to evaluate the implementation of PCMH, ACOs and PBR. Although this type of conference was not the usual medical-topic meeting, it proved to be valuable to our physician members facing the challenges presented to them relating to current health care policies. As a result of providing this program to our members, it made them aware that our Academy can provide them guidance and training in these areas.

## PATIENT CENTERED PRIMARY CARE HOME TOOLKIT TO EMPOWER FAMILY PHYSICIANS - *OREGON AFP (2013)*

Oregon has more than 400 primary care clinics certified as Patient Centered Primary Care Homes (Oregon's version of PCMH). Given that health reform depends on a strong primary care system to deliver high-quality care at reduced cost, it is important for family physicians to have the tools to articulate their value in a transformed medical system and to know what to look for and insist upon when negotiating with payers. We knew that our physicians needed dynamic, useful tools and instruction to negotiate with their payers and educate legislators and patients. And we knew it would be important to supply the tools for each clinic to do their own calculations. We did not want to flirt with restraint of trade or antitrust issues. The four elements identified were: 1) PAYMENT - family physicians must be able to articulate their value in a transformed medical system; 2) ATTRIBUTION - physicians must know various ways patients are being attributed to clinics and make sure they understand which method would work best in their situation; 3) GOVERNANCE - our members must understand that they are the backbone of reform in Oregon and they should be included at the highest levels of decision making; and 4) INNOVATION - family physicians must have flexibility to implement reforms in ways that make sense for their communities.

**Results from the '13 Grant Award:** We established a broad coalition of primary care advocates to debate the best ways to require insurance companies and other payers to participate and switched our focus from building a toolkit for family physicians to use individually with each payer, to a unified effort to get all payers to adopt adequate and sustainable alternate payment methods for PCPCH clinics. As a result of the work with the coalition, we 1) created a tool for clinics to calculate exactly how much it cost them to maintain their PCPCH status and are using that powerful data to show legislators, payers and the public what it costs to provide this enhanced primary care; and 2) introduced legislation to the Oregon Legislature that would mandate all payers to work together to devise a method to pay primary care clinics with PCPCH certification adequately to sustain the changes they have made. We will continue to add to our Tool Box, but if the legislation is successful, we can concentrate on tools to improve practice, not negotiate with insurance companies. FMPC funding was used for advocacy education, and development and implementation of the Clinic Tool.

## PHYSICIAN WELLNESS INITIATIVE – *NEW YORK STATE AFP (2014)*

In a field where providers care tirelessly for patients, they can easily forget their own health care needs. NYSAFP sent a survey to its members assessing this issue. The “habits of health” survey received our largest response rate to date, indicating that over 70% of the respondents were interested in attending personal wellness programs. The Physician Wellness Initiative – Habits of Health will directly address health care needs of providers and will be delivered both electronically and in-person. Six articles addressing various health concerns will be distributed from July-December to over 5,500 members via our weekly newsletter. The articles will culminate with an in-person session, titled Physician Wellness Initiative - Habits of Health, at Winter Weekend, on January 24, 2015. This in-person seminar will be aimed at helping members reach their own health goals, and will give up to 200 physicians an opportunity to share in a group discussion about the health challenges they face and ways to overcome them. *Results for the '14 Grant Award will be reported in March 2016.*

## PRIMARY CARE COLLABORATIVE – *COLORADO AFP FOUNDATION (2014)*

The Colorado Primary Care Collaborative (CPCC) is an initiative driven by Colorado stakeholders who share a commitment to creating a more efficient and effective health system through a strong foundation of primary care and the Patient-Centered Medical Home (PCMH). Established during three meetings held over six months in early 2014, the CPCC used the national Patient Centered Primary Care Collaborative (PCPCC) as an informant and model. The CPCC has established four priority areas on which work groups within the Collaborative will focus efforts going forward: Payment Reform, Engaging the Public, Buying Health Insurance for Employees, and Delivery Reform. Following the initial meetings in June 2014, the CPCC has become a special initiative

spearheaded by the CAFP to work in partnership with fellow primary care advocates to promote its vision to patients, purchasers, businesses, health plans and government. *Results for the '14 Grant Award will be reported in March 2016.*

## **PRIMARY CARE WORKFORCE SUMMIT - *WISCONSIN AFP (2012)***

The Summit convened Wisconsin's primary care leaders and established/prioritized issues relevant to growing and sustaining a primary care workforce in our state. The key deliverable was a consensus Action Plan that all primary care groups could use in advocacy efforts. It articulated advocacy, public policy and collaboration pertaining to growing and sustaining a team-based, patient-centered primary care workforce. Prior to the Summit each participant prepared and submitted thoughts and recommendations with respect to the following six critical questions relevant to "growing and maintaining a primary care workforce": 1) What are three to five major challenges?; 2) What payment reform initiatives are necessary?; 3) What pipeline issues need to be addressed?; 4) What educational issues need to be addressed?; 5) What are the legislative initiatives necessary?; and 6) What practice transformation issues need to be addressed? This information will be compiled and serve as the starting point for developing a consensus Action Plan. Following the Summit a White Paper was produced that contains Action Plan recommendations.

***Results from the '12 Grant Award:*** Thirty-eight organizations and 108 attendees throughout the state participated. The 2012 Summit addressed: 1) practice transformation, 2) payment reform, 3) education, 4) recruitment, and 5) legislative initiatives. The White Paper, developed following the 2012 Summit, was widely distributed. In 2013, the Primary Care Workforce Summit Action Plan Development Meeting (Summit 2.0) hosted 48 attendees. Action plans regarding Team-Based Care and Education and Training were created and are currently being managed and developed. The White Paper and Action Plan Summary can be found at <http://wafp.org/summit>. Following the Primary Care Workforce Summit, WAFP was invited to be on a workgroup addressing the need for additional primary care residency training in Wisconsin.

## **PROVIDER TOOLS TO MANAGE THE FAMILY PHYSICIAN SHORTAGE - *NEBRASKA AFP (2012)***

The Nebraska Academy of Family Physicians Manpower Committee anticipated that Nebraska might lose up to 53% of their family physicians to retirement in the next 10-15 years. The Nebraska AFP has taken a proactive approach to help physicians prepare and plan accordingly by providing a structured process that included a dinner meeting with stakeholders, Family Medicine Residency Directors and physicians. This meeting included a lecture and a panel that addressed the depletion of family physicians and changes needed in the resident recruiting process to assure the family physician manpower shortage is being strategically addressed.

***Results from the '12 Grant Award:*** A collective partnership between the Nebraska AFP, South East Rural Physicians Alliance and the Rural Comprehensive Care Network of Nebraska was established for this event. Although snow and severe ice storms greatly hindered attendance for this event it provided a needed opportunity for introducing Nebraska providers to physicians at the medical schools working with residents. Through this project the Manpower Ad Hoc Committee identified ways to foster the relationship between the providers and the residents: a mentoring program that pairs residents with providers; a listing on the website of practices that are looking for physician partners in the next one to three years; and creating a tracking system to help identify medical students through their residency training.

## **SOCIAL MEDIA FOR FAMILY MEDICINE WORKSHOP - *NEBRASKA AFP (2012)***

The Leveraging Social Media for Family Medicine Workshop was a two-hour CME program held during the NAFP annual spring meeting. It provided a setting where active physicians, residents, and medical students came together for the purpose of creating collaborative efforts to launch a social media learning community for family physicians in Nebraska. The goal was to educate family physicians, residents and students about social media as

a resource for informing their practice and continuing education. Training included approximately two hours of lecture and a hands-on workshop that provided family physicians with education on utilizing social media to design a culture of "learning" or "learning communities." Making this information available to our members created a launching pad for future projects relevant to Family Medicine in Nebraska.

**Results from the '12 Grant Award:** Thirty physicians attended the Leveraging Social Media Workshop. In addition, 342 physicians opened the email blast with the social media link embedded in it. During the Workshop some participants expressed resistance to utilizing social media for their professional life. The presenter did a wonderful job refocusing to help them understand how social media can be used to educate colleagues, the public, office personnel and their patients. He also helped inform participants that their patients may be rating them online and stressed the importance of understanding how patient ratings on the internet and social media can affect their professional reputations. The grant has helped the NAFP use new modes of communication with our members. We utilized the social media lecture to generate new ideas about sharing information on the PCMH with our members and created a PowerPoint slide about fundamental goals and objectives for PCMH. We then used the AAFP webinar to learn about POWTOONS.com as a mode to create a video. After we created our video and exported it to YouTube, we sent the link to our membership, where it was well-received. We are continuing to create short and informative video clips that convey important information, in digestible segments, for our busy physicians, and when posted on YouTube to inform the public, as well.

## **SOCIAL MEDIA TO BUILD MEMBERSHIP VALUE - KENTUCKY AFP (2012)**

The Kentucky Academy of Family Physicians implemented a revised Strategic Plan that called for more focus on engaging our members in meaningful dialogue through our website, Facebook page, and Twitter page. KAFP revamped our website and used the social media platform to promote our services, programs and new series of online CME webinars focused on clinical and practice management. Our goal was to achieve a 70% market share in 2012, which was used as the key measurement to determine whether these changes have been viewed by members as effective in adding value to their membership.

**Results from the '12 Grant Award:** We surpassed our goal by reaching 71% market share. While we cannot say with certainty that social media helped us exceed our market share goal, we think it played an important part. The [www.kafp.org](http://www.kafp.org) webpage was transformed to include a social media focus and social media training for medical students, Family Medicine residents and physician members was provided at our Annual Meeting in Lexington on April 26-27, 2012. Since KAFP began using social media to advertise and promote CME, members have reported that these updates made it easier for them to attend live events or attend them after the fact, which was possible through use of the recording system. Although we have not achieved the number of active members we had hoped would participate regularly in the webinars, 200 people participated in our webinar when the Kentucky General Assembly passed a controversial and confusing law on controlled substances and KAFP used a webinar to immediately educate members about the new law.

# *PUBLIC HEALTH PROJECTS*

## **CANCER SCREENING IN UNDERSERVED & DISPARATE POPULATIONS - NEW JERSEY AFP (2011)**

The New Jersey Academy of Family Physicians partnered with the American Cancer Society Eastern Division to increase cancer screenings among underserved and disparate populations in four health centers (three FQHCs & one Volunteers in Medicine Clinic). The goals were to promote breast, cervical and colorectal cancer screenings in rarely or never screened populations served by these health centers; and develop an online, CME module for clinicians based on the Office of Minority Health's (OMH) National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care with a focus on cancer screenings. Expected outcomes included increased knowledge of the identified CLAS Standards and increased cancer screening rates in at-risk and underserved populations. Following the live event five online programs were developed and continue to be hosted on the NJAFP Web site: 1) Epidemiology and Health Disparities in New Jersey; 2) Cultural Competency and Cancer Screening Part 1: Health Disparities; 3) Cultural Competency and Cancer Screening Part 2: The CLAS Standards; 4) Communicating More Effectively with Patients from Diverse Backgrounds: Addressing Language Access and Health Literacy Challenges: Part 1; and 5) Communicating More Effectively with Patients from Diverse Backgrounds: Addressing Language Access and Health Literacy Challenges: Part 2.

**Results from the '11 Grant Award:** Forty-six participants attended the one-day program at the Cancer Institute of New Jersey on September 24, 2011. This single live event addressed increasing cancer screening for colorectal, breast, and cervical cancers in medically underserved areas. To meet the objective of increasing cancer screening for colorectal, breast, and cervical cancers in medically underserved areas with diverse cultural environments we had to determine similarities to create a single program that was applicable and valuable to all attendees. We addressed health literacy and linguistic barriers in general terms as they related to the CLAS Standards, as well as office policies and how to utilize an entire office team to provide patient-centered care. We also discussed the application of the CLAS standards to providing culturally competent care. The New Jersey Academy of Family Physicians (NJAFP) partnered with the American Cancer Society (ACS) Eastern Division for this project. We are currently working on updating the existing program to maintain accreditation and add new information as it becomes available. We are also exploring ways to reach a wider audience and implement similar programs in New York and Pennsylvania.

## **CANCER SCREENING USING TEAM-BASED CARE - PENNSYLVANIA AFP FOUNDATION (2014)**

This project is a 13-month intervention to support team-based cancer screening by providing advanced patient-centered medical home and health coach training for clinical assistants alongside provider and team education. The PAFP/F's Residency Program and Community Health Center Collaborative is an ongoing quality improvement initiative with 44 teams from practices throughout the state. These practices serve approximately 199,420 patients statewide. Teams are invited to send up to two clinical assistants (MAs, RNs, LPNs, etc.) to attend the training at no charge. Activities and data collection will focus on colorectal cancer (CRC), breast cancer and cervical cancer, but learning is applicable to a wide range of preventive care and chronic disease management. The program launched in July 2014 with baseline CRC screening data due, followed in August 2014 with a practice assessment and a provider pre-test to alert project managers and clinical faculty to knowledge gaps. In October, full-day regional PCMH training for participating clinical assistants was held at three locations across Pennsylvania to maximize attendance. The training was intended to empower clinical assistants to "share the care" as part of an integrated team providing coordinated care. Another full day of training for the clinical assistants – Health Coach training – on November 6 preceded two-hour full team training on November 7, at which physicians, residents and other members of the practice will join the clinical assistants for inter-

disciplinary, interactive learning. The team training, led by our educational partner, the American Cancer Society, teaches practice teams about tailoring an office protocol, workflow and process mapping and follow-up tracking. Data will be tracked monthly between December 2014 and May 2015. PAFP Foundation data experts will evaluate changes in practice behaviors and chart documentation through use of practice-based clinical data collection, delivering up to Level 5 (patient level) outcomes. We anticipate participation of 60-70 clinical assistants (max. capacity is 88). Based on past attendance, we expect approximately 175 physicians, residents and clinical assistants to attend the full team training, which is part of a regularly scheduled bi-annual meeting of the Collaborative. *Results for the '14 Grant Award will be reported in March 2016.*

## **FACTORS AFFECTING CONSUMER FOOD CHOICES – FLORIDA AFP (2010)**

Food choices significantly impact the incidence of chronic diseases like diabetes, hypertension, hyperlipidemia, obesity and cancer. A survey created from the initial focus groups and literature research discussed factors like quality/freshness, price, taste, healthy choice, family preferences, habit/familiarity, convenience, content of additives, availability, weight control, presentation, mood, sensory appeal, natural content and ethical concern. Phase 1: Three focus groups were conducted (senior center patients, poorly controlled diabetic patients attending a diabetes education/support group activity, and one in a middle class area of the city) to determine how people select/decide what to eat. Phase 2: Participants were surveyed at a local grocery store/supermarket immediately after making their food decisions before they go through the check-out line (so they can use their \$10 gift certificate). Phase 3: Participants were surveyed at a hospital cafeteria with nutritional labels and offered a \$10 gift card. Results from this research will aid family physicians and other health care professionals in diabetes self-management education. Information was also shared with the food industry to help them encourage consumers make more informed food choices. Please also visit [www.diabetesuniversitydmcp.com](http://www.diabetesuniversitydmcp.com) and [www.diabetesmasterclinician.org](http://www.diabetesmasterclinician.org).

**Results from the '10 Grant Award:** The project rolled as planned and much of the success was due to excellent cooperation from the Nutrition Department at University of North Florida (UNF). UNF had been trying for years to improve its relationship with Publix supermarkets and Baptist Health cafeteria, which they were able to do because of the ongoing relationship of the FAFP Diabetes Master Clinician Program with the leadership at Publix and Baptist Health. All parties worked together through a large oversight committee and a smaller group with representatives from each group. Questionnaires were developed that met the needs of all groups and the graduate students from UNF went to five different supermarket locations (representing different demographics) and the largest Baptist cafeteria in Jacksonville. The students personally administered all the questionnaires and the gift cards were a tremendous help. The only phase to be developed is the one page handout for family physicians' offices. We are in the process of developing a useful product but first want to test it out in a few family physicians' offices. We were surprised to find that 70% of consumers stated that their doctor's office is where they were informed about making healthy food choices.

## **FIT FAMILY CHALLENGE: PEDIATRIC OBESITY INTERVENTION PILOT PROJECT – COLORADO AFP (2013, 2014)**

The primary care practice is an ideal site to identify overweight and obese children, educate parents and children, and establish and implement therapeutic interventions. The Fit Family Challenge (FFC) program is a one-year, primary care office-based pediatric intervention that teaches families how to live healthier through nutritious eating and physical activity. FFC screens for pediatric obesity and identifies lifestyle habits that may put a child at risk for obesity. Participation in the FFC involves 1) weekly contact and goal-setting; 2) attendance at a monthly group visit with parent(s) and other family members; 3) collection of weekly goals; 4) monthly weight, height, and blood pressure recording, and 5) a lifestyle habits survey. In addition to the numerous health benefits to FFC patients, the program has significant benefits for physician participants. For instance, to our knowledge, the FFC is the only program available to primary care practices that gives providers an actual tool for the treatment of pediatric obesity. The FFC provides training and support for practice providers on screening for

childhood obesity, implementation of the FFC program, and ongoing technical support. The interactive nature of the FFC enables providers to reconnect with patients and families in their care. By the pilot's completion in 2015, the project team hopes to have collected the evidence needed to prove the FFC's effectiveness. The project team will achieve this through the continuation of the FFC pilot, continued support to the FFC practices, data analysis and evaluation, the development of practice sustainability tools, and, finally, the dissemination of the FFC across the state and nationwide. *Results from the '14 Grant Award will be reported in March 2016.*

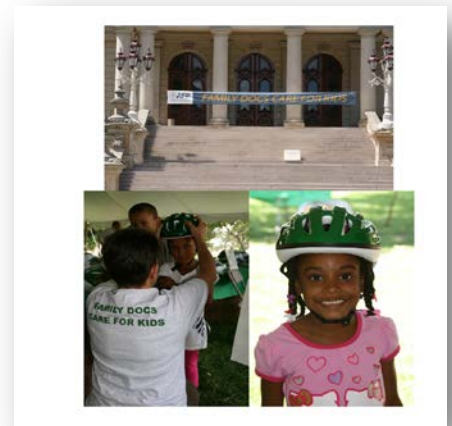
**Results from the '13 Grant Award:** Twenty-one primary care practices were trained on and implemented the Fit Family Challenge program. Utilizing the HeartSmartKids screening and prevention tool the FFC practices have screened a total number of 29,571 children for obesity risk from September 2010-May 2014. We have enrolled 365 children plus their family members to participate in the FFC. Over the last two years, the FFC practices have conducted 243 group visits. The mean age for participants is 9 years of age. Results from the latest FFC data are very exciting and encouraging, and demonstrate that participation in the FFC is making a difference in the lives of these children and families. Summary of the data includes a statistically significant decrease in Body Mass Index (BMI) and BMI-Z Scores; maintenance of blood pressure; and statistically significant improvements in lifestyle factors associated with pediatric obesity. Through our meetings with the Colorado HealthOP medical director we established the Fit Family Challenge as a reimbursable benefit for their members. Colorado HealthOP is a nonprofit, member-governed health insurance company available on the health exchange marketplace. We are grateful for their support and hope to leverage their backing to establish better coverage for pediatric obesity from other payers.

The Fit Family Challenge materials and resources are accessible at the Colorado AFP website. The FFC project team developed a shelf-ready curriculum with 16 different modules about healthy eating and active living. The curriculum includes a Facilitator's guide, a Family Guide, and a Clinical guide. Our project team has also developed a web-based tool for training on motivational interviewing and patient-centered counseling that contains three modules. Future plans include an online training for primary care practices to have the ability to offer the FFC at their sites; and a business plan to be able to offer the FFC statewide.

## HARD HATS FOR LITTLE HEADS IN MICHIGAN - *MICHIGAN AFP (2010, 2011)*

Hard Hats for Little Heads, a bicycle helmet giveaway program, is a public health initiative targeting underprivileged Michigan youth, and replicates a program offered by the Texas AFP (TAFP). An event was held in one of the three largest cities in Michigan with the greatest prevalence of low-income households. Physicians volunteered to distribute helmets to children in attendance who received a free bicycle helmet as well as individual instructions for riding safely, fitting the helmet properly, and being active. The messages: "Get Moving. Stay Safe. Wear a Helmet" and "Family Physicians care about your child's health and safety" were incorporated in conversations and educational materials distributed at the event. The respectful, compassionate persona of family physicians was fostered through direct communication between physicians and child caregivers, as well as through media coverage and publicizing of the events.

**Results from the '10 Grant Award:** The event was a huge success and included good media attention for the family physicians. MAFP gave away 500 properly fitted, free helmets to underprivileged children in the Lansing area, and provided a day of free, fun activities for the families. Parents were appreciative of the free helmets, the lesson in properly fitting the helmet, and talking with the children about staying safe while being active and healthy. A representative from Safe Kids USA, Inc. volunteered to help teach the physicians how to properly fit





the helmets and stayed for the entire event to help fit helmets when the event became very busy. An unexpected outcome was additional interest from family physician members who wanted to acquire helmets that could be given to patients in their offices, so we are looking for ways to start a supplemental program to allow this to happen. Modifications we would make next time include reducing the event time from 2:00-7:00 pm, because not many families came after 5:00. We also ran short on large and small size helmets and had too many medium helmets.

**Results from the '11 Grant Award:** One hundred fifty helmets were distributed during the 2012 Hard Hats for Little Heads event. Following the event we donated another 150 helmets to the Kids Repair Program in Lansing that teaches children about bike safety while building/repairing a bike, and have stored the additional 200 for use at the 2013 Hard Hats for Little Heads event that will take place in June in Southfield, Michigan. On the day of our event three practicing family physicians and two residents provided volunteer assistance in educating the children and their parents on bicycle safety, and properly fitted each bike helmet to each child. Six additional sponsors showed their support and at the conclusion of the event we held a raffle for a new child's bicycle. Despite efforts to surpass last year's participation we did not have as large of a turnout. As a result we are considering the following changes next year: rotate event around the state to reach new communities; change the date of the event from August to late spring or early summer so that the helmets can be put to good use throughout the summer; and start the event later in the afternoon (4:00 – 7:00 p.m. or 5:00 – 8:00 p.m.) because most children were brought by their parents during late afternoon/early evening.

## HARD HATS FOR LITTLE HEADS IN TEXAS – *TEXAS AFP (2010, 2011, 2012, 2013, 2014)*



Hard Hats for Little Heads was created by the Texas Medical Association (TMA) in 1994, and is funded by the TMA Foundation through a grant from Blue Cross and Blue Shield of Texas and contributions from physicians and their families. Hard Hats for Little Heads -- a bicycle helmet giveaway program -- is a public health initiative targeting youth. Texas AFP has participated since 2005 with the strong and increasing support of our AFP members. The goals of the project are: 1) reduce head injury; 2) enhance patients' safety; 3) address the growing obesity epidemic within this patient population; and 4) give family physicians the tools to maintain their high standard of

compassionate support and leadership in the community while raising their profile among community members and media. At each of the AFP-member-sponsored events the physician distributes 100 helmets or more to attending children. The cost of the first 50 is covered by TMA and the cost of the second 50 is covered by TAFP. TMA handles the administration of the project by placing helmet orders, providing media support, and coordinating events. TMA also provides educational materials in English and Spanish such as a step-by-step outreach kit, posters, flyers, banners, and an educational video. TAFP solicits physician member participation, provides additional media services for TAFP members, and provides a sparkle sticker for onsite promotion of Family Medicine. *Results from the '14 Grant Award will be reported in March 2016.*

**Results from the '10 Grant Award:** TAFP's Hard Hats for Little Heads Program once again exceeded our expectations. Thirty-three TAFP-member family physicians held 42 events, reaching 4,680 children and garnering nine media mentions. Thirteen physicians participated for the first time. TAFP staff and TMA staff worked well together to coordinate the physicians' involvement. Being a large Chapter in a large state, we

sometimes have difficulty reaching members beyond one set of active physicians as well as reaching members in far corners of the state. However, this program gives us the ability to reach many more members than any other involvement campaign, from El Paso to Beaumont, adding value to TAFP membership. It continues to receive great praise from the TAFP Commission on Public Health and in member surveys.

**Results from the '11 Grant Award:** TAFP's Hard Hats for Little Heads program exceeded our expectations and reached more children than last year's program. Forty-one TAFP family physician members participated in the program, holding a total of 55 events that resulted in giving out 7,570 helmets and garnering 17 media mentions. Fourteen of the events were held at new locations. The total cost of the program during this grant period was \$19,268.15, with each event averaging a cost of \$350.33. This year we set a requirement for student participants; while we want to encourage future family physicians, we understand that we must prioritize our funding to go to dues-paying members. We now ask that students have an active member sponsor for their events, which has the added benefit of creating a positive relationship with an active family physician.

**Results from the '12 Grant Award:** This year we reached 11 new locations not previously exposed to the Hard Hats program, creating new relationships with those physicians and community members. Thirty-two TAFP physicians held 30 Hard Hats for Little Heads events across the state and five physicians found other funding to hold second and third events. They gave out 3,753 helmets and garnered four media mentions. The cost for each event averaged \$366. For the first time we had to implement a "one event per doc" rule.

**Results from the '13 Grant Award:** This was TAFP's 10<sup>th</sup> year being involved in this program. TAFP members held a record 72 Hard Hats events this year, giving away 11,394 helmets total to children all across the state. That's 67 Texas family physicians holding Hard Hats events in their communities, four of whom held multiple events, and 33 of whom had not held events previously. They garnered 10 media mentions. TAFP spent a total of \$26,064.33 this year, averaging out to \$362 per event.

## HELPING HANDS ACROSS GEORGIA - *GEORGIA HEALTHY FAMILY ALLIANCE (2013, 2014)*

In January 2012, GHFA began accepting grant applications from GAFP members to support programs throughout Georgia that enhance the well-being of our communities and awarded five Community Health Grants totaling \$22,000 to GAFP member-affiliated indigent care clinics to support underserved populations throughout Georgia. "The Helping Hands Across Georgia Project" seeks to expand the reach and success of the 2012 projects by partnering with indigent care clinics where GAFP members, residents and medical students are already volunteering to offer resources and program materials to educate patients on prevention and health issues that are prevalent among this population. Each GAFP member-sponsored indigent care clinic will select one of the project areas of focus listed below, based on which project will provide the most benefit to their specific patient population. Community health projects funded by the "Helping Hands Across Georgia" project are: 1) "Rethink Your Drink Campaign" to teach patients to recognize the amount of sugar in sodas and other sweetened beverages and encourage them to make healthier drink choices in an effort to combat obesity rates of 30% in some Georgia counties; 2) "Women's Health Initiative" project to educate women about screening services offered by county health screening and other diagnostic services; and 3) Diabetes Patient Education monthly seminars to educate Diabetic patients on topics including diet, exercise, monitoring, oral medications, insulin, skin care complications, future treatments and nutrition counseling. In 2015 we will partner with a minimum of five GAFP member family physicians, residents and medical students to develop, implement and coordinate projects and outreach efforts in areas of the state where we have not yet funded community health projects. *Results from the '14 Grant Award will be reported in March 2016.*

**Results from the '13 Grant Award:** The Helping Hands Across Georgia project kicked off in February 2014. Sixteen charitable care clinics applied to participate with eight of these community health projects funded in the areas of diabetes management, chronic disease prevention and management, women's health services, healthy eating and obesity education, Down Syndrome medical home, child sexual abuse and medical student EMR

documentation. In total, over 3,000 uninsured, low income patients of these clinics benefitted when resources were made available to them to improve their overall health. Specifically, 514 uninsured patients received a direct benefit (i.e., a no-cost mammogram, health screening, nutrition counseling or diabetic management).

## IMPROVING DIABETES CARE BY THE FAMILY PHYSICIAN TEAM - *FLORIDA AFP (2011)*

Diabetes is the most difficult of all the chronic diseases to manage, yet office staff (medical assistants and nurses) are often tasked with providing diabetes education to patients even though little training and continuing education is given to them. Clinicians are also challenged to find rapid, up-to-date information about the latest evidence about diabetes. This project will provide 10- to 15-minute webinars and later on-line access will be created to aid the office staff and the family physician. Adding the webinars to the website will provide links to articles on diabetes and a link to SurveyMonkey for tests of knowledge obtained from the webinars. A certificate of completion from Diabetes University will be sent when a passing grade is attained by clinicians and staff. The internet-based Diabetes Registry of the diabetes program is used in each of the target practices, which will enable FAFP to follow changes in level of achievement of goals for diabetes standards of care. The goals of this project are to: 1) Increase diabetes knowledge for clinicians, nurses and medical assistants; 2) Increase number of patients who are reaching evidence-based diabetes goals; 3) Determine effectiveness of on-line educational programs for our academy members and their nurses and medical assistants; and 4) Enhance capacity of the FAFP Diabetes University.

**Results from the '11 Grant Award:** Five webinars were conducted and a website for the Diabetes University, [www.diabetesuniversitydmcp.com](http://www.diabetesuniversitydmcp.com), was created in response to evaluations requesting more information about diabetes care. Approximately 100 people attended the webinars and several others listened to the replays, which are available at the website. There were 134 graduates of Diabetes University and the website averaged 600 hits a month. The web site contains excellent articles that help nurses and medical assistants with patient care. Evaluations indicate that over 80% of the individuals who participated in Diabetes University felt that the test helped them better understand diabetes, they were better able to explain diabetes to patients and had a better understanding of difficulties that patients face.

## IMPROVING DIABETES OUTCOMES - *NEW YORK STATE AFP (2011)*

The goals of the project were to improve clinical care and its costs for New Yorkers with diabetes. Many members of the New York State Academy of Family Physicians have small practices and cannot provide all the resources their diabetic patients need to avoid the serious complications and repeated expensive hospitalizations that can result from diabetes. To overcome this challenge this project sought to enhance collaboration between family physicians in small practices and specialists in diabetes care, including endocrinologists and certified diabetes educators, to provide centralized group patient education classes and additional resources for improvement of diabetes care. A local health plan would provide data to identify practices with high rates of hospitalizations, readmissions and ER use for their diabetic patients, practices with patients who have the highest use of medications or continue to be out of control or have the highest rates of complications from diabetes. Once identified, these practices were to be prioritized to receive physician education and consultations with specialists, assistance with assessment tools and resources, and patient education to ensure practices that most needed care improvement for their patients with diabetes would be reached first.

**Results from the '11 Grant Award:** Our project turned out to be too ambitious and complex in scope for such a small grant award. Despite our best efforts, we were not able to recruit either health plans or endocrinologists, and our members were not eager to take on the project with little incentive to do so. We attempted to overcome our lack of collaboration by providing a knowledgeable and enthusiastic educator to assist one of our members with his large percentage of diabetes patients in a small practice. This, however, was also a challenge since the

physician had to figure out a contractual, legal relationship with the CDE before she could begin working with his patients. Our best outcome was that the CDE was hired to work in the physician practice twice a month for one-on-one diabetes educational sessions and to assist with referrals to educational classes conducted at a local hospital. The participating family physician has achieved a plan for the financial aspects of using a CDE consultant in his practice, and he is willing to share that expertise with other family physicians, many of whom do not have access currently to the services of a CDE for their patients.

## **LEARNING COLLABORATIVE QUALITY DATA INTEGRATION- *PENNSYLVANIA AAFP FOUNDATION (2014)***

This program offers free EHR/data technical assistance to 44 Family Medicine residency program practices and community health centers in the PAFP/F Residency Program and Community Health Center Learning Collaborative. These practices serve approximately 199,420 patients statewide. The Collaborative uses quality data submitted by practices to help close performance gaps in diabetes, CVD and depression care. Monthly data submission is required, and performance is plotted on run charts to detect patterns. Data submission has become inconsistent, and performance is stagnant. Technical assistance providing (1) EHR support and (2) Data audits will address common barriers and improve practices' ability to regularly submit data. The Quality Data Integrity Initiative is supported, in part, by Sanofi and Lilly who wish to fund the EHR support component. The AAFP Foundation FMPC funds will be used to support the data audits, which were added to our 2014-15 program at the request of our physicians. Activities began in Summer 2014 with education, followed by practice visits in Fall 2014. For EHR coaching, PAFP/F expert staff will visit practices, assess workflow, then provide guidance to correct errors and improve efficiencies. Post-visit, PAFP/F staff provide follow-up support via calls or Webex. The audits, conducted while staff is at practices providing EHR support, determine whether practices are entering data correctly into our data management system and if the data is accurate. Audit reports were to be completed in December 2014 with an activity evaluation conducted in January 2015. *Results from the '14 Grant Award will be reported in March 2016.*

## **MEDICAL HOME COLLABORATIVE - *IDAHO AAFP (2011)***

The Idaho Medical Home Collaborative (IMHC) was created by executive order of Governor Otter on September 3, 2010 to make recommendations on the development, promotion and implementation of a Patient-Centered Medical Home model of care statewide. IMHC is a collaboration of public payers, private health insurers, primary care physicians, and many other interested stakeholders. This two-year pilot project took place in approximately 30 clinics of all sizes and in all areas across Idaho. The project incorporated public and private practices ranging from solo providers to large hospital-owned clinic systems, residency programs and community health centers. Beginning September 2011, primary care clinics were invited to apply and were notified of their participation in December. The pilot was expected to assist primary care and community health center clinics transform to an NCQA Certified Medical Home by January 2014.

***Results from the '11 Grant Award:*** Following two years of effort by workgroups and the dedication of the full collaborative the IMHC Pilot Project began January 1, 2013. The kick-off conference was held in Boise on November 30, 2012 with 25 practice sites (including eight safety net clinics) participating from across Idaho and all seven Health Districts represented in the project. In order to manage the project and coach practices participating in the pilot, a project team of three was hired by Medicaid to provide technical and administrative assistance to the project. We were able to use the funds from the FMPC to match Federal funds to achieve this goal. In addition, the collaborative applied for and learned that we will be receiving \$2.7 million in grant funded support from a CMS Health Care Innovation Planning Grant. Next steps include providing coaches to the practices through the project team. The Health Care Innovation Planning Grant will allow us to accelerate the pilot project and hire a firm to manage the project. An RFP was released in January and 20 prospective organizations submitted proposals. Work on the planning process with the contractor will begin on April 1, 2013.

## **MINDFUL MEDICINE FOR CHRONIC PAIN & DEPRESSION - MINNESOTA AFP FOUNDATION (2014)**

Minnesota's family physicians and our resident and medical student mentees have a strong desire to create a statewide, mainstream coalition where no-cost, daily, functional strategies to address pain and depression through yoga and meditation are designed, provided, and evaluated. Mindful Medicine will provide yoga and meditation training to 60 economically underserved, diverse chronic pain and depression patients and their supportive family physicians. The Mindful Medicine project focuses on providing meditation and yoga training to: 20 diverse, economically under-resourced seniors living within the La Chateau Golding Living Center; 20 economically under-resourced Latinos who seek care within the Brooklyn Center Park Nicollet Clinic; and 20 family physicians, residents and medical students who provide care to economically underserved patients at the Community University Clinic. Findings from the three projects will be shared with approximately 350 family physicians who will be attending the 2016 Annual Spring Refresher. *Results from the 2014 Grant Award will be reported in March 2016.*

## **PCMH: FAMILY MEDICINE LEADERS TRANSFORMING HEALTHCARE - ILLINOIS AFP AND IAFP FOUNDATION (2010)**

**See also Practice Improvement Network & Hybrid Model (2011, 2012).**

The primary goal of this initiative was transforming healthcare by training family physician leaders to share information on the Patient Centered Medical Home (PCMH) with their peers. The second goal was to develop more family physicians to be leaders at the local, regional and state level to bring the values of PCMH and Family Medicine to the discussions and plans around health care reform. A needs assessment of the State AFP general membership helped develop the education curricula for the "Family Physician Leaders Transforming Healthcare" audio presentation, which was used to train physicians who did live presentations to other physicians and healthcare providers. Pre-registrants attended TransformMED's MHIQ in advance of the live education programs. Post meeting evaluations were completed by all attendees and speakers, and six months after completion of CME activity (either live or self-study) the attendees were invited to take TransformMED MHIQ. De-identified results were used for evaluation and reporting and attendees' medical home designation or accreditation was tracked on NCQA, URAC, etc.

**Results from the '10 Grant Award:** At the first leadership workshop, in December 2010, 30 participants were invited. At the second workshop, in November 2011, we opened it up to more leaders and had 45 participants. Our program has expanded to become the Practice Improvement Network (PIN) with eight practices participating in the full pilot project. The focus of physicians making presentations has changed to webinars which are run by physician leaders as well as Practice Improvement Network (PIN) coaches. The webinars reach more people and are less time intensive than going out and meeting with groups. The Practice Transformation Committee oversees the program and meets bimonthly to make sure the program is on track. Through the PT committee, the PIN coaches, PIN pilot sites, and physician leaders we have learned and adjusted the program to meet the needs of our members. Beginning in 2011 we initiated CME at sites around the state and monthly Lunch and Learn webinars on various topics.

## **PHYSICIAN PROTOCOL FOR WEIGHT LOSS COUNSELING - NEW YORK STATE AFP (2011)**

This project assessed the effectiveness of a physician-developed protocol for weight-loss counseling via office visits/phone calls and involved assessing readiness and identifying a weight-loss goal, a plan of action, a weight-loss start date, medications, triggers and coping mechanisms, conducting check-ins, adjusting the plan of action, and weight-loss maintenance. To assess the protocol's utility we provided participating physicians (estimated 25-30) and patients (estimated 200-300) an assessment form for completion and submission to our central office. The forms were analyzed and a report issued. To revise the protocol we planned five regional meetings with doctors to review findings and identify improvements. Doctors who participated in using the protocol, as

well as doctors who did not, were included in the regional meetings to ensure that we are thinking creatively and not just within the confines of the existing protocol. The NYSAFP Public Health Commission revised the protocol as appropriate and then forwarded it to our Board for final adoption.

**Results from the '11 Grant Award:** "Manageable Challenges" was developed and all major products were produced including the website, flyer, protocol for office visits, and the patient packet. Manageable Challenges was placed on the NYSAFP website and the Patient Office Visit Protocol and Patient Packet were sent to: 1) Board and Commission Members (~100 physicians); 2) all 26 residency programs in NYS; and 3) in conjunction with New York State Association of County Health Officials, all 58 county health departments in the State. An exhibit booth was hosted at three NYSAFP conferences and approximately 65 physicians have been recruited to the program. We conducted research on the feasibility of developing and promoting a mobile phone application to make the program more attractive to "tech savvy" doctors and their patients but discovered that creating such an application is costly and requires significant marketing. The grant enabled us to form an additional partnership with our residency program directors who will be working with their residents to provide the weight-loss program to their patients and evaluate Manageable Challenges as a scholarly evaluation project for the Accreditation Council for GME and for our annual Research Forum. In addition, NYSAFP is partnering with a not-for-profit health advocacy organization, Greene County Rural Health Network, which is recruiting practitioners to implement and assess Manageable Challenges and is promoting the program among the public. Our partnership with the Rural Health Network also includes sharing costs for developing and producing some of the program's products, such as the Patient Office Visit Protocol, Patient Packet and web site. A powerful part of Manageable Challenges is providing our physicians with a feasible, simple program for helping their patients lose weight. They have been asking and searching for this type of program for some time and the program products are especially timely because provisions of the Federal Affordable Care Act are requiring that many insurance plans offer weight-loss counseling.

## **PRACTICE IMPROVEMENT NETWORK & PIN HYBRID MODEL - ILLINOIS AFP AND IAFP FOUNDATION (2011, 2012)**

**See also PCMH: Family Medicine Leaders Transforming Healthcare.** IAFP launched a family physician practice transformation initiative focused on elements of the Patient-Centered Medical Home, called the Practice Improvement Network (PIN). PIN was comprised of the IAFP Practice Transformation Committee and practices, which volunteered to participate in a pilot project to make improvements in their own practices along with coaches who have been selected to support the practices on this initiative. PIN was a four-part initiative to educate IAFP members about principles in the health care reform bill and help them transform their practices. The parts of PIN included 1) a communications strategy; 2) an ambassador mentoring program; 3) an enhanced CME program; and 4) a small-practice pilot program geared toward helping approximately twenty solo and small family practices with eight or fewer physicians successfully transform their practices. The Hybrid Coaching Model, added to PIN in 2012, was recommended for small and mid-sized practices and included the selection of the TransforMED PCMH online coaching option plus access to an IAFP-approved practice management coach. The TransforMED PCMH online coaching option includes a standardized curriculum driven by the results of a practice's Medical Home IQ (MHIQ) assessment. The IAFP-approved practice management coach provided 20 hours of support per year to help a practice to identify a special project to participate in (e.g., the HFS Care Coordination Innovation grant), pilot a new technology or collaboration with a hospital or healthcare system, or other projects to be determined. The practice was responsible for leading the project and the coach provided for light support during the maintenance phase of the project. FMPC funds assisted with communications.

**Results from the '11 Grant Award:** Five physician groups participated in the PIN and PIN Hybrid program during 2012. There are now a total of seven physician group practices that have utilized Illinois' PIN since its inception. The overall goal of the Practice Improvement Network (PIN) initiative was to advance primary care practices towards the Patient Centered Medical Home model of care to enable high-quality care, leading to improved outcomes, at lower costs. One of PIN's objectives is to assess the knowledge, competence,

performance, and confidence of learners after taking part in this educational program. A sampling of questions taken from five pilot-project physician group practice participants confirmed that the goal was achieved and the outcome of the educational activity was a success. In addition, ongoing feedback provided by the pilot practice sites and family physicians involved makes it clear that the PIN project continued to provide a benefit to practice sites.

**Results from the '12 Grant Award:** Crusader Community Clinic (30 providers at five sites), Silver Cross Health System (10 practices in ambulatory group with approximately 25 providers); and Rockford Health Physicians participated in the PIN Hybrid program. The TransforMED PCMH online coaching option did not appeal to the practices that took part in the initiative; however, the standardized curriculum Medical Home IQ (MHIQ) assessment was used and a combination of practice management coaching and support is still being provided to interested sites. The IAFP will not actively seek out practices for the PIN and PIN hybrid project, but will honor commitments made through the initiative and will support new practices interested in practice management coaching to achieve levels of PCMH or meaningful use or other designations.

## **ROTARY CLUB PRESENTATIONS: SAVING LIVES, SAVING MONEY - OREGON AFP (2013)**

OAFP took a very well-received program, "Saving Lives/Saving Money," and changed it to educate Rotary Club audiences about Patient Centered Primary Care. Over the past three years, Saving Lives/Saving Money has been presented by volunteer family physicians to Rotary Clubs in their communities, and at almost every presentation someone made the comment that they were grateful to hear about the health care system from a doctor – not a politician or newscaster. This program continues to receive glowing evaluations from audiences around Oregon, and we are on the Rotary Club's coveted "Preferred Presenter List," which means we have more and more requests for presentations and the ability to influence more and more audiences. Rotary Club members tend to be slightly older business people, who may be business owners or work with smaller companies. As business owners and high level employees, they are decision makers and purchasers of health insurance. In rural communities, their political views are fairly conservative. This demographic group, in Oregon, has not traditionally supported health reform, which makes Rotary Clubs the perfect audience to learn about Patient Centered Primary Care and to demand this enhanced level of care from insurers.

**Results from the '13 Grant Award:** This grant allowed us to produce a video to explain what Patient Centered Primary Care Homes are to the public and why they should be considered the gold-standard of care for patients. Parts of our video have been incorporated into the learning materials for the Patient Centered Primary Care Institute – a clearinghouse for materials related to health reform in Oregon. The unexpected aspect of this project was that our members wanted to make sure the audience knew what we were describing in the video was the *ideal* PCPCH, and something that doctors in their communities were working towards, not necessarily that the practices had all aspects of the PCPCH currently in place. Presentations have been provided to Rotary Clubs, medical students, private gatherings and OAFP events. Evaluations have been excellent and feedback from volunteers was positive.

## **SCHOOL-BASED WELLNESS INITIATIVE - COLORADO AFP (2010)**

The FMPC grant supported the launch of Ready, Set, FIT! and assisted with continued expansion of the Tar Wars program, which is intended to decrease the number of youth in Colorado who choose to use tobacco. Ready, Set, FIT! (RSF) is a curriculum-based program that teaches third and fourth grade students about the importance of fitness, educating them through in-class lessons and take-home activities about how to be active, eat smart, and feel good. Like the Tar Wars program, health professional presenters participate entirely on a volunteer basis within the comfort of the children's school classroom. The RSF program in its pilot year would be offered to 10 or less schools. Due to the link between poverty and obesity, recruitment efforts focused on schools within Colorado's rural communities that do not have physical activity requirements, which is also where the CAFPP launched a large-scale childhood obesity project funded by the Colorado Health Foundation.



**Results from the '10 Grant Award:** The School-Based Wellness Initiative for Tar Wars and Ready, Set, FIT! (RSF) was implemented in Mesa County in Grand Junction, Colorado. Nisley Elementary, Pomona Elementary, and Rick Rock Elementary brought RSF to ten classrooms that reached a total of 300 students and eight teachers. We estimate that if 300 children participated in the program we reached around 750 caregivers and siblings. The Ready, Set, FIT! curriculum was given to all students that participated and includes activities to be completed with the student's family. The original plan was to locate various school districts in rural communities throughout the state. However, it was more efficient to focus on one rural school district with multiple schools. Also, rather than locate up to ten schools during the program's pilot year, 10 third-grade and fifth-grade classrooms in three schools were recruited. This strategic change allowed manageable scheduling between the schools and presenters and greater coordination in meeting project objectives. In order to elicit participation and compliance of the schools for this pilot project a \$100 incentive was offered to the schools that would meet the outlined objectives. A partnership was established with the St. Mary's Family Medicine Residency Program, affiliated with University of Colorado and based at the regional medical center in Grand Junction, CO. Three residents from the St. Mary's Residency Program did 10 site visits to all of the schools. Dr. Nicole Stephens, Pomona Elementary offers her feedback of the program's far-reaching impact when she wrote, "It was wonderful to have an actual doctor come in and talk with students about healthy choices. One student in particular decided to join an after school activity called Girls on the Run. I asked her why she chose to start running, and she let me know in all of her third grade knowledge, 'Because that doctor lady told me I need to exercise my heart!' It was a great program to integrate into the classroom."

## TAR WARS - NEVADA AFP (2010)

Nevada's Tar Wars program is one of the largest in the nation and between 2000 and 2009 the program was fully funded through Master Settlement Agreement (MSA) dollars. In 2010 MSA funds were shifted to the state's general fund and 100% of Tar Wars funding was lost. Funding from FMPC was used to assist Nevada's Tar Wars program build sustainable implementation tools. A Tar Wars website was created and all program materials were digitized. An on-line scheduling calendar was added to allow physician visits to the site to determine dates and times that schools are available for presentations. In addition, financial disparities among the schools were addressed by providing paper and drawing supplies to at least 65 classrooms in low income schools interested in participating in the Tar Wars Poster contest. Recently many schools responded that they did not have art supplies for their students to participate in the contest, and their need became clear when posters were submitted on the back side of previously used copy paper, or posters were created entirely in pencil.

**Results from the '10 Grant Award:** A Work Study student from the university helped create the online calendar and implemented the Tar Wars program. Google Calendar was used to provide a centralized, statewide schedule capable of being viewed and edited by multiple presenters and staff. It also provided a way to send group emails to presenters rather than having to contact each presenter individually. Two hundred seven presentations were provided to 6,210 fourth and fifth grade students across Nevada. More schools participated as a result of our outreach to the high-risk/low-income. One of the challenges with Tar Wars is getting our members to provide classroom presentations. This year a board member assisted at a presentation at a low-income school. When she asked the kids how many of them had a parent or grandparent who smokes EVERY SINGLE CHILD raised their hand. The board member was shocked and at the next membership meeting she stood up and spoke with our membership about the need in these schools. She realized that Tar Wars presentations may provide one of the only opportunities that some of these kids have to be exposed to a positive message to not smoke. Not only did this renew the board member's commitment to Tar Wars, but it reinforced to the Nevada Academy staff and members that we need to work harder to provide prevention and positive health messages to our lower-income and high-risk schools.





## TAR WARS IMPACT CAMPAIGN- *LOUISIANA AFP FOUNDATION (2013)*

LAFP Foundation has been administering the Tar Wars® Program throughout the state since 1998 and recruiting active members and residents to present information on the negative effects of tobacco to fourth and fifth graders. While Tar Wars® receives attention and the presenters lecture annually, the program exists without any dedicated funding. In order to maintain and expand the outreach of the anti-tobacco program, the LAFP needs to administer a campaign to recruit new schools to embrace the curriculum and provide improved support for volunteers and collaborating partners. This Impact Campaign created: 1) a more efficient communication process to keep all volunteers and agencies informed on anti-tobacco initiatives and 2) a localized presentation toolkit. Our goal was to increase both the number of presenters and the number of fourth- and fifth-grade students who participate in a Tar Wars presentation during the 2013-2014 school year. **For information contact Meghan Daniel: [mdaniel@lafp.org](mailto:mdaniel@lafp.org).**

**Results from the '13 Grant Award:** The target audience was 4th and 5th grade students across the state and 4,953 students were reached! This far exceeded our goal to reach 3,374 students; we also exceeded our goal to recruit 122 presenters. We recruited 174 Tar Wars presenters from six residency programs and three medical schools. Project goals were met by utilizing the LAFP chapter staff, the Tar Wars Program State Coordinator, the AHECs, the Family Medicine residency programs and the LAFP Foundation Board of Directors in the planning process to determine the outreach strategy for presentations and recruiting volunteers. An unanticipated benefit from this project included a partnership with Pennington Biomedical Research Center that allowed for the gaps in funding to be achieved so that the program could offer supplies and prizes to participants and winners of the state poster content. Abby Stogner, a fifth-grade student at Bowling Green School in Franklinton, Louisiana went to Washington, DC to show her poster. "My slogan read *Tar the Roads, Not Your Lungs*. I told the audience that the reason I did my poster was because I didn't want anyone ending up like my Paw Paw who smoked for 42 years, and now he has to take breathing treatments four times a day. I always knew that smoking was bad for you, but I didn't know what so many people die from it. The Tar Wars contest truly changed my life! I'm smoke free for life!"

## TAR WARS: RURAL – *FOUNDATION OF THE GEORGIA AFP (2010)*

The goal of the Rural Tar Wars Project was to introduce Tar Wars to fourth- and fifth-graders in more than 180 classrooms in 50 counties designated as rural, low income. The Foundation of the GAFF successfully presented the Tar Wars program to more than 4,000 students in Georgia elementary schools during the 2009-2010 school year and this project capitalized on the momentum to reach an additional 5,000 underserved fourth and fifth-grade students in rural Georgia counties. The Foundation of the GAFF worked with the Georgia Association of School Nurses and assembled Tar Wars classroom kits that provided 300 presenters with a "one stop" box of the items they will need to present Tar Wars throughout Georgia. Each kit contained a presenter lesson plan, parent information sheets to be sent home with students to foster family discussions on tobacco use, tobacco advertising examples, pre- and post-presentation surveys, poster contest guidelines, program brochures and drinking straws to demonstrate the decreased lung capacity long-term smokers experience. The kit also included free art supplies that allowed students to participate in state and national poster contests including poster board and washable markers for each classroom. FMPC funding allowed the Foundation of the GAFF to conduct Tar Wars presenter training sessions and webinars for school nurses, residency programs, FMIG Clubs at Georgia medical schools and other healthcare professionals in underserved areas of Georgia. Georgia elementary school nurses and public health nurses were also eligible for stipends to encourage maximum recruitment and attendance for Tar Wars training sessions.



**Results from the '10 Grant Award:** Materials for 250 Tar Wars classroom kits were assembled during the grant period with more than 140 of those kits distributed to classrooms in 20 rural and/or underserved counties of Georgia including Rome, Augusta, Bremen, Albany, Athens, Macon, Newnan, Hepzibah, Sharpsburg, Statesboro, Savannah, St. Simons Island, and Grovetown, Georgia. Three thousand children in the fourth- and fifth-grade heard the tobacco-free Tar Wars message during the grant period. Foundation of the GAFFP staff conducted training sessions and provided classroom kits for new Tar Wars presenters at the MCG Residency Program, Eisenhower Army Medical Center, Emory University's FMIG Club as well as Mercer's Macon and Savannah campuses. In addition, Foundation staff of the GAFFP trained more than 30 pre-medical students from Georgia Southern College in rural Statesboro, Georgia to present Tar Wars in surrounding South Georgia counties. This area of the state had proven difficult to establish a Tar Wars presence in previous years. Foundation staff of the GAFFP also worked closely with Bulloch County Board of Education to gain approval for the Tar Wars program which will also provide a foundation of support to continue the program in this area in future years. In July 2011, Foundation staff exhibited at the Georgia Association of School Nurses Annual Meeting and successfully recruited nearly 50 nurses for presenter training from rural Georgia counties where we have previously been unable to establish Tar Wars. Teleconference training sessions were held for rural Georgia public health nurses and school nurses and kits, which included all needed presentation materials, were provided. By training dozens of new presenters in rural underserved areas we have also created a ready "pool" of presenters for the remainder of this school year and in the years ahead.

### ***TAR WARS: SUSTAINING - GEORGIA HEALTHY FAMILY ALLIANCE (2012)***

**See also Tar Wars: Rural.** The Georgia Healthy Family Alliance (formerly the GAFFP Foundation) more than tripled Tar Wars presentations statewide over the last five years and reached targeted rural counties throughout the state during the 2011-12 school year thanks to the partnership with the Georgia Association of School Nurses. The 2013 Sustaining Tar Wars Project incorporated the following five activities: 1) Created long term partnerships with a minimum of five after-school organizations to secure sustainability of Tar Wars programs; 2) Hosted a statewide Tar Wars Training Symposium for interested after-school programs and youth organizations; 3) Increased Tar Wars footprint by reaching 1,000 Georgia fourth and fifth graders who participated in partner-affiliated after-school programs and mentoring activities, while providing a vital new channel of Tar Wars information statewide through outreach, training and information sharing with partner organization staff and current Tar Wars presenters; 4) Reproduced "Tar Wars in a Box" kits that can be used by all organizations committed to presenting Tar Wars in our state (which will ease the barrier of a new organization implementing this project); and 5) Mobilized GAFFP members, Family Medicine residents, medical students, and health care professionals to continue to present the Tar Wars program in their communities.

**Results from '12 Grant Award:** The 2013 Sustaining Tar Wars project reached our goal of 1,000 youth hearing the Tar Wars message during the grant period in both non-traditional classroom settings, including Boys and Girls Club locations, YMCA after school programs, Girl Scout Troop meetings and teen peer presentations, as well as traditional classroom settings with our school nurse partners/FMIG and family physician presenters. Two-hundred and fifty Tar Wars Toolkits were assembled and provided to our partner organizations with 108 of the kits going to 27 Boys and Girls Club locations that serve 3,400 youth. Another 24 kits were distributed to individual YMCA locations in Metro Atlanta. In addition, 48 kits were provided to school nurses throughout the state. More than 25 family physicians, residents and medical students presented Tar Wars in 12 communities during this grant period. The Boys and Girls Club pilot project with the Morehouse medical students attracted an unanticipated partner--the Student National Medical Association chapter at Morehouse, which will be providing additional presentations that are being scheduled for the upcoming school year. The Morehouse FMIG group originally recruited for the Boys and Girls Club Pilot Project were nominated for the AAFP FMIG awards as a result of their dedication and community service associated with this project, and our staff will nominate Morehouse FMIG student president, Monique Merritt, for a national Tar Wars award for her dedication to the children at the clubs and the overall project.

## WORKING EFFECTIVELY WITH PROFESSIONAL INTERPRETERS – *MINNESOTA AFP FOUNDATION (2010, 2011)*

This 60-minute education program is designed for Family Medicine residents and medical students, practicing physicians, and faculty members who want to enhance their communication with patients with limited English proficiency. The curriculum used slides, handouts, video clips and a post-test developed by the Upper Midwest Translators and Interpreters Association specifically for healthcare personnel. The program was co-facilitated by a volunteer physician and professional interpreter. The curriculum covered: 1) state and federal requirements for language services, 2) research that shows improved health outcomes and patient safety when providers use professional interpreters, 3) financial advantages to the health care system when language services are used, 4) guidelines for physicians to follow before, during and after an appointment with a patient, and 5) specific communication skills and techniques that can help physicians enhance communication with non-English speaking patients through the use of professional interpreters.

**Results from the '10 Grant Award:** Six training sessions were presented at medical schools and Family Medicine residency programs. In addition, three practices/clinics in the Twin Cities received training sessions through our partnership with the Minnesota Medical Association. Approximately 190 medical students, residents and family physicians were trained in these nine sessions: 92% of post assessment survey respondents said that they “agree” or “strongly agree” that they learned at least two new techniques and skills that they can use when seeing a patient with limited English proficiency and 85% of post assessment survey respondents said that they “agree” or “strongly agree” that they felt comfortable and confident sharing what they learned with others not at the training. Our Board has approved funding for one more year and we will offer the trainings as long as there seems to be a demand for it and we can raise the funds. The University of Minnesota Duluth campus requested the program again in April 2012 as part of their MEDS course which is an elective class for students preparing for international medicine experiences. Stratis Health is also considering offering this training as part of their work with clinics and practices to improve cultural competency.

**Results from the '11 Grant Award:** One hundred-thirty-six medical students and 26 residents attended training in 2012. An unexpected benefit of this project is that it meets the Minnesota Department of Health (MDH) certification standards for clinics “to demonstrate how staff is going to contact and use interpreter services for communication, care planning and education.” This standard is a part of MDH’s work to certify clinics as “health care homes” (patient centered medical homes), so the Minnesota AFP urged the Minnesota Department of Health to have the program listed on their website of clinic resources. Regarding MAFP’s future involvement in providing this training for its members, after more than three years of implementing this project the Board of Directors has indicated that MAFP will likely discontinue the program effective June 30, 2013. However, MAFP will still have the ability to refer medical students and residents to the Minnesota Medical Association (MMA) for this training, since MMA has become fully engaged in providing this service.

# RESIDENT & STUDENT PROJECTS

## **ADVOCACY AMBASSADORS - CALIFORNIA AFP FOUNDATION & CALIFORNIA AFP (2012)**

**See also Telling Family Medicine's Story.** Traditionally, medical school and residency curricula haven't addressed advocacy and many physicians do not actively engage in advocacy for their specialty simply because they don't know where or how to start. The Advocacy Ambassadors program trained Family Medicine residents throughout the state to engage their fellow residents and communities in advocacy. As part of a needs assessment conducted during a 2011-2012 FMPC grant project, we determined that California needed: 1) a detailed and consistent advocacy curriculum and 2) engaged leaders to present this curriculum. CAFP hosted resident leaders from each of California's 43 Family Medicine residency programs for a two-day advocacy bootcamp session to learn about advocacy, leadership, and community organizing. Residents: 1) learned effective communication strategies, 2) completed advocacy role-playing exercises, and 3) talked with legislative aides to get the real scoop on effective advocacy strategies. The residents then returned to their programs as Advocacy Ambassadors and helped organize community advocacy efforts, partook in CAFP's All-Member Advocacy Meeting (AMAM), and represented California on national advocacy issues. FMPC funding was used solely for advocacy education components of the project.

**Results from the '12 Grant Award:** Ten Family Medicine residents returned to their programs as Advocacy Ambassadors. Rather than providing a stand-alone two-day advocacy bootcamp session for residents, it was more efficient and effective to bring residents (and students) to CAFP's 2013 AMAM (formerly Congress of Delegates), where they attended an introduction to policy making, training on messaging, and meeting with legislators and participated in Lobby Day. Training at the AMAM provided residents the chance to work with practicing family physicians already engaged in the advocacy process for their first foray into the Capitol. The CAFP Foundation will package the training offered at this meeting and with the advocacy curriculum reach out to residency programs throughout the year to provide advocacy sessions. The ongoing impact of this training has been a doubling of residents participating in the 2014 AMAM and Lobby Day Activities.

## **ADVOCACY AND LEADERSHIP INSTITUTE - LOUISIANA AFP FOUNDATION (2014)**

This multi-part project will focus on medical students and residents early in their career to provide training on advocacy and leadership, utilizing various public relations tools necessary to successfully and effectively advocate for the specialty of Family Medicine. Six medical students and 18 residents will be identified to serve as Key Contacts, and they will be trained to create lasting bonds with legislators in their districts. Residents serving as Key Contacts will be designated by their respective program; each FMIG from the three Louisiana medical schools will be asked to choose two students to serve as Key Contacts. Medical schools and residency programs must designate their representatives by January 31st to allow the education component to occur in a timely manner and be utilized during the legislative session and throughout the year. FMPC grant funding received will be used solely for advocacy education components of this project. *Results from the 2014 Grant Award will be reported in March 2016.*

## **CENTERING PREGNANCY: GROUP VISITS IN RESIDENCY EDUCATION - KANSAS AFP FOUNDATION (2010)**

Incorporation of group visits into practice is an important component of the Patient Centered Medical Home model. Through the Centering Pregnancy model, prenatal care will be delivered in an atmosphere that encourages free exchange, facilitates learning, and develops mutual support among patients with similar due dates. This model of prenatal care delivery places all three components of prenatal care--risk assessment, education, and support--into the group setting. This project started out with a predominantly Spanish-speaking patient population in a safety-net clinic, where we hoped to conduct three groups of 6-10 patients at similar

stages in their pregnancy. Groups were to meet for ten, 90-minute prenatal and postpartum visits at regular intervals. During these visits, standard prenatal risk assessment would be completed by the resident and an educational program would be offered to the group by a variety of health care providers followed by a resident- and faculty-facilitated discussion. Medical students participated in these visits during their required Family Medicine rotation, giving them exposure to this innovative concept in Family Medicine.

**Results from the '10 Grant Award:** The first six group visits combined all stages of pregnancy into one visit. The last three group visits were divided by trimester. Attendance rates varied from 60-95% of anticipated patients and all patients received information regarding prenatal care, labor and delivery. The key challenges we faced were unanticipated. Initially, the uptake of group visits in our predominantly Spanish-speaking population was not as rapid as projected. Small numbers resulted in fewer opportunities for resident involvement and a longer time to reach a critical mass of patients at each trimester to make group visits effective. Initially, we offered the program in our safety net clinic because we wanted to both impact that specific population and avoid the additional complication of billing and coding compliance. However, we underestimated the proportion of patients in our safety net clinic who would be delivered at another local hospital, or who obtained a source of payment during their pregnancy which allowed them to obtain prenatal care at another location, or those who left the area prior to their delivery. Because the success of a group visit program is based, in part, on the relationships patients develop as a cohort, our program was negatively impacted by these factors. While the program has been much slower starting than we'd anticipated we've learned a great deal about how to conduct group visits, what works and what doesn't in terms of promotion and some of the barriers to accessing our clinic that we had not previously understood. Our plan is to move the program to a community site, which is preferred by our patients and staffed by both family physicians and nurse midwives, thereby creating a much more family-centered maternity care program. A real unexpected benefit has been the relationship we've formed with the KUMC Midwifery program. While it's too early in our process to give many details, we anticipate a new partnership between the midwives and our Family Medicine residents at a separate location, delivering family-centered maternity care. We applied for an additional \$42,000 from a local foundation to support our program and are anticipating applying for a larger federal grant in the fall of 2012.

## **CHIEF RESIDENT WORKSHOP – OHIO AFP FOUNDATION (2013, 2014)**

Ohio has 22 allopathic Family Medicine residency programs, each electing at least one chief resident to lead their class toward graduation. The Chief Resident Workshop was designed to open peer dialogue to optimize discussion and to serve as a touchstone throughout the year. Discussion topics included ACGME work hour regulations, reduction of personal stress, conflict resolution techniques, and innovative methods to motivate others. This program provided participating chief residents an easy first step into Academy involvement and an exciting and engaging way to create the foundation to their Family Medicine career. Our goal for the 2014 grant award project, which will fund the 2015 Chief Residents Workshop, is to engage a minimum of 18 residencies from across Ohio, which represents a 5% increase in participation over last year's participation. *Results from the 2014 Grant Award will be reported in March 2016.*

**Results from the '13 Grant Award:** The 2014 Chief Residents Workshop, held in conjunction with the OAFP biennial C. David Paragas Leadership and Advocacy Training Seminar (Leadership Seminar), hosted 23 attendees from 14 of the 22 residency programs in Ohio. Participation increased by five participants and four residency programs over the 2013 Chief Resident Workshop. In addition, one of the participants is now serving as the resident representative to the OAFP Board of Directors. On a scale of 1-5, with 5 being the highest, participants indicated that the 2014 Chief Resident Workshop was worth attending (4.4) and provided an opportunity for resident input (4.7). Our post-event survey confirmed that the Chief Resident Workshop is of high value to the participants and the need for this specific resident training is valid.

## DEBT MANAGEMENT FOR FUTURE FAMILY PHYSICIANS - *GEORGIA AFP (2012)*

Student feedback and frank discussions regarding the impact of medical debt on Family Medicine as a specialty choice led the GAFFP to develop a Student Debt Curriculum and Toolkit. This curriculum, developed in consultation with a certified financial planner, was an interactive presentation focusing on achieving long term financial security while creating short term financial goals to minimize debt accrual from student loans and personal debt during medical school and residency. We intended to provide presentations at seven Georgia medical school Family Medicine Interest Group clubs for the 2012-13 school year. By reviewing debt management best practices, and supplying medical students early-on with an easy to use toolkit, including financial startup spreadsheets on a CD-ROM, we aimed to directly address the concerns of debt.

**Results from the '12 Grant Award:** The program, titled "Financial Successes: Getting Your House in Order" was presented at 10 Georgia FMRPs and four medical schools with Family Medicine Interest Groups. The program was expanded to include residents and more than 400 students and residents in Georgia participated. Tracee Sapp, a certified financial planner with the Principal Financial Group, received rave reviews. Topics included budgeting; insurance and income planning; student loans; employment agreements; practice management; and trusted advisors. The response to the program was extremely positive and the subject matter makes us more able to partner with local banks or financial groups who would like to meet future family physicians.

## EDUCATING RESIDENTS ABOUT EMPLOYMENT CONTRACTS - *NORTH CAROLINA AFP (2012)*

Over the past few years nearly all graduating Family Medicine residents have entered into employment agreements with large health systems. In 2012, the NCAFP implemented a new project to ensure that residents entering the workforce would get adequate legal advice to maximize their legal rights in the contract negotiation process.

**Results from the '12 Grant Award:** The NCAFP partnered with Raleigh's Smith Anderson law firm to develop the Employment Contracting Guide for Residents. It is a solid resource for our residents entering the workforce, and is aimed at educating resident physicians on the key terms of any proposed employment contract they'll consider as an employee of a hospital or health system. The guide was distributed in hard copy to all residents attending the annual meeting and distributed electronically to all residency program directors. The residency directors, who are often asked by residents what they should do with a contract, greatly appreciated this new resource as a reference tool. We have made a concerted effort to really engage residents and provide them with resources and they are constantly telling us how valued they feel as members of NCAFP. Hard copies of the guide were distributed to state AFP Chapters that attended the May 2014 FMPC annual meeting.

## EMPLOYMENT DIRECTORY OF 3<sup>RD</sup> YEAR RESIDENTS - *NEW YORK STATE AFP FOUNDATION (2014)*

New York has approximately 600 residents in Family Medicine programs with about 200 graduates each year. Like many states we have a critical shortage of physicians, especially in primary care. The purpose of this project is to improve New York's (NY) retention of Family Medicine residents after graduation by promoting NY residents to NY employers through a directory which will include detailed information on third year residents in Family Medicine. The Directory will be produced in digital form only, and will include: contact data; demographic data; visa and licensure status; program information; areas of particular interest and additional training; and a personal statement regarding career aspirations. We will evaluate the project on the following criteria, 1) Did we produce the third year Family Medicine Residents Directory; 2) What percentage of third year FM residents were included; 3) How many NY employers did we contact regarding availability of the directory; 4) How many NY residents included in the directory were in contact with NY employers; and 5) How many NY residents included in the directory were hired by NY employers. *Results from the 2014 Grant Award will be reported in March 2016.*

## FACES IN FAMILY MEDICINE & FIFM 2.0 - KANSAS AFP FOUNDATION (2011, 2012, 2013, 2014)

The KAFP Faces in Family Medicine mentorship program evolved since it began in the 2009/10 school year. In 2012, FIFM was expanded to FIFM 2.0 when it added a pre-med component. FIFM 2.0 has five parts: 1) Faces Faculty/Mentor Training; 2) Faces Dinner Meetings on campus brings outstanding family physician faculty from inner city, rural, urban, suburban, and hospitalist settings to FMIGs for a dinner meeting and short program that introduces medical students to the different faces of Family Medicine; 3) a dinner meeting and similar program for pre-med students; 4) Faces Mentors work with up to 25 students through Facebook or other social networking media; and 5) Faces Evaluation. Before being paired mentors and mentees take surveys to determine best matches based on preferred form of communication, demographics and additional interests. Although the program runs through the school year many of the arranged mentoring relationships have continued beyond the initial year, with some lasting through four years of medical school. *Results from the 2014 Grant Award will be reported in March 2016.*

**Results from the '11 Grant Award:** One hundred fifteen students and 55 mentors participated in FIFM: 69 students and 23 mentors participated in the traditional medical school program, and 45 students and 32 mentors participated in the new pre-med program. The pre-med FIFM program focused on three Regent's universities: Fort Hays State University, Kansas State University and Wichita State University; and the medical student program reached all three KU campuses: Kansas City, Salina (new in the program) and Wichita. The biggest interest in the traditional medical school program was with M1 and M2 students. The Kansas City dinner occurred during Primary Care Week (PCW) and we wrapped the dinner together with part of an online special event that celebrated PCW by encouraging everyone to fill in their thoughts to complete the phrase: "Primary Care...", take a picture, and upload it to the voices for primary care web site.

**Results from the '12 Grant Award:** One hundred fifty-nine students and 41 mentors participated in FIFM 2.0. Of those students, 49 were pre-med students from three Regent's universities (Fort Hays State University, Kansas State University, and Wichita State University); and 110 were medical students from the three campuses of Kansas University (Kansas City, Salina, and Wichita). We developed a 2-page, "Resources for Pre-Med Students" that was well received by the Pre-Med clubs; and we updated our 1-page "Student Membership Benefits" and shared it with the FMIGs. Although student participation increased this year, it was difficult to recruit a commensurate number of additional mentors. We learned that it is probably best to spend most of our focus on recruiting medical students from KU.



**Results from the '13 Grant Award:** Eight pre-med students, 69 medical students and 45 mentors participated in FIFM 2.0, which focused on FMIG students from the three KU campuses and one pre-med class at Pittsburg State University. M1s seemed the most interested in the program and the pre-med students were especially interested in any opportunity to shadow a physician. We have now seen leaders graduate from the FIFM program with the following results: one FIFM medical student serves on the AAFP Commission on Membership and Member Services; one serves as FMIG president at the Kansas City KU campus; and one is an alternate delegate to the AAFP Congress of Delegates and will be a delegate in 2016. In addition, one pre-med student from Pittsburg State University is now enrolled as a medical student at KU in Kansas City.

## FALL FESTIVAL & PREPARING FOR RESIDENCY - *ILLINOIS AFP/IAFP FOUNDATION (2010)*

The Fall Festival - Preparing for Residency Program links medical students and residency programs. In addition to preparing for the Match, other goals are improving patient care by advancing an understanding of both clinical and non-clinical elements in practicing medicine; advancing strategies for clinical decision making; and supporting medical students with their choice to pursue Family Medicine. This event included plenary sessions and workshops; hands-on clinical demonstrations; and festival themed exhibit booths from supporters and residency programs.

**Results from the '10 Grant Award:** IAFP's 2011 Fellowship Fair (formerly Fall Festival and Preparing for Residency Conference) hosted approximately 75 participants and post-meeting evaluations reported a high level of satisfaction with 100% of respondents strongly agreeing or agreeing that this fair was beneficial, well-organized, and avoided commercial bias or influence. The Education Committee and Board of Directors were concerned about the number of attendees that would come to a stand-alone event this year so after initial discussions at the planning sessions, the planning committee decided to hold this educational program in the same hotel with the IAFP Annual Meeting. The Fall Festival Event then began to take shape as a Fellowship Fair for Residents at the IAFP Meeting. Marketing efforts were combined to include both the Annual Meeting recruitment as well as the Fall Festival recruitment, which created more buzz and made promotion pull-through easier and more effective. Active partners in the Fellowship Fair were residency programs with fellowships; FMRs who helped promote the event to their PGY2; and the US Army Our Health and Home Physicians.

## FAMILY CARE TRACT PROGRAM - *MARYLAND AFP FOUNDATION (2010)*

Funding was requested to expand an already successful Family Care Tract Program (FCT), which is an intense immersion into Family Medicine in the preclinical years. The MD-AFP Foundation has undertaken an aggressive fundraising effort, including a call for donations from all members of the MAFP state Chapter to help underwrite the financial cost of supporting the FCT students during their mandatory eighty hour clinical rotations, which includes receiving a financial stipend to defray their living expenses as they stay in the Baltimore area over the summer. Options for FCT include: a) a community health project; b) a research project or c) a quality improvement initiative under the guidance of the student's mentor. Expectations for the students participating in the FCT include: 1) working with their mentor at a minimum of ½ day/month in the family health center; 2) attending a monthly brown bag lecture series on common topics that relate to the primary care of the urban patient; 3) participating in an intensive 80 hour clinical immersion experience with their mentor during their first summer; 4) completing a project prior to advancing into their third year; and 5) following an obstetrical patient from time of diagnosis to delivery. As the current Family Care Tract student moves into the second year, he or she will continue working with their mentor in the office, be paired with a family physician instructor for the second year course in Physical Diagnosis, as well as continue to follow their assigned obstetrical patient. In the third year the Family Care Tract student will be paired with Family Medicine faculty members for their required clerkship experience and finally in their fourth year they will have priority selection for a sub-internship on our inpatient Family Medicine teaching service.

**Results from the '10 Grant Award:** Sixteen students participated in the 2011 FCT Program. All planning and execution of the program went as well as anticipated. Program Director, Dr. Richard Colgan, Associate Professor of Family Medicine and Director of Undergraduate Education, University of Maryland Department of Family and Community Medicine states, "Funding from the AAFP Foundation and the FMPC has been critical in allowing us the opportunity to support student interest in primary care. Last year saw the first class of our Family Care Tract graduates from UMSOM. Of the 17 students who graduated from the Family Care Tract 73% chose primary care and 36% matched into Family Medicine residencies."



## FAMILY MEDICINE CHIEF RESIDENT LEADERSHIP DEVELOPMENT WORKSHOP - *LOUISIANA AFP (2012)*

The one-day Family Medicine Chief Resident Leadership Development Workshop offered the necessary tools to allow chief residents to prepare for the year ahead while enhancing their self-awareness of the critical skills needed to be successful as a leader and physician. This workshop provided educational lectures, interactive discussions and peer-to-peer networking among the ten residency programs located throughout the state. As a part of this workshop, residency program directors were given the opportunity to meet with their fellow directors and establish better lines of communication between the programs. Chief residents were also given the opportunity to establish a peer network to learn from and refer to throughout the year and will hopefully encourage them to volunteer for future leadership roles.

**Results from the '12 Grant Award:** In August 2013 the LAFP Foundation and collaborating partners hosted the first Louisiana Family Medicine Chief Resident Leadership Development Workshop, which was attended by six of ten Louisiana Family Medicine residency programs. Four programs were not able to attend because of a conflict with attendance at the AAFP National Conference. The FMPC grant allowed us to offer the conference at a three hundred dollar registration fee and support from the Bureau of Primary Care and Rural Health provided attendee scholarships, which helped residency programs attend and become more involved. Chief residents stated that "The Myers-Briggs Type Indicator Test & Lecture" was a very informative and valuable part of the conference. Based on the workshop evaluations, all speakers received an average of 4.3 out of 5.0 on all questions; the average score on the pre-test was 3.1 out of 5.0; and the average score on the post test was 4.6 out of 5.0 which showed the Education Committee that the workshop was effective.

## FAMILY MEDICINE EDUCATIONAL OPPORTUNITIES – *ALASKA AFP (2010)*

The state medical school has increased enrollment from 10 students to 30 students a year and the Alaska AFP is receiving many more requests from students to help them investigate their interest in Family Medicine. This program promotes Family Medicine for students and residents by expanding opportunities for interactions with family physicians and creating a formal mentoring program. FMPC funding was requested to support one or more of the following activities: 1) support one student and one resident to attend the AAFP National Conference for Family Medicine Residents and Students, in Kansas City, Missouri; 2) hold quarterly Family Medicine Interest Group meetings that introduce students to state CME meetings and allow them to meet and sign up for mentors; 3) provide free registration to attend the Chapter Winter Update; 4) provide free registration to attend the state's 26th Annual Scientific Conference; and 5) provide supplies for teaching kits for the Resident Tar Wars program.

**Results from the '10 Grant Award:** Twenty students and residents participated in Alaska AFP CME meetings. This represents a large increase as we traditionally have very little attendance from students and residents. We believe they were able to participate because the FMPC grant award covered the cost of their registration. Student and resident attendees were able to begin relationships with practicing family physicians and learn about leadership positions and future opportunities that stressed their importance in the future of Family Medicine. FMPC funding was not used to fund National Conference or Tar Wars supplies because we found our students and residents were either well-funded or had conflicts for the July National Conference, and we lost our Tar Wars coordinator and did not want to spend money on supplies that may not be used in the near future.

## FAMILY MEDICINE FORUM/SUMMIT CONFERENCE FOR RESIDENTS AND STUDENTS - *FLORIDA AFP (2012, 2013)*

FAFP hosts three annual conferences for residents and medical students in tandem with the Family Medicine Spring, Summer and Winter Forums. Each conference is planned by students and residents for their peers. Benefits of this planning process included residents assisting program faculty in teaching student education

workshops and taking a hands-on approach in assisting Program Directors in developing the best programs to educate their colleagues. Those who attend the conferences have the opportunity to participate in: procedural workshops; Leaders-in-the-Round sessions where students and residents spend time with FAFP leaders to hear what they do, ask questions to assist in choosing Family Medicine or to enhance what they currently do within their residency; and Battle of the Residents and Students where FMRPs team up with students and play Medical Jeopardy. FMPC grant funds provide accommodations for students and residents at the three events.

**Results from the '12 Grant Award:** In 2012, the FAFP Family Medicine Spring, Summer and Winter Forums for Students and Residents hosted 182 students and 71 residents. Student/Resident Education sessions included procedure workshops on cosmetic, EKG, and ED&C procedures and educational sessions on employment contracts and wilderness medicine; Leaders-in-the-Round sessions; Battle of the Residents and Students Medical Jeopardy, developed in 2012, allowed Florida's 11 FMRPs to "team up" with students; and Florida SEARCH by AHEC students and residents presented their six-week summer clinical experiences with AHEC's Florida SEARCH program and informed others about the benefits of working with underserved communities. Post meeting surveys requested increased procedural, hands-on workshops and suggested implementing a Residency Fair for students who want to meet with Florida Residency Programs but were not able to attend AAFP's National Conference.

**Results from the '13 Grant Award:** In 2013, 124 students and 89 residents attended the three conferences. FAFP encouraged residents and students to bring their colleagues together to participate in the various educational/procedural lectures that enhance their knowledge of Family Medicine, allowed them to network with their peers, and meet FAFP leaders (through programs such as our Leaders in the Round). FAFP had a great response from leadership, students and residents regarding the immense amount of exposure to Family Medicine from peers and FAFP leadership. 2013 topics were: Spring - Resident Education Session on Common Steroid Injections for the Family Practitioner; Student Education Session on Casting and Splinting; and Student v. Resident Jeopardy. Summer - Nexplanon Training; Leaders in the Round; Student/Resident Education Session on Colpos; and Student/Resident Education Session on IUDs. Winter - Shoulder Dystocia and Assisted Deliveries Workshop; Fetal Heart Monitoring Workshop; and Leaders in the Round. Although we did not receive FMPC funding for 2014 we wanted to report that the Residency Fair, newly implemented in 2014 at the Spring Forum, was beneficial to students who were interested in meeting with Florida Residency Programs and unable to attend AAFP's National Conference. 2014 post-meeting surveys suggested the Residency Program Fair and extra meet and greet events were valuable to gaining interest in Family Medicine.



## **FAMILY MEDICINE INTEREST GROUP ADOLESCENT HEALTH INITIATIVE - GEORGIA AFP (2011)**

FMIG members were to receive specialized instruction on pregnancy prevention from GAFP leadership and teen health experts during a series of "Train the Trainer" webinars. Following initial training FMIG members would be sharing the information at least once per month during the school year in order to follow up on and report on the progress of participating peer counselors. Although it was intended that medical students in seven Georgia FMIG clubs would share pregnancy prevention information with adults who would use the information and guidelines utilized by family physicians to educate Georgia middle and high school students, unfortunately students were not able to actualize their involvement/training on teen pregnancy due to a concern regarding the

perception that medical students would be promoting birth control or contraceptives at local boys/girls clubs, or local activities centers.

**Results from the '11 Grant Award:** The initial design to offer webinars to FMIG medical students was replaced by a hands-on education program that was more community-specific. GAFP offered FMIG “lunch and learn” education on-campus and invited medical students to participate in a local GAFP Call to Action activity where they met physicians, clinical staff, and community leaders who are leading the charge in reducing the rate of teen pregnancies around the state. Call to Action activities took place in several counties and connected medical students with public health leaders and resources for their specific community. Partnering with the GAFP Director of Outreach, GA Department of Public Health staff, Teen Pregnancy Prevention faculty, and local public health departments allowed medical students to receive the same information that physicians, clinicians, and public health staff receive. Student involvement was well received and they offered valuable input to the local public health officials. The number of student participants for each activity varied from small groups of 5-10 during the Call to Action activities to 25-30 during the face-to-face lunch and learn activities. After training, students were charged with communicating the information learned, sharing local community resources, and subsequently volunteering and serving as a partner to community groups with an interest in improving adolescent health, in particular reducing the rates of teen pregnancy. Students received copies of the Department of Public Health presentation as well as a contact list for community resources (i.e. Boys & Girls Clubs, Junior Achievement) in their area which included addresses, phone numbers and/or links to their websites.

## **FAMILY MEDICINE INTEREST GROUP FUNDING - NORTH DAKOTA AFP (2012)**

Funding was used to support 2013 FMIG Events Schedule that included four student events throughout the year: 1) a panel of four family physicians and spouses discussed the lifestyle of family physicians; 2) a formal dinner with medical students, spouses, residents, and family physicians from across the state; 3) hands-on workshops presented at a medical school by the Family Medicine residency programs in the state; and 4) activities supporting National Primary Care Week.

**Results from the '12 Grant Award:** An average of 62 medical students, most first and second year, attended each event. We hosted a few evening social events for third and fourth year students interested in Family Medicine and these events averaged 10 students. This grant allowed us to work with other medical student interest groups to offer additional hands on opportunities for the medical students. The UNDSMHS Student OB Interest Group now regularly works with us to provide an outstanding workshop program for the medical students to experience OB aspects early in their education.

## **FAMILY MEDICINE INTEREST GROUP PROGRAMMING BUREAU - GEORGIA AFP (2010)**

The FMIG Educational Programming Bureau is a program that provides medical students in seven state medical school FMIG clubs with access to a variety of innovative clinical and student development topics. Topics were intended to be presented during the 2011-12 school year by a consortium of State AFP leaders and educational programming members who would voluntarily present through a series of “lunch and learn” and evening lectures at medical schools throughout the state.

**Results from the '10 Grant Award:** With the help of members of the GAFP Student and Resident Recruitment Committee, presenters were identified and five detailed curriculums were developed.: “Surviving Your Clerkship”; “Patient Centered Medical Home (PCMH): The Future is Now”; “What Healthcare Reform Means for Your Professional Future”; “A Day in the Life of a Family Physician”; and “Family Physician Myth-Buster: Lifestyle & Income Myths Get Busted.” These educational presentation topics were disseminated to all seven Georgia FMIG Chapters. *Family Physician Myth-Buster* was suggested as an introduction to Family Medicine for the beginning of the fall school year and suggested speakers were supplied to the FMIG groups. Presentations were set for April and May 2012 for all five educational topics and the accompanying collateral materials made

available to FMIG groups statewide. Because the GAFF developed an individualized, detailed curriculum for each educational topic, these materials will serve as turn-key FMIG presentations for many years to come. The “evergreen” nature of the material and resources will also help preserve their relevance in the ever changing health care environment.

## **FAMILY MEDICINE MATTERS - MINNESOTA AFP FOUNDATION (2011, 2012)**

Family Medicine Matters is a strategic approach to meeting Minnesota’s need for recruiting more family physicians. The core program was designed to recruit and place first and second year medical students in Family Medicine clinic settings, match them with practicing family physician mentors/supervisors, and engage students in hands-on projects that matter to Family Medicine. Scholars were required to create a one page proposal and provide a letter of support from a family physician mentor or faculty member. A Review Team scored each application and those selected received a grant to fund their project, and received a stipend to offset lost wages that the students would have received from a traditional summer job. Recipients implemented their project in the summer, analyzed the results in the fall, and wrote the final paper in the winter.

Opportunities for student participants included: 1) attending the Research Network Dinner where they met family physician leaders engaged in both clinical work and practice-based research; 2) making a scholarly presentation at the annual Research Forum; 3) joining the Research Blog to connect with family physicians about their project; 4) becoming a Student Liaison at their medical school; 5) serving on the Research and Quality Improvement Committee; 6) serving on the Family Medicine Matters Selection Committee to review and score applications; and 7) attending the AAFP National Conference for Family Medicine Residents and Medical Students. Finally, one student was invited to give a 10-minute presentation at the state Chapter’s House of Delegates meeting attended by 80+ delegates.

**Results from the ‘11 Grant Award:** Sixty students attended two Family Medicine Matters informational meetings and 10 applications were received and reviewed. Four students were selected as the 2012 class of student externs who received funding support for their project related to Family Medicine. Due to the success of this program, and by networking with two Board members, two new funders have pledged small grants to support the incoming class of 2013 student externs.

**Results from the ‘12 Grant Award:** During 2013, 42 young scholars participated in our paid program and were mentored by 29 family physicians and behavioral health professionals who volunteered to participate during 2013. This increase from four to 42 scholars was made possible because this year we started an Innovation Fund to allow students to work on projects of a shorter duration. Teams and individuals with Innovation Grants receive \$500-\$1,000 to support their project. Through Family Medicine Matters we increased the number of first and second year medical students who participate in the Family Medicine placement program and provided first-hand experience on how AFP represents, engages and advocates for the specialty of Family Medicine.

## **FAMILY MEDICINE MIDWEST CONFERENCE - FAMILY MEDICINE MIDWEST COLLABORATIVE (2011, 2012) aka, North Central States Family Medicine Consortium Initiative.**

Illinois AFP works with Family Medicine organizations in 12 states -- Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin. Inspired by the Family Medicine Education Consortium in the Northeast region, Illinois AFP saw an opportunity to collaborate with states in the North Central region in recruiting, exposure, education and faculty development. The North Central States Initiative for Family Medicine Advancement, later renamed the Family Medicine Midwest Conference, hosted its inaugural meeting in 2012. The Family Medicine Midwest Conference provides opportunities for: 1) students to learn more about Family Medicine through seminars and exhibits by residency programs; 2) residents to participate in a research forum (posters and presentations) and learn about fellowship opportunities; 3) junior faculty at Family Medicine residency programs and medical school departments of

Family Medicine to attend faculty development workshops and begin work on collaborative research projects; and 4) community organizations (such as FQHCs) to recruit family physicians. Pooling of resources and expertise between states has maximized efforts in attracting the great medical minds of the North Central region to Family Medicine. FMPC funding was used to provide medical student scholarships to the FMM Conference.

**Results from the '11 Grant Award:** The inaugural Family Medicine Midwest Conference held on November 11-12, 2012 was attended by 130 medical students, 150 residents, and 150 faculty and family physicians from the 12-state region. FMPC support provided 12 scholarships to medical students. Each \$250 scholarship covered the costs for complimentary conference registration and a hotel stay. This two-day event hosted more than 70 presentations and included procedure clinics, a residency fair, workshops, seminars, research and paper presentations and posters. Pre-conference workshops supported the formation of collaborative communities around clinical and practice management areas such as oncology, palliative care, low-birth weight/prematurity and managing the super-utilizer (high expense populations). We were able to recruit 12 new active funding partners and have plans to continue the program and build on the success of the inaugural event. Two important suggestions from the evaluation were to include more transition time between sessions and more facilitated social time.

**Results from the '12 Grant Award:** The 2013 Conference "Family Medicine: Healthcare for a Change," was held on October 4-6 at the Milwaukee Hyatt Regency. Registered attendees included 100 medical students and 220 community physicians, faculty and residents. FMPC support was used to provide 27 medical student scholarships. Each \$250 scholarship covered the costs for complimentary conference registration and a hotel stay. In addition to offering more than 60 educational sessions, FFM Conference had a Residency Fair, an exhibitor's hall, and a special program for employers seeking to hire family physicians. Fifty-one residency programs representing 12 states and organizations with an interest in primary care were present at these venues. A post-meeting evaluation was completed by 135 (62%) participants. Respondents' average ranking of the overall satisfaction with the 2013 Family Medicine Midwest Conference was 4.5, where 5.0 is the highest score. Comments included: "jam-packed with mini learning opportunities"; "inspiring and revitalizing"; "educational, fun and practical way to explore a career in Family Medicine."

## **FAMILY MEDICINE RESIDENTS MEDICAL JEOPARDY COMPETITION - IOWA AFP (2011)**

IAFP issued a challenge to Iowa's nine Family Medicine residency programs to send a team of residents to the Annual Clinical Education Conference to participate in Medical Jeopardy, and offered support for residents from each of the residency programs to attend. The winning team takes home a trophy and holds the title of Resident Champions until they meet again in battle the following year. In 2010 only four Family Medicine residents attended the IAFP Annual Meeting. Sponsoring Medical Jeopardy is part of a broader plan to increase resident participation and engagement in the IAFP annual meeting and activities.

**Results from the '11 Grant Award:** Eight of nine residency programs sent teams that participated in the medical jeopardy competition and was well received by the residents and residencies. Resident participation at the annual meeting was 16% of the total registrants in 2011 compared to 5% in 2010, 3% in 2009 and 1% in 2008. As a result of increased resident participation at the conference three new residents were recruited to sit on IAFP committees. It's too early to tell if the resident conversion rate to active membership has been impacted and it may be several years before we realize the benefit. We are very pleased to have more residents attend the conference but since we waive the registration fee but incur expenses, it did end up costing us more than anticipated in meeting costs.

## FAMILY MEDICINE SUMMIT FOR STUDENTS AND RESIDENTS - *CALIFORNIA AFP & CAFP FOUNDATION (2012)*

The one-day Family Medicine Summit provides a forum to highlight the important role of Family Medicine and primary care to medical students, Family Medicine residents, and leaders in primary care education and training. The 2013 Summit hosted three tracks: 1) from resident to practice leader; 2) medical home/chronic disease management; and 3) advocacy. Each track had sessions for students, residents, and educators--some combined and some separate. All tracks included at least one session consisting of case studies from California residency programs. Because of significant funding cuts to residency programs and challenges in getting busy practitioners, residents and students to attend the conference, there was only a small nominal registration fee (to discourage no-shows).

**Results from the '12 Grant Award:** The 2013 Summit event was extremely successful, with more than 175 Family Medicine faculty, students, residents and residency program directors in attendance. This year we also had 42 California residency programs participating in the Residency Fair, providing a "one-stop" shop for medical students interested in California programs. Our 2013 event provided the offerings, as described above, and special sessions on the breadth of Family Medicine and on strategic planning for residency education were also available to students/residents and residency program faculty, respectively. We have learned that bundling the CAFP's three major meetings, rather than treating them as separate events, allows for viral engagement. We experienced this impact in increased numbers of students/residents who attended the All Member Advocacy Meeting after they learned about advocacy at the Summit. Changes planned for 2014 include taking a more sophisticated, multi-pronged approach to evaluation including ARS (real-time), ongoing evaluation for both review of the current meeting and planning of the next; and involving the CME team from day one, who will work with the organizers on an overall outcomes strategy.

## FUTURE FACES OF FAMILY MEDICINE - *CALIFORNIA AFP (2011, 2013)*

The pilot of the Future Faces of Family Medicine program began in 2010 as a partnership between the CAFP Foundation, UC-Davis, Sutter, and Sacramento High School. Future Faces of Family Medicine (FFFM) was designed to bring Family Medicine residents together with high-school students interested in medical school. The goal was to develop a way for practicing family physicians and residents to engage with CAFP staff members; give back to the community; and develop the future primary care pipeline. In five years in Sacramento, and two years in Santa Rosa, we have served more than 100 students, 50 Family Medicine residents, and almost 40 community-based mentors. We have received hundreds of website hits, increased our fundraising efforts by leveraging the success of the program, and have made multiple features in local media here in California. We have shared our FFFM toolkit with other residency programs and AFP chapters. Working with Family Medicine residents from Sutter Sacramento, UC-Davis, and the science coordinator from Sacramento High, we developed a 10-session curriculum focused on primary care. Sessions explored a wide array of topics including a visit to the cadaver lab at UC-Davis, a health policy discussion at the State Capitol, and a day at the medical simulation center at UC-Davis. Each student is also matched with a practicing family physician in his or her community. These mentors have agreed to allow students to shadow them and they provide advice and encouragement over the next year as the students continue developing their career goals. The FFFM programs run approximately 10 weeks during the school year, with sessions held after-school and longer field trip sessions held on Saturday. CAFP Foundation coordinates schedules, modifies curricula and organizes sessions along with volunteer medical residents from residency programs in the local area, who present each session to the students during the program. Pre- and post-pilot surveys of participants provide feedback on program improvement and students are tracked as they matriculate into college and medical school to determine if they ultimately choose careers in Family Medicine or primary care.

**Results from the '11 Grant Award:** This mentoring program for high school students, run by local Family Medicine residents and mentored by practicing family physicians in the community, has morphed into CAFP

Foundation's best program. Each year 20-25 students have graduated from the FFFM. Students who participated were given instruction not only in Family Medicine, but also regarding college, medical school, and beyond. The course culminated with a graduation ceremony, attended by over 80 family members. Due to the grant we have formed relationships with many additional organizations including local schools, residency programs and national organizations. Most notably, we partnered with Primary Care Progress, a Boston-based non-profit, to share the FFFM story and they featured the Sacramento program in a great video promoting primary care.

**Results from the '13 Grant Award:** In 2013 the FFFM program was expanded from three to five sites in California. A huge benefit of our 2013 FMPC grant for FFFM was our ability to create a toolkit, available to our new programs and loaded with easily edited templates, guidelines, PowerPoints, and other materials necessary to run the program. See toolkit information prepared for San Diego and Contra Costa for 2013 at <https://cafpcloud.egnyte.com/fl/86KW3x0b0c> Our Sacramento-based program is still going strong and the other two active sites are following their lead. In addition, our Sacramento program applied for and received \$10,000 grant funding from community sources. Please visit <http://www.cafpfoundation.org/programs/future-faces-of-family-medicine/>.

## **FUTURE IN FAMILY MEDICINE SPRING FLING - MISSISSIPPI AFP (2014)**

MAFP Future in Family Medicine Spring Fling is held in conjunction with the Mississippi Academy of Family Physicians spring meeting. Its inaugural year was April 2013. Through this meeting students and residents gain exposure to speakers, topics and procedural skills that may not be taught during medical school and residency, and share an evening meal and network with Mississippi family physicians. Our short-term goal is increased student and resident exposure to Family Medicine opportunities; the long-range goal would be increased numbers of Family Medicine residents who remain in Mississippi to practice Family Medicine. Our objective to include 25 students and residents in the inaugural year was far exceeded when 56 students and residents attended. The conference in April 2014 had slightly higher attendance and we expect this trend to continue. The 2015 MAFP Future in Family Medicine Spring Fling will be supported in part by an FMPC Grant Award. *Results from the 2014 Grant Award will be reported in March 2016.*

## **FUTURE OF FAMILY MEDICINE - LOUISIANA AFP FOUNDATION (2014)**

Four hundred LAFP student members will be the target audience for this project designed to educate medical students on the choice of Family Medicine and increase their participation in a Family Medicine event. The goal is to have 95 students participate in at least one of the following activities: 1) attend one Family Medicine related presentation at their medical school; and/or 2) participate in the procedures workshop and residency social held during the August Annual Assembly. It is anticipated that these events will help first year medical students explore Family Medicine as a specialty and the LAFP/F will continue to offer opportunities yearly that keep them engaged. Procedural workshops at the Annual Assembly are conducted by residents and the residency ice cream social provides an opportunity for residency programs to showcase their respective programs. Events for this project will be planned and organized by the LAFP staff and leadership, the Resident and Student Leadership Committee (RSLC), the FMIG programs and the residency programs. *Results from the 2014 Grant Award will be reported in March 2016.*

## **FUTURE OF FAMILY MEDICINE STATE CONFERENCE - MICHIGAN AFP FOUNDATION (2013)**

The mission of the inaugural Future of Family Medicine Conference (FFMC) was to foster a culture of enthusiasm and excitement for Family Medicine in Michigan. The FFMC, created by and for Family Medicine residents and medical students, was a one-day total immersion learning experience with hands-on clinical procedure workshops, education sessions targeted to the needs of both residents and students, advocacy training, networking opportunities connecting attendees with practicing family physicians, and a motivating atmosphere to inspire residents and students statewide. To ensure that all Michigan Family Medicine residents and medical



students have an opportunity to attend, registration fees will be nominal and the FFMC will award competitive scholarships to help cover travel expenses. The conference will be promoted to all Michigan medical schools and residency programs.

**Results from the '13 Grant Award:** Eighty-four participants, 23 speakers, and 11 residency programs attended this inaugural event. Students and residents were able to choose from eight different sessions and took part in special programming. Everyone who attended registered online leading to additional website hits, and our social media enjoyed record engagement in all areas. All major goals were achieved and we received excellent feedback that resulted in MAFP Foundation Board of Trustees approval to hold this event again in 2015.



## GETTING HIGH SCHOOL STUDENTS EXCITED ABOUT FAMILY MEDICINE - *SOUTH DAKOTA AFP (2012)*

South Dakota is currently one of three states without a Health Occupation Students of America (HOSA) State Association. Nationally, over 90% of HOSA members pursue careers in a health profession, across all health disciplines, with 30% in nursing, 30% in medicine, 23% in other medical careers, 7% in dental, 3% in pharmacy, and 3% in physical therapy. In 2012 the SDAFP and the South Dakota Foundation of Family Medicine each contributed start-up costs that provided us with a seat on the council that will oversee the HOSA program in South Dakota. A South Dakota HOSA association will expose more students to hands-on experiences in health careers, giving them a higher level of preparedness for health science programs and increasing the likelihood of students pursuing a career in healthcare. Students also have the opportunity to compete in state and national skill competitions, win scholarships, and qualify for unique opportunities such as an internship with the Surgeon General's Office.

**Results from the '12 Grant Award:** In its inaugural year SD HOSA began its journey with seven pilot chapters and 284 members. Chapters implemented HOSA into their schools' curriculum as they brought in healthcare professionals and medical students, introduced the competitive events program, and exposed students to a wide range of healthcare career options. Eighty-two students participated in SDAFP's two very successful Fall Academies on October 23 and 30, 2013. Medical students presented an Objective Structured Clinical Exam case, which showed that patient care is the number one competency of USD's medical school. HOSA students then participated in practicing how to enter a room, introduce themselves to the patient, wash their hands, explain a procedure and get to know the patient. HOSA Health Profession Events contain these steps. Students also participated in a leadership activity encompassing leadership styles; discussed HOSA "elevator speeches" and the components involved in effectively communicating the "HOSA story" in a short period of time; and were taken through service/volunteer hours via a NobleHour website. One student summed up his experiences this way: "The experience, knowledge, comforts, and teamwork built through HOSA has placed me at the top of my classes and in good favor of my professors. I am a biology major on the pre-medical track at Dordt, with a goal of pursuing an M.D.-Ph.D. in order to conduct research using regenerative medicine. Without the experience I received through HOSA college would be much more challenging and lab work would not be as easy. It has given me a unique knowledge that is applicable to all parts of my life—in the lab, the classroom, and the real world. I encourage all who are contemplating joining the club to sign up and not look back! It is an opportunity you might never get again."



## INNOVATIONS IN MEDICAL EDUCATION: TEACHING THE PCMH PHILOSOPHY - **CALIFORNIA AFP (2010)**

A workforce task force was convened to address incorporating the Patient Centered Medical Home (PCMH) model in medical education and residency programs. This project focused on three main goals: 1) determine the situation and shortcomings regarding PCMH-based training in medical schools and residency programs; 2) convene a group of 10 family physicians with expertise in PCMH and medical education for a one-day workgroup and multiple conference calls to discuss Best Practices in PCMH education; and 3) produce a package of best practices in PCMH education that will be distributed to our state's eight allopathic and two osteopathic medical schools, all Family Medicine residency programs, as well as identified leaders in the development of our state's two newest medical schools. The best practices information will also be available to download on CAFP's website.

**Results from the '10 Grant Award:** Throughout the grant period, the most profound thing we learned is that most residency programs do not have any formal PCMH curricula in place. They felt that if PCMH was more formally integrated into RRC requirements it would be easier for them to fund PCMH initiatives inside their residency program. Thus, we retooled the format of our product to better fit their needs for quick simple additions to what they were already doing that allowed them to integrate PCMH concepts into their daily residency training without the need for an entirely new curriculum. The best part of this activity to date has been providing a venue for scholars in California to convene and discuss PCMH in residency education. Without this each scholar would be working in their own silo without coordinating and sharing best practices with others. Over 175 students, residents, and educators attended our Fall 2011 Family Medicine Summit, including our two sessions on the Patient Centered Medical Home where we presented materials developed throughout this grant period and received feedback on the initial modules so we could make revisions prior to widespread publication. California's 42 Family Medicine residency programs and 10 medical schools have access to both the modules and the collective wisdom of the brain trust in PCMH established by this product.

## INTEGRATING GROUP PRENATAL VISITS INTO FAMILY MEDICINE CURRICULUM- **RHODE ISLAND AFP (2014)**

Group prenatal visits (GPVs), based on the CenteringPregnancy® model, will be integrated into the clinical practice of the Brown Family Medicine Residency Program to educate residents and medical students about the power of group care. It is within the context of improved clinical and educational outcomes we will build a sustainable foundation for GPVs at the Family Care Center (FCC) in Pawtucket, RI. Over the course of the 2014-15 academic year residents and students will be supported in facilitating three groups of eight women each, as well as integrating training on facilitation into our residency curriculum. Three third-year residents will take the lead on facilitating a group and will be responsible for conducting a facilitation workshop for other residents and medical students. Two second-year residents and two medical students will help co-facilitate GPVs. In addition, each of the 13 interns in the program will participate in a rotating fashion during a required rotation in at least one GPV in order to experience this model of care. *This project has request and received an extension. Results from the 2014 Grant Award will be reported in September 2016.*

## IT'S ALL ABOUT MEDICAL STUDENTS ALL YEAR LONG - **SOUTH DAKOTA AFP (2010)**

This program was a comprehensive plan, with the only medical school in our state, to pull together family physicians and medical students in a variety of activities throughout the academic school year. The goals of this program were to: 1) have members travel to the medical school and share their expertise and knowledge at procedure nights so medical students would gain an understanding of the scope of practice of Family Medicine; 2) supply a mannequin for the FMIG so that they can use it for years to share with students on procedure nights and for the medical school to use, as needed; 3) improve medical students' knowledge of Family Medicine

physician lifestyle; and 4) show medical students the possibilities and leadership positions available through the SDAFP and the AAFP and get them involved with both.

**Results from the '10 Grant Award:** Approximately 100 medical students and 10 physicians came together through procedure nights. FMPC grant funds were used to purchase a mannequin and materials such as casting and suturing supplies were provided through donations. The impact of this project's activities is best summarized by Dr. Anderson, who writes, "This grant allowed us to have meaningful contact with medical students. As a faculty member I was able to attract large numbers of students to FMIG activities with the possibility of being able to practice procedures and then have the opportunity to talk to them one on one about the benefits of Family Medicine and why it is a great specialty choice. Students had positive comments about the activities and many shared that it helped to solidify their desire to go into Family Medicine."

## **MEDICAL ENCOUNTERS – MISSISSIPPI AFP FOUNDATION (2010)**

Medical Encounters is the cornerstone of the undergraduate state Rural Physicians Scholarship Program (MRPSP), which is a unique longitudinal physician pipeline program that identifies rural college students who aspire to return to their rural roots to practice primary care. MRPSP offers a sustained and culturally sensitive nurturing process to overcome cultural and educational barriers, and help students maintain their emotional connection to rural life and rural health care needs. Specifically, MRPSP offers extensive online MCAT preparation, rural physician shadowing experiences, academic enrichment, and consideration for Direct Admissions to UMMC School of Medicine.

**Results from the '10 Grant Award:** The Mississippi Rural Physicians Scholarship Program (MRPSP) hosted "Medical Encounters I" for the 18 newly selected college juniors on June 1-2, 2011. The two day event went off flawlessly with the support of the medical school faculty who opened their labs and classrooms and volunteered their instructional services. The impact of this year's program can be illustrated using the experience of Jess Xie,



who left China with his family when he was in the fifth grade. Jess, who arrived with two suitcases in Louisville, MS (population 6,590), was unable to speak English and struggled academically and was mocked for being dumb. Seven years later he was admitted to the prestigious Sally McDonnell Barksdale Honors College at the University of Mississippi. Most would assume the notion of him becoming a physician to be a stretch of the imagination if not for the Mississippi Rural Physicians Scholarship Program that's specifically designed to nurture, guide, enrich and elevate such a rural, culturally disadvantaged student into a competent, competitive and confident medical student. Generous

scholarship funding ensures he has the means to achieve his goal: to return to Louisville to care for the people he has always known. The Medical Encounters afternoon in OB/GYN offered pairs of students to "birth" a mannequin baby from a life size mother in a hospital room surrounded by all the equipment that reported the simulated life functions. Sitting pensively on the stool in front of the mom in stirrups, Jesse listened intently as the nursing instructor described the labor sequence he was witnessing, encouraging him to ascertain if the cord was free from the neck and ultimately to ease the new life into the world. This picture says a thousand words. Jess immediately named him "Xie Jr." and declared he'd found his calling: OB/GYN.

## **MEDICAL STUDENT LEGISLATIVE & TEACHING PROJECT – SOUTH DAKOTA AFP (2012)**

In conjunction with the annual medical student trip to the state legislative session last spring, a service learning experience for first year medical students was piloted at the Pierre Indian Learning Center (PILC). This important project provides both a service to the students of PILC and also meets the need of educating medical

students about the culture and healthcare needs of Native American youth. PILC is an accredited elementary and junior high school (grades 1-8) that serves students from 15 different tribes in North Dakota, South Dakota and Nebraska. The service project and legislative trip are complementary to each other as one of the goals of the legislative trip is to observe how the legislative process impacts the delivery of health care, especially in underserved populations.

**Results from the '12 Grant Award:** The 2013 Medical Student Legislative and Teaching Project reached the 250 students at the Pierre Indian Learning Center who took part in the multi-station health fair set up and staffed by the 59 first-year medical students. The stations/exhibits developed by the medical students included: Healthy Food/Snack Choices; Smoking Effects on Lungs; Importance of Exercise; and Diabetes Testing. PILC students and medical students were very engaged with each other throughout the evening in a highly successful encounter. The 59 first-year medical students who participated in the activities at PILC then went on the trip to the Capitol to see their legislative process in action. While at the Capitol students set up a blood pressure screening area and sat in each session until they were recognized from the floor. Later in the day they met with the Governor, the Lt. Governor, the State Epidemiologist and the Cabinet Secretary from the SD Department of Health and Human Services. Dr. Susan Anderson, Chair of the Department of Family Medicine said, "This experience has grown over the past couple of years to involve not only the exposure to the legislative process and the leaders of our state, but also a service learning project in which medical students have the opportunity to interact and teach Native American youth about health related topics. The medical students come back from this experience eager to do similar activities. And, the feedback from the facilities they visit is overwhelmingly positive."

## **NATIONAL CONFERENCE: SCHOLARSHIPS - *NEW MEXICO AAFP (2011)***

Funding was requested to send residents and students to the 2012 National Conference for Family Medicine Residents and Medical Students. The Chapter recognizes the National Conference as being extremely influential in helping them reach the 400 by 2014 goal. Collaborating partners are New Mexico's four Family Medicine residency programs.

**Results from the '11 Grant Award:** Three students, one student delegate and one resident delegate attended the 2012 National Conference and our resident delegate was so inspired that he has offered to come back after he graduates in June 2012 and give a presentation to next year's incoming class on the importance of attending the National Conference. He shared that he wishes he had gone earlier in his residency because of the experience and the knowledge gained. Based on a three-year average for the period ending October 2011, 16.2% of UNM School of Medicine's graduates have entered into a Family Medicine Residency Program and UNM received the 2012 Family Medicine Top Ten Award from AAFP. In 2012, 100% of the positions in all four New Mexico residency programs were filled.

## **NATIONAL CONFERENCE: SUPPORTING STUDENTS - *WISCONSIN AAFP (2012, 2014)***

The Wisconsin Academy of Family Physicians research shows that attending the AAFP National Conference of Family Medicine Residents and Medical Students (National Conference) is a significant factor in students selecting Family Medicine. FMIG leaders join WAFP leaders in promoting this opportunity at FMIG meetings. In 2015, 50 students (25 from each of Wisconsin's two medical schools) will be recruited and selected to attend AAFP's National Conference, which provides medical students with opportunities to explore a career in Family Medicine through networking and educational programming, as well as opportunities for leadership development through the student congress. Corresponding activities include: 1.) Pre-Conference: WAFP conducts orientation for National Conference via web conference; 2.) Pre-Conference: Each school presents their internal in-person orientation; 3.) During Conference: Create a social networking presence that connects attendees with resolutions and resources via frequent Twitter updates; 4.) During Conference: Take video clips of students providing testimony on their experience and the value the National Conference brings to them; 5.) Post-Conference: Produce video clips for posting on-line and for presentation at future recruitment meetings, as well as a video production used to thank donors and also for future fundraising activities; and 6.) Pre and post-

conference evaluations via electronic survey tool. *Results from the 2014 Grant Award will be reported in March 2016.*

**Results from the '12 Grant Award:** The program resulted in increased participation in WAFP committees and interest in leadership roles. Our goal to send 20 students was surpassed; we sent 32 students who participated 100% in the preconference webinar, networking reception and post conference evaluation. All the students and most of the residency programs were able to get connected via social networking following the conference. FMPC funds were used to cover registrations at NCFMR&MS. The residency programs valued the exposure to Family Medicine offered to Wisconsin students and were inspired to help with funding and soliciting donations for the coming year. In addition, the students' stories of their great experiences fostered greater interest for the coming year and have motivated private donors to continue their support. The close collaboration with the medical schools further nurtured an already good relationship with the WAFP and WAFP Foundation and planning with students is already in progress for next year.

## **PATHWAY TO MEDICAL SCHOOL ALUMNI CONNECTIVITY INITIATIVE - FOUNDATION OF THE GEORGIA AFP (2011)**

Pathway to Medical School Program (Pathway) "alumni" are pre-med students who have completed the Pathway summer program. The Pathway program serves Georgia college students from rural communities who are enrolled in an approved pre-med curriculum and plan to attend medical school to pursue Family Medicine, internal medicine or pediatrics. Pathway students shadow primary care physicians, work on practice-based research projects and attend seminars to enhance the participant's ability to gain admission to medical school. The Pathway to Medical School Alumni Connectivity Initiative served to re-connect more than two dozen Pathway graduates by offering free registration plus a \$200 travel expense stipend to attend the GAFF Annual Meeting and Scientific Assembly in November 2012, in Atlanta. Pathway alumni were invited to participate in the 2012 FGAFP Annual Research Poster Competition and asked to complete a questionnaire on the long term impact the Pathway to Medical School Program had on their career decisions. In addition, alumni joined medical students from each of the seven Georgia Family Medicine Interest Groups at a mentoring event with GAFF leadership to continue to further their relationship with the Academy as residents and ultimately as family physicians.

**Results from the '11 Grant Award:** Currently nine of 11 Pathway Program medical school graduates have completed a residency or are currently a resident in primary care. Ten Pathway alumni (6 from 2011; 4 from 2010) attended the GAFF Annual Meeting where they were able to interact with GAFF/AAFP leaders, current GAFF medical student members and residents. Pathway Program alumni were also asked to participate in the 2012 Research Poster competition and two of three 2012 Research Poster winners (first and third place) were Pathway alumni. Key to success of the Pathway program is enhancing rural students' medical school applications with more research/scientific activities and the poster competition helps enhance their resumes.

## **PLATT SUMMER FELLOWSHIP - DELAWARE AFP RESEARCH & EDUCATION FOUNDATION (2012)**

Platt Summer Fellowship allows students to observe the diversity of opportunity in Family Medicine. Named after Drs. David and Ethel Platt who pioneered the practice of Family Medicine in the 1940s in their inner city Wilmington practice, this summer fellowship gives first- and second-year medical students an opportunity to spend four weeks in the offices (and sometimes homes) of four different family physicians, spending one week with each physician. Physicians are selected from a variety of settings including rural, suburban and inner city practices, and our physicians have a variety of interests, such as sports medicine, obstetrics and gynecology, geriatric medicine, hospice care, hospitalist care, and integrative medicine, among others. We try to match interests of students with interests of the physicians. The student may live with the physician and make rounds at hospitals and nursing homes when relevant.

**Results from the '12 Grant Award:** The fellowship supported one medical student who spent four weeks being mentored and staying with family physicians in private practices in all three counties, which is important because there is a difference regarding services available for patients upstate versus the more rural downstate area. FMPC funds were used to cover travel and provide a stipend. In the words of the participant, "I enjoyed learning from such compassionate family doctors ... this experience has certainly helped me develop my clinical skills and strengthened my desire to become a Family Physician." Although the finding from this medical student isn't available yet, we have tabulated the career choices of 51 of the 62 students who have participated in the fellowship and chosen a specialty. Of these 51 students, 31.3% have chosen Family Medicine vs. the 8.4% match nationally. This nearly fourfold increase demonstrates the effectiveness of this program and we would like to continue this program with the maximum number of students that we can support.

## **PRECEPTORSHIP PROGRAM, LEROY A. RODGERS, M.D. - OHIO AFP FOUNDATION (2010, 2011, 2012, 2013, 2014)**

During the summer of 2015, our goal is to fund stipends for at least 40 first- and second-year medical students' preceptorship rotations. As a new addition to the 2015 program, Foundation staff will shadow two students participating in the program to capture their experience by creating a video to share with other students as well as Family Medicine Interest Groups, potential Foundation supporters, and our Academy members. Our goal for the video is to visually showcase the students' experiences for a broader audience - expanding the impact of family physician work outside Academy and Foundation walls. Since its 1990 inception, over 880 medical students from our state's seven medical schools have participated in the Leroy A. Rodgers, MD, Preceptorship Program. Participants receive stipends of \$300/week for a four - to six - week educational rotation with a volunteer, community-based family physician preceptor. Through the preceptorship experience students are offered the first-hand opportunity to witness the diverse and rewarding realities of the Family Medicine specialty - all under the guidance of a family physician mentor. Our program has helped medical students understand that choosing a career in Family Medicine is an opportunity to create your own adventure in medicine. Through this experience, students have seen and felt the difference family physicians make in lives and communities - particularly those underserved urban, rural, and special needs communities. *Results from the 2014 Grant Award will be reported in March 2016.*

**Results from 1992-2009:** Over 800 first- and second-year medical students from Ohio's seven medical schools were placed in preceptorship experiences with volunteer, community-based physician preceptors. Analysis of the preceptorship program data collected for students participating in the preceptorship program during the years 1992 through 2009 shows 32% (185 of 585 participants) matched into Family Medicine; and 75% (440 of 585 participants) overall matched in primary care specialties. Of the total program participants, 50% (290 of 585) matched into in-state residency programs.

**Results from the '10 Grant Award:** The FMPC Grant award funded four medical student stipends. We surpassed our goal to provide stipends for 42 students through the Leroy A. Rodgers, M.D., Preceptorship Program. Of the 44 medical students funded through the 2011 preceptorship program 24 student preceptorships were scheduled in Health Professional Shortage Areas and all seven medical schools were represented.

**Results from the '11 Grant Award:** The 2011 FMPC Grant Award supported four medical student stipends. Funding from OAFP Foundation, the FMPC Grant Awards, the AAFP Foundation Student Externship Matching Grant Program and the Ohio Department of Health SEARCH grant supported a total of 51 preceptorships: 25 medical student stipends and 26 Family Medicine resident rotations. Students from six of Ohio's seven medical schools were represented. In the past, and in the



future, the preceptorships will be used to fund medical students only. However, this year's funding from the Ohio Department of Health SEARCH award encouraged the use of funding for residents and this change was approved by the OAFP Foundation Board of Trustees.

**Results from the '12 Grant Award:** The 2012 FMPC Grant Award supported five medical student stipends. In Fall 2012, the Ohio Department of Health notified the Foundation that the Ohio SEARCH Grant had been terminated by the U.S. Department of Health & Human Services. As a result we were able to fund 38 students versus the projected 53.

**Results from the '13 Grant Award:** The 2013 FMPC Grant Award supported two of the 30 student preceptors; the remaining 28 preceptorships were supported by funding from OAFP Foundation corporate partners, regional chapters, individual donations and the AAFP Foundation Student Externship Matching Grant program. Since the program's inception in 1990, over 900 medical students' preceptorship experiences have been funded. Outcomes show one-third of all participants chose a career in Family Medicine, and three-quarters overall entered primary care specialties at the time of their medical school graduation. Analysis of program data collected from 1992 through 2010 show 31.09% (189 of 608 participants) matched into Family Medicine; 75% (455 of 608 participants) overall matched in primary care specialties; and 49.34% (300 of 608) matched into Ohio residency programs.

## RECRUITMENT AND RETENTION CONFERENCE - *VIRGINIA AFP (2013)*

The Choose Virginia recruitment and retention conference, which will celebrate its fifth year on October 12, 2013 promotes the specialty of Family Medicine to local and regional medical students. The conference has grown in attendance from just over 50 students the first year to its maximum capacity of 130 students in 2012. This one-day event offers a keynote address; multiple hands-on procedural workshops facilitated by family physician faculty and residents from the Family Medicine residency programs in Virginia; the opportunity for networking with family physicians; and visitation of exhibits to include the Family Medicine residency programs, local health systems and community health centers. FMPC grant funding was used for lodging and travel expenses for out-of-town student attendees.

**Results from the '13 Grant Award:** The 2013 Recruitment and Retention Conference in October 2013 had a waiting list of those who wanted to attend but were not able to as participation was capped at 130 students. This conference met and exceeded its goal which was increasing the number of applications from medical students in Virginia. Regarding the future of the conference, there are now so many students applying to FMRPs in Virginia that the Recruitment and Retention Conference will not be held in 2014! Instead, beginning in 2014 VAFP funds previously designated for this conference will be repurposed to encourage residents and students to attend chapter CME meeting so they will have the opportunity to interact professionally, academically and socially with active practicing family physicians in Virginia.

## RESIDENCY LEADERSHIP CONSORTIUM - *CALIFORNIA AFP (2011, 2013)*

CAFP developed the Residency Leadership Consortium (RLC) to bring together program directors in California to develop a plan for economic sustainability and growth for their programs in coming years. The main goal was to develop an active RLC with participation from *all* FMRPs in California (50 programs). The first full-day workshop was held in spring 2012, with an additional workshop in fall 2012 and webinars and conference calls, as necessary, in between. In an unexpected twist, the program directors reached into their own pockets to fund a series of dinner meetings in late 2012 to keep the momentum going and we have continued to hold these important planning meetings with these funds during 2013. In part two of the project - The Residency Leadership Consortium: Building Bridges, funded by a 2013 FMPC Grant Award, we brought students, residents and Chapter leaders together into the existing network of program directors, where there were established opportunities for collaboration between each level of leadership, and vertically integrated projects and initiatives.

**Results from the '11 Grant Award:** Every program director in California and many associate directors attended at least one meeting throughout the year, and there is now a cadre of motivated program directors who can help CAFP staff move priorities ahead and strategize about the future of Family Medicine in California. An average of 40 participants attended each meeting; conference calls were also well-attended. An additional \$4,600 was raised from the program directors to maintain the momentum of this program into 2013 and these partnerships and connections were leveraged into many regional projects under development. We developed new relationships with multiple programs and gained a few CAFP active members along the way by showing the potential value of CAFP to them through the Leadership Consortium.

**Results from the '13 Grant Award:** In phase two of our “RLC-Building Bridges” project, we held an in-person planning meeting to develop a plan for establishing formal lines of vertical communication, marketing plans and website updates. We also identified additional collaborators. Members of CAFP’s Student and Resident Council, Family Medicine Residency Directors and Local Chapter leaders attended the meeting. In Q2 we implemented the developed marketing plan and processes for integrating events from each medical school and residency program into CAFP’s online event calendar; engaged other collaborators; and ensured CAFP is represented at medical school specialty fairs and other appropriate events. By Q3, two members of the RLC visited at least one local CAFP chapter meeting in each region to develop plans for local engagement. Participants reported back to CAFP with local plans for collaboration. And, finally, in Q4, each region developed a plan for moving forward with collaboration and identified a leader to work closely with CAFP on vertically integrating programming and activities. One outcome has been the development of a formal California Residency Network (CRN), with our 50 programs divided into 7 regions, each with an elected representative and two overall co-chairs. The CRN has voted to pay CAFP \$35/resident to support a 12-hour/week staffer to provide coordination/administration and communication services. Creating CRN has created a good deal of excitement. The grant helped us in our outreach efforts to the residency directors and residency programs and provided seed money for the program.

## **RESIDENT AND MEDICAL STUDENT ANNUAL MEETING (RAMS)- *NEBRASKA AFP (2014)***

The inaugural Resident and Medical Student (RAMS) will be held in conjunction with NAFP’s 67<sup>th</sup> Annual Meeting & Scientific Assembly (ASA), and will actively involve residents and students in this ASA. RAMS events, held on March 18, 2015 will include: 1) a four-hour workshop that residents and medical students will be invited to attend; 2) a DOT Medical Examiners Training course for residents, which will be offered at no cost to residents and students; and 3) a mixer during the 2015 ASA to provide an opportunity for residents, medical students, and NAFP members to network in an informal and unthreatening environment. Our aim is to have 50 residents and 20 students attend the inaugural RAMS. *Results from the 2014 Grant Award will be reported in March 2016.*

## **RESIDENT & STUDENT PROCEDURES WORKSHOP – *ARIZONA AFP (2010)***

The Annual Clinical Education Conference, which began two years ago, is a procedures workshop provided for medical students and residents. The procedures, taught by the residents and faculty from the seven Family Medicine residency programs in the state, provides students with the opportunity to perform procedures prior to starting clinical rotations, and an opportunity to meet with residents and faculty from the local Family Medicine residency programs. Many of the physicians voiced interest in participating in the procedures workshop, along with the students. To include physicians, we expanded the program in 2011 by making two identical sessions, taught by highly trained physicians, along with residents and faculty and bringing in more equipment and supplies and providing more space. Our goals for this project were to: 1) give more physicians the opportunity to learn new procedures or refine their skills; 2) give more students procedure training and the opportunity to forge relationships with the residency programs, making them more likely to train and practice in

our state; and 3) provide networking for current members and for recruiting new members and/or retaining student and resident members.

**Results from the '10 Grant Award:** The procedures workshop took place at our Annual Clinical Education Conference, March 4-6, 2011. Basic procedural exposure and networking opportunities were provided for over 50 medical students, which was an increase from 35 attendees the previous year. Activities included suturing, central line placement, joint injection, ultrasound guided joint injection, endometrial biopsy, wart removal, vaginal delivery, and breach delivery. It went exactly as planned. Medical students were so excited to get their "hands dirty" and commented that they were very grateful for this opportunity as well as for the chance to meet residency faculty.

## **RESIDENT AND STUDENT RESEARCH AT STATE SCIENTIFIC ASSEMBLY - TENNESSEE AFP (2013)**

This program has successfully: 1) encouraged resident and student Family Medicine research; 2) provided a regional venue for dissemination of scholarly activity to other family physicians; and 3) exposed residents and students to their TNAFP's leadership/membership/staff, and its state Annual Scientific Assembly. Following a call for presentation submissions, residents and students submitted research papers to the TNAFP Research Committee, who reviewed them for suitable design, conclusions and academic rigor. Traditionally, three papers have been selected by the Committee for presentation during the TNAFP Annual Scientific Assembly. New in 2013, with support from an FMPC Grant, research papers not selected for one of the three presentations at scientific assembly, but suitable for a poster session, were invited to present a poster of their research at the Annual Scientific Assembly.

**Results from the '13 Grant Award:** Research submissions were received from 11 Tennessee AFP resident and student members. Three CME research presentations and five posters, presented by two residents and six students, were included in the October 2014 Tennessee AFP annual meeting that was attended by 201 members. Expanding the research program to include poster presentations forged a more supportive relationship with the medical schools and Family Medicine residency programs, and allowed additional opportunities for resident and student involvement in the Tennessee AFP annual meeting. The Tennessee AFP would not have been able to provide the opportunity for resident and student research posters without the grant provided by the AAFP Foundation and the FMPC, which provided one night's lodging and car mileage for those presenting posters.

## **RESIDENT RESEARCH GRANT AWARDS - MINNESOTA AFP FOUNDATION (2010, 2011, 2012)**

The Minnesota AFP Foundation awarded \$3,500 grants to Family Medicine residents to conduct self-directed research that: 1) trained residents to conduct practice-based research; 2) developed leadership skills; 3) fostered excitement and enthusiasm in Family Medicine research activities; and 4) generated new knowledge of practice change and improvements in patient care. Research grants covered direct expenses associated with each research project. Applications were reviewed and scored by a Review Team and research grant recipients were given up to two years to complete their research project. Resident researchers were matched with family physician researchers who served as mentors on the project. Upon completion of the research study, residents were required to: a) write and submit a scholarly paper about their project and findings; b) share their findings with other family physician researchers during a 15-minute presentation at the Minnesota Academy of Family Physicians' Research Forum; and c) complete a post survey questionnaire to evaluate the program's impact.

**Results from the '10 Grant Award:** With funding from the 2010 FMPC Grant Awards Program, reviewers selected two research projects and each project was awarded a grant in May 2011. Residents have up to two years to complete their projects. One resident, Sabeen Munib, MD, completed her project in one year and prepared her final presentation for the March 2012 Minnesota Academy of Family Physicians Research Forum.



In addition, her application was accepted to present a poster on her research at the STFM conference in April 2011. The second resident, Melissa Choi, MD, continued working on her project with a final deadline of March 2013. Successes from our 2010 program (which received an FMPC grant award in 2009) include Katherine Vickery, MD, whose research project was selected as one of the “2011 Research Forum Papers of Greatest Interest.” As a result of her research project, she applied to the fellowship program of Robert Wood Johnson Foundation, and was selected.

**Results from the ‘11 Grant Award:** One hundred-twenty-two attendees came to eight information sessions. Five applications were received and three grants were awarded. AAFP Foundation’s FMPC grant provided seed money that we supplement to fund three resident researchers. The FMPC grant also helped us secure a restricted grant from North Memorial Medical Staff to fund a resident researcher from their program. We decided to incorporate the check ceremony into the Chapter’s House of Delegates meeting with each resident coming on stage to accept the check, thank members for their support, and talk about their research project and its impact on patient care. This is a nice way to showcase the program and “up and coming” physician leaders, and keep our fundraising needs in front of members.

**Results from the ‘12 Grant Award:** In 2013, six resident researchers were funded by the MAFP and FMPC Grant Award funds. They presented on three occasions to 960 family physicians in Minnesota. The new web site, WeCare4MN.org had a total of 5,000 physician views of resident projects in the first 100 days of web site operation. One resident, Dr. Keri Bergeson, had a strong interest in understanding the needs of African American men who are considered “super-utilizers” of medical care. She created a project where she is now studying 50 super-utilizers within a radius of her FQHC. Dr. Bergeson’s 2013 project saved her partnering hospital \$450,000 on 12 super-users that they were able to serve through increased self-efficacy training.

## **RESIDENT TRACK: ANNUAL CLINICAL EDUCATION CONFERENCE - IOWA AFP (2012)**

The Iowa Academy of Family Physicians offered each residency program the opportunity to choose between two clinical topics to be presented by practicing family physicians in Iowa. Our objective was for residents to develop an awareness and appreciation for the academic pursuits of physicians in practice, as well as increase their knowledge in the topic areas provided. This conference was intended to support IAFP’s goal of reaching out to residents to enhance Iowa AAFP’s image as their “go to” source for organized Family Medicine.

**Results from the ‘12 Grant Award:** Nineteen residents pre-registered for the Resident Track but only five attended. Two others came in for the last few presentations. We were pleased with the response from residents received *prior* to the Resident Track however, due to the low turnout, we do not believe this program is sustainable for the future in the present format. Therefore, we are reaching out to these residents and residency program directors to determine what formats would work best in the future. It is very important for us to keep strengthening our relationship with the Iowa residency programs.

## **RESIDENTS EMERGE AS LEADERS (REAL) - KANSAS AAFP (2012)**

Although Kansas AAFP has 100% resident membership, not all Family Medicine residents are aware that our Chapter is the leading organization representing Family Medicine in the state. In order to address this challenge the Residents Emerge as Leaders (REAL) was created to provide resident leaders with opportunities for greater Academy involvement, extra networking opportunities, and enhanced education and advocacy training, while training them for future leadership in the Academy. One idea to have unofficial Alternate Representatives for enhanced opportunities was put forward by the three current resident leaders, who promoted it with their fellow residents.

**Results from the ‘12 Grant Award:** Three of the four Kansas Family Medicine residency programs selected an unofficial second tier person to potentially serve as future leaders, much like an Alternate Rep who will attend

the board meetings and be introduced to officers, directors and other leaders. The goals of familiarizing the alternates with the Board culture and opportunities and getting them started learning how the Academy addresses important issues to our state's family physicians seem to be working VERY well. The selected alternates will become the representatives for 2014-15, so the "ladder" of leadership is filling in well. Our state's Foundation Board of Trustees now includes a voting resident representative with a one-year term. This representative has a chance to learn of the many ways in which the Foundation benefits student and resident interest in our state. Perhaps our biggest success was the 2014 Annual Meeting where 12 residents presented 15-minute scholarly presentations at the meeting! Rather than isolating them into a separate educational track specifically for residents, we had six on the main stage in plenary sessions and six in concurrent sessions. We also had a special time set aside for residents (and students) to meet with an AAFP leader and Chapter leaders. We will be continuing all aspects of the REAL program.

## **RURAL FAMILY MEDICINE EXPOSURE FOR MEDICAL STUDENTS – NORTH CAROLINA AFP FOUNDATION (2013, 2014)**

This two-week rural health externship in the western and eastern regions of North Carolina was offered to 20 rising second year medical students in one of North Carolina's five medical schools. Through this partnership we provided hands on clinical exposure to rural healthcare early in their career with the direct goal of increasing medical student interest in serving rural North Carolina communities. In the first week students were engaged in group didactics surrounding rural healthcare. In the second week students were paired with a family physician working in a rural, community-based setting. Applications, due in January, were reviewed and scored by faculty advisors in the Family Medicine department at their respective medical school. All applications were then reviewed by a subcommittee of the NCAFP Foundation Board of Trustees comprised of practicing family physicians, and students were notified in March. Prior to the 2-week program in June and July, students completed a pre-survey and were matched in advance with a family physician that practices in a rural area for the shadowing/clinical component of the program. Upon completion of the experience students completed a post-survey to evaluate the program's immediate impact. Follow up contact/surveys are planned for one- and two-years intervals as former externs progress through medical school. Participants will also be tracked through the MATCH, and follow up will take place with those that complete Family Medicine residency training to obtain information regarding their initial practice setting. *Results from the 2014 Grant Award will be reported in March 2016.*

**Results from '13 Grant Award:** Twenty rising second-year medical students participated in the program. Since we had the benefit of implementing the rural health program in Western NC for two years, we had already fine-tuned the processes. Promotion, application and selection process of participants went as planned. The size of the programs (10 students in each region) also went as scheduled, and the implementation plan with the first week of didactics followed by the second week of working alongside a practicing community-based family physician also went according to plan. The challenge, in a few situations, occurred when the student was not able to live with the physician they were assigned to during the second week (due to space issues). In those cases we were able to utilize Area Health Education Center housing that is available for training health professionals.

Hearing student perceptions about Family Medicine and rural healthcare going into the programs, then coming out of them continued to confirm the importance of early exposure. One student summed it up this way, "Going into the program one of my biggest concerns about rural health practice is that physicians practicing rural health would not be treating patients with the same level of complexity that physicians working in an academic center may be treating. I thought that practicing in a rural health setting may compromise how "good" of a doctor you can be academically. I would now argue that practicing in a rural health setting with limited resources challenges physicians to be as academically strong as possible so that they can provide the best care for the best value." Feedback from all participants (students, residents, family physicians, group facilitators) has been very positive.

## RURAL INTERNSHIP PROGRAM - *NEVADA AFP FOUNDATION (2012)*

The NAFP Foundation launched a pilot Rural Internship Program that targeted first- and second-year medical students; and selected two first-year medical students who were matched with rural Nevada family physicians. While this program is in its infancy, we hope this program will grow into a very powerful recruitment tool not only for Family Medicine but also to encourage our students to consider doing rural Family Medicine. Each student received a \$1,000 stipend and worked four weeks in rural Nevada to experience first-hand what it is like to provide comprehensive full-scope primary care in a rural community. The rural providers donated their time and assisted with housing so students could either stay with the physician preceptor or in housing sponsored by our School of Medicine. In its second year, with support from the FMPC Grant Award, we planned to increase the program to offer five internships.

**Results from the '12 Grant Award:** Despite extensive recruitment efforts we were only able to recruit three students to participate in the program and then two students decided to drop out due to personal circumstances. The challenge we experienced was getting students to commit to a month over their summer break. While this was very disappointing, the student who did participate had a great experience and is very enthusiastic about rural Family Medicine and building student interest in Family Medicine. Once she returned from her internship she became the president of the FMIG. In addition she assisted in recruiting students interested in attending National Conference and coordinated with all 14 students to submit scholarship applications to AAFP and NAFP. She also helped lead student participation in our Tar Wars program and has turned out to be an amazing Family Medicine advocate and active member of the NAFP. NAFP will be refocusing our efforts on the students to see what we need to do differently to engage a larger number of participants in the program.

## SPEED DATING FOR AN EMPLOYER - *WEST VIRGINIA AFP (2010)*

This project was designed to demonstrate the value of state AFP/AAFP membership to resident physicians. Roadshow presentations at Family Medicine residency programs addressed employment contracting and the value of the state AFP/AAFP. A recruitment fair of West Virginia employers offered job opportunities and featured a state expert on loan repayment opportunities. The recruitment fair offered opportunities for private physician offices, hospitals, and Community Health Centers to meet with resident physicians interested in placement opportunities in West Virginia in a "speed dating" format. Potential employers had 10 minutes with each resident to promote their opportunity, and residents had their contracting questions ready, which resulted from the Roadshow presentation on contracting. Also, at the recruitment fair a group presentation on loan repayment requirements featured the state's NHSC Loan Repayment Officer. There was no registration fee for residents/program directors but a recruitment fee was assessed to the Community Health Centers/Physician Groups/Hospitals.

**Results from the '10 Grant Award:** Participants included 94 potential employees from the West Virginia University Family Medicine Charleston Division; WVU Residency Program Morgantown; Wheeling Residency Program; Clarksburg Residency Program; and eight medical students from the FMIGs of West Virginia University and Marshall University. Potential employers included the WV Federal Qualified Community Health Centers/Community Health Centers (34 with 62 sites); twelve WV Rural Hospitals; and three WV Medical Groups. Partnering with the WV Bureau of Primary Care Recruitment, we were able to uncover some conflicting issues with the federal and state loan repayment program. Four onsite presentations were provided to our residents on employment contracting and the value of AFP Chapter membership. The roadshow presentations were valuable in communicating the opportunity for the recruitment fair, held on October 15, 2010. Our initial target was first- and second-year Family Medicine residents with some focus on third-year students. In hindsight we believe we would have been better served by targeting our fourth-year medical students in our Family Medicine Interest Groups.

## STATE CONFERENCE (LOUISIANA) FAMILY MEDICINE STUDENTS & RESIDENTS

### ***- LOUISIANA AFP (2010, 2011)***

In 2009, the state AFP and collaborating partners began hosting the one-day annual State Family Medicine Student and Resident Conference. This training, held in conjunction with the Board and Committee Cluster Meetings, provided students and residents with an interest in Family Medicine a chance to: interact with distinguished physicians; network with exhibiting hospitals and residency programs; learn more about practice management and what to expect as a family physician; and participate in hands-on clinical workshops. The conference included educational lectures, skills workshop, governance meetings, and a recruitment fair with the state's ten Family Medicine residency programs, hospitals and clinics to provide networking opportunities with future physician candidates. The Resident and Student Leadership Committee comprised of two medical students from each medical school and two resident volunteers, worked in conjunction with Family Medicine Interest Groups and AFP staff to develop the conference agenda. The over-arching goal of the Louisiana Family Medicine Student and Resident Conference will be increased matriculation rates of students transitioning from state medical schools to state Family Medicine residency programs and ultimately transitioning residents into Family Medicine practice.

***Results from the '10 Grant Award:*** The state conference was attended by 47 students, 35 residents and 28 active LAFP members. An unanticipated benefit was the newly formed LAFP Resident and Student Leadership Committee, whose members took pride in working on this conference. The Committee helped facilitate the conference and contributed to the betterment of future conferences. Data from 2010 to 2011 showed a significant increase in the Family Medicine first year residency positions filled on Match Day from 68.8% in 2010 to 95.1% in 2011. While the Louisiana AFP Foundation does not take full credit for such large scale impact, it is recognized that planning events like this conference increased the awareness of Family Medicine. Post conference evaluations indicate that the conference was very useful to the attendees. Specifically, the session titled "Contract Review" was informative and rated the most valuable part of the conference for residents. Medical student evaluations revealed that procedural workshops were very valuable as well as the "Tips for Residency Program Interviewing" lecture.

***Results from the '11 Grant Award:*** Nineteen students, 30 residents and eight active LAFP members attended the fourth annual Louisiana Family Medicine Student and Resident Conference, held in October 2012. This year's lower attendance rate was attributed to holding the event in October, which prohibited medical student participation. Future meetings will be scheduled in the spring of the year. The format of the 2012 Conference included practice management lectures, round table discussions, skills workshops and information about grassroots advocacy. Based on meeting evaluations students and residents reported that networking opportunities were very beneficial; students reported advocacy and procedural workshops were very helpful; and students and residents requested more practice management education sessions. Results from evaluations will be incorporated into future programming.

## STATE CONFERENCE (TEXAS) FAMILY MEDICINE RESIDENTS & STUDENTS -

### ***TEXAS AFP (2010, 2011)***

The Texas Conference of Family Medicine Residents and Students brought medical students and Family Medicine residents together to hear educational lectures on how to excel in Family Medicine and how to network with peers and meet leaders. The conference was free to all student and resident members, and funding was available to pay for travel expenses. The conference, planned by students and residents for students and residents, was held in conjunction with Interim Session to allow them to interact with Academy leaders and participate in the governance process. In addition to lectures, there was a residency and procedures fair which allowed residents to teach simple procedures to medical students in an exhibit hall setting, and greatly increased student participation in the conference. Many of the invited guest speakers were members who did not require an honorarium to speak, but we did offer travel reimbursement.

**Results from the '10 Grant Award:** The conference was attended by 72 students and residents. Fourteen residency programs were present and nine procedures were demonstrated at the procedures fair. The impact of this meeting can best be summarized by the comments of a third-year medical student who became a Board of Directors Alternate for the Student Chapter. "The 2011 Texas Conference of Family Medicine Residents and Students was my first professional conference as a medical student. As a student unsure of which area of medicine I will eventually pursue, this conference was very influential. The presentation on 'Loan Repayment Programs' was very useful to me as I watch helplessly while my debt accrues more and more interest. Perhaps even more influential to me was the 'How to Stay a Leader after Residency' talk. Although I am only a student, I am developing an interest in organizational leadership. This talk taught me that I need to begin my involvement now, as a student, so that I will be in a prime situation to continue that leadership as a practicing physician. Finally, the 'Can I afford to be a Family Physician?' talk gave me encouragement to more seriously consider Family Medicine for residency and boosted my confidence in considering Family Medicine as a career."

**Results from the '11 Grant Award:** Sixty-six students and residents attended the Conference; 16 residency programs were present; and eight procedures were demonstrated at the procedures fair. Hosting this conference in conjunction with TAFP's Interim Session had pros and cons which were discussed after the conference. The pros are allowing students and residents to interact with academy leaders and participate in the governance process, as well as a decreased cost of holding a meeting for students and residents. The downside is that TAFP's Interim Session often overlaps with spring break for one or more of the medical schools. Changing the time and location was discussed and the decision was made to keep the timing of the conference as is, and increase marketing towards students so that they can plan accordingly.

## **STUDENT TRACK AT ANNUAL MEETING: LATEX TO LARYNGOSCOPY – KANSAS AFP FOUNDATION (2010, 2012, 2013, 2014)**

KAFP developed a highly successful elective summer program cooperatively with the medical school over 22 years ago in which students spend six weeks in a rural setting between their first and second years, shadowing a primary care physician. Called the Rural Family Medicine & Research Program, the popular program attracts 30 participants each year. One requirement of students during the initial orientation week is that they attend the Academy's Annual Meeting. The Annual Meeting provides a kick-off for their externship time in the rural parts of the state, and many students meet their cooperating physician for the first time at the meeting. To build upon this strong educational program, the chapter started to provide (through a 2010 FMPC grant) specific student programming for a hands-on workshop student track called Latex to Laryngoscopy. The student track at the Annual Meeting offered four procedures and skills work stations. Students observed best practices and had individual monitored time to practice procedures utilizing appropriate educational equipment. There was also designated time that allowed students to meet and interact with national and state chapter leaders. *Results from the '14 Grant Award will be available in March 2016.*

**Results from the '10 Grant Award:** Funds from the grant were used to provide the Student Track at the 2011 KAFP Annual Meeting. Thirty-two first-year students participated in the Student track. Dr. Jen Brull oversaw all the activities and four fourth-year medical students assisted as teachers/demonstrators at each station. "Latex to Laryngoscopy" featured four stations. FMPC funds purchased two mannequins (Laryngoscopy Larry & OB Susie) and supplies for each station. The mannequins are usable for many years and there are enough expendable supplies to do it again in 2012 without further funding. The post-event survey indicated that students really enjoyed learning centers with hands-on skill opportunities and found them highly beneficial.

**Results from the '12 Grant Award:** Thirty-three students attended the Student Track, held during the 2013 KAFP Annual Meeting. FMPC funding provided one night's lodging and three meals for students, student assistants and the lead teacher. Suturing, obstetrics, sterile technique, and intubation and laryngoscopy stations were available where students observed demonstrations of specific skills; heard about cases in a rural practice where these skills were important; and then had individual monitored time to practice procedures utilizing

appropriate educational equipment. Four upper-class medical students supervised practice and helped teach at the station, while Jen Brull, MD, oversaw all the activities. In addition to attending the student track, most students were able to meet many family physicians from across the state; visit the exhibits; attend the lunch meeting on Friday and the President's Dinner on Friday evening where awards were given; and participate in the CME. Results of the post-event survey (n=15, 45% response rate) indicated that this was a valuable event for attendees who gave an average rating of 1.5 (where 1 is very satisfied and 5 is very dissatisfied) regarding relevance of the student track; quality of presenters; and quality of the hands-on experience.

**Results from the '13 Grant Award:** Thirty-one medical students attended the "Latex to Laryngoscopy," held during the June 7, 2014 KAFP Annual Meeting. Grant funds were used to purchase supplies and allowed participating students and the lead teacher to stay at the conference hotel for one night. Jen Brull, MD, oversaw all activities at the four stations and seven third- and fourth-year medical students assisted as teachers or demonstrators at each station. Post-event surveys (n=9, 29% response rate) reported that 89% of the respondents were very satisfied with the relevance of the student track and the quality of presenters; and 90% were very satisfied or satisfied with the quality of the hands-on experience.

## **SUMMER EXTERN PROGRAM: LEARNING TO CARE, ADVOCATE, AND LEAD- WISCONSIN AFP FOUNDATION (2014)**

The Summer Extern Program was designed to increase student interest in Family Medicine as a specialty, as well as foster future leaders within Wisconsin AFP (WAFP). Two or more selected students, between their first and second year of medical school, will spend eight weeks rotating between a clinical setting with a family physician preceptor and the WAFP/WAFP-Foundation (WAFP-F) office. Students with a strong interest in Family Medicine will be identified through an application process; selections will be made by the executive directors of both WAFP and WAFP-F and faculty/staff from the two medical schools. Areas of focus in the WAFP/WAFP-F office will be: leadership development, workforce development, advocacy education and philanthropic activities. The experience will conclude with attendance at the AAFP National Conference, where the students will serve as Delegate and Alternate Delegate to our state chapter during the congress portion of the conference, and participate in other National Conference and Wisconsin's reception activities. *Results from the 2014 Grant Award will be reported in March 2016.*

## **SURVIVAL BOOT CAMP – NEW JERSEY AFP FOUNDATION (2010)**

Survival Boot Camp was a one-day conference and 12-month web-based discussion forum to assist family physicians and residents learn and share best practices regarding operating a profitable, prosperous practice. Best practices, innovative models and hands-on guidance were provided. After attending Survival Boot Camp participants were able to: 1) describe the functions of business management; 2) effectively apply resources to improve practice viability; 3) apply strategies to improve cash flow, minimize expenses, and improve practice performance; and 4) lead change within his/her practice. Attendees left the conference with a list of ideas, suggestions and best practices that were readily useful within the practice to assist with operating an efficient and cost-effective practice. Although we intended to develop and implement a web-based discussion forum that provided an opportunity for attendees to continue sharing information and best practices, physicians preferred to email each other or NJAFP staff.

**Results from the '10 Grant Award:** Twenty-eight attendees took part in the June 2011 NJAFP Survival Boot Camp Workshop, which was offered as a pre-conference event to the Annual Meeting. Attendee evaluations indicated that knowledge was gained and all topics presented during were valuable to the respondent's practice of Family Medicine. Specifically, the evaluation scores ranged from 4.27 to 4.75 (ranked on a scale of 1-5, where 5 is excellent and 1 is poor). Rather than the on-line community offered, physicians preferred to e-mail each other or NJAFP office staff directly for more information or to have questions answered. Future initiatives will identify opportunities to improve use of the web-based community forum to further sharing of best practices.

## TELLING FAMILY MEDICINE'S STORY - *CALIFORNIA AFP & CAFPA FOUNDATION (2011)*

**See also, Advocacy Ambassadors.** In order to tell Family Medicine's story and to bring our message to California policymakers, key opinion leaders, patients and the public, we needed to "grow our own" and develop a new cadre of storytellers, media spokespeople, and legislative advocates trained to use traditional and new media to bring Family Medicine's message to the forefront. This new program, "Telling Family Medicine Stories," prepared medical students and Family Medicine residents, selected through an application process, through a three-phase process in storytelling. Our class completed pre-workshop assignments for story development; attended a day-long workshop with media/spokesperson/advocacy skills training and practice; and completed two post-workshops speaking assignments. The new storytellers had a group of mentors available for assistance, advice and support.

**Results from the '11 Grant Award:** Five mentors and 25 students/residents participated in the program. We now have Family Medicine spokespeople available in each California media market who have the skills, support and confidence to serve as the voice of our profession and our patients in Sacramento and beyond. In 2013, California bills that required participation of students and residents for their success included graduate medical education and loan repayment. Training sessions for students and residents were held on Sunday afternoon after the Congress, rather than on Friday because it was easier than asking them to be released from classes and training obligations. Google Group, instead of a video conference, was used because it worked better for everyone to have a forum where we could ask and answer questions and get engaged. As a direct result of this program we have four new members of our CAFPA Student and Resident Council. Based on the success of this program our Congress of Delegates will be moving towards an All-Member Advocacy meeting where we will provide similar sessions to ALL members.

## WINTER WEEKEND AND SCIENTIFIC ASSEMBLY - *NEW YORK STATE AFP (2010)*

The Winter Weekend Conference is the most encompassing and comprehensive education program sponsored by our Academy. Sixty percent of medical students who attended our Winter Weekend select Family Medicine, which is a much higher proportion than student members in general. The goal is to update physicians, medical residents and students, and other allied health professionals on the recent research and provide opportunities for continued learning, education and professional development. There are 32 lectures focusing on Family Medicine, Sports Medicine, and Policy and Health Medicine; two practice improvement sessions; a research forum; a two-day hands-on procedure workshop; and four SAM's workshops for physicians who have entered the ABFM Maintenance of Certification cycle.

**Results from the '10 Grant Award:** Winter Weekend had 198 guests including 74 medical students. The "Student Information Panel," held Saturday late morning, was advertised to all member students who were required to attend. A focus group determined that students wanted more time to network with the doctors, and more information on non-educational issues such as career choices, opportunities, residency questions, etc. Next year, an informal gathering will be added to the schedule to allow more networking opportunities between students and physicians, and the Student Information Panel will be increased to a 2-hour session.

# TABLES

TABLE 1: 2006-2014 FMPC GRANT AWARDS, BY GRANT CYCLE

Grant Cycle	\$ Requested	\$ Awarded	# Grants Submitted	# Grants Awarded
2006	\$ 221,369	\$ 51,600	29	10
2007	\$ 284,579	\$ 102,995	35	21
2008	\$ 260,382	\$ 91,200	40	22
2009	\$ 239,640	\$ 117,000	37	25
2010	\$ 280,279	\$ 122,325	44	27
2011	\$ 248,938	\$ 102,000	36	28
2012	\$ 263,734	\$ 104,250	47	29
2013	\$ 234,669	\$ 75,000	39	21
2014	\$ 185,600	\$ 79,000	45	26
<b>TOTAL</b>	\$ 2,219,190	<b>\$ 845,370</b>	352	<b>209</b>

TABLE 2: 2006-2014 FMPC GRANT AWARDS, BY TYPE & PRIORITIES

Total No. Grants Submitted	352
Total No. Grants Awarded	209
Total No. of States that Applied	41
Total Amount Awarded	\$845,370
Total No. of States Awarded	38
<i>Total Number Awarded by Type</i>	
New/Pilot	101
Existing	108
<i>Total Number Awarded by FMPC Priorities</i>	
Member Outreach	33
Public Health	57
Resident & Students	119



TABLE 3: FMPC GRANT AWARDS APPLICATIONS: NUMBER SUBMITTED BY YEAR & STATE AND TOTAL FUNDED BY STATE

State	# FMPC GRANT AWARDS APPLICATIONS SUBMITTED										# FUNDED
	2006	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL	
AK	1		1	1	1					4	4
AZ	1	2	3		3	3				12	6
CA	1	1	1	1	1	3	3	2		13	11
CO	1	1			1			1	2	6	6
CT			1		1					2	0
DE							1	1		2	1
FL		3		1	1	1	3	1	1	11	8
GA	2	2	2	4	3	3	3	3	2	24	12
HI	1									1	0
IA	1	1				1	3		1	7	2
ID						2				2	1
IL	1	3	2	3	3	2	3		3	20	11
IN	1	2				1				4	3
KS	4	3	4	3	3	3	3	2	3	28	16
KY			1	1			1	1	2	6	3
LA	1				1	2	3	2	2	11	9
MD	1		1		1				1	4	3
ME			2					2		4	2
MI					2	2		2		6	4
MO				2	2					4	1
MN	1	2	2	2	2	3	2		3	17	14
MS				1	3		1		3	8	3
NC		1			1		1	1	1	5	5
ND	2		1	1			1		1	6	3
NE	2	2	4	3	3		2	1	2	19	8
NJ			2	1	1	1				5	4
NM					1	2				3	1
NV					1		1			2	2
NY	2		1	1	2	3	2	3	3	17	6
OH	1	1	1		2	1	1	3	3	13	10
OK		1	1							2	2
OR		1		2			2	3		8	4
PA	1	3	2	3				1	3	13	13
PR							1			1	0
RI									2	2	1
SD	1	1	1	1	1	1	2	2	1	11	5
TN								1		1	1
TX	1	4	4	2	3	2	2	2	2	22	12
UT									1	1	0
VA				1				2		3	2
WI	3	1	2	1			2	2	3	14	6
WV			1	2	1		1			5	2
*FMPC							2	1	1	4	2
# States	21	19	22	21	25	18	24	22	22	42	38
# Grants	30	35	40	37	44	36	46	39	45	352	209

\* Family Medicine Midwest Collaborative (IL, IN, IA, KS, KY, MI, MN, MO, NE, ND, SD, & WI)

TABLE 4: FMPC GRANT AWARDS APPLICATIONS, FUNDED BY YEAR &amp; STATE

STATE	NUMBER FMPC GRANT AWARDS APPLICATIONS									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL
AK	1		1	1	1					4
AZ	1	1	2		1	1				6
CA		1	1	1	1	3	2	2		11
CO	1	1			1			1	2	6
CT										0
DE							1			1
FL		3		1	1	1	1	1		8
GA	1		1	2	2	2	2	1	1	12
HI										0
IA						1	1			2
ID						1				1
IL		2	1	2	2	2	1		1	11
IN		2				1				3
KS	1	1	2		2	2	3	2	3	16
KY				1			1		1	3
LA					1	2	2	2	2	9
MD	1		1		1					3
ME			1					1		2
MI					1	2		1		4
MO				1						1
MN	1	1	2	2	2	3	2		1	14
MS				1	1				1	3
NC		1			1		1	1	1	5
ND				1			1		1	3
NE		1	2		1		2	1	1	8
NJ			1	1	1	1				4
NM						1				1
NV					1		1			2
NY				1	1	2			2	6
OH	1	1	1		1	1	1	2	2	10
OK		1	1							2
OR				2				2		4
PA	1	3	2	3				1	3	13
PR										0
RI									1	1
SD		1	1		1		2			5
TN								1		1
TX		1	2	2	2	2	1	1	1	12
UT										0
VA				1				1		2
WI	1			1			2		2	6
WV				1	1					2
*FMPC							2			2
# States	10	15	16	18	22	17	19	16	17	38
# Funded	10	21	22	25	27	28	29	21	26	209

\* Family Medicine Midwest Collaborative (IL, IN, IA, KS, KY, MI, MN, MO, NE, ND, SD, & WI)

# LIST OF FMPC GRANT AWARDS: 2006-2014

Descriptions & Outcomes of these projects can be downloaded at [www.aafpfoundation.org/fmpe](http://www.aafpfoundation.org/fmpe) then click on FMPC Grant Awards Program. FMPC Grant Awards, Volume I, contains a description of projects from 2006-2010; and outcomes of projects from 2006-2009. FMPC Grant Awards, Volume II, contains a description of projects and outcomes from 2010 forward.

Projects are listed alphabetically by Type of Project, with the grant award year noted in parentheses.

## **OUTREACH PROJECTS**

- Advanced Life Support Obstetrics ~ *New York State AFP (2009)*
- Advanced Life Support Obstetrics Instructor Course ~ *Arizona AFP (2011)*
- Advanced Life Support Obstetrics Instructor Course ~ *North Dakota AFP (2014)*
- Advocacy & Action ~ *California AFP (2006)*
- Advocacy & Action ~ *Oklahoma AFP (2008)*
- Advocacy & Legislative Series ~ *Louisiana AFP (2012, 2013)*
- Advocacy Day ~ *Michigan AFP (2011)*
- Educating About the BCBS Blue Quality Physician Program ~ *North Carolina AFP (2010)*
- Empowering Seniors in a Medical Home ~ *Illinois AFP (2014)*
- Encouraging Words ~ *Kentucky AFP Foundation (2014)*
- Engage and Participate in Community ~ *Kansas AFP Foundation (2014)*
- Enumeration of Oregon Family Medicine Practices ~ *Oregon AFP (2009)*
- Essential Care for Older Adults CME Series ~ *Pennsylvania AFP Foundation (2014)*
- Family Medicine Awareness ~ *Nebraska AFP (2007, 2008)*
- Family Medicine Residency Program & Community Health Center Collaborative ~ *Pennsylvania AFP Foundation (2013)*
- Family Practice Stories Book ~ *Indiana AFP Foundation (2007)*
- Host Committee for the New Deal in Healthcare ~ *Maryland AFP Foundation (2008)*
- Maine Direct Care Partnership: Physician Outreach Initiative ~ *Maine AFP Foundation (2013)*
- Patient Centered Medical Home and ACO Implementation and Research ~ *Nebraska AFP (2013)*
- Patient Centered Primary Care Home Toolkit to Empower Family Physicians ~ *Oregon AFP (2013)*
- Patient Registry to Improve Patient Care ~ *New Jersey AFP (2008)*
- Physician Wellness Initiative ~ *New York State AFP (2014)*
- Primary Care Collaborative ~ *Colorado AFP Foundation (2014)*
- Primary Care Workforce Summit ~ *Wisconsin AFP (2012)*
- Provider Tools to Manage the Foreseen Family Physicians Shortage ~ *Nebraska AFP (2012)*
- Retired Physicians Network ~ *Arizona AFP (2008)*
- Social Media for Family Medicine Workshop ~ *Nebraska AFP (2012)*
- Social Media to Build Membership Value ~ *Kentucky AFP (2012)*
- Step Up to Your Game Conference ~ *Nebraska AFP (2010)*

## **PUBLIC HEALTH PROJECTS**

- Bust Big Tobacco Pilot Project ~ *Colorado AFP Foundation (2006)*
- Cancer Screening in Underserved & Disparate Populations ~ *New Jersey AFP (2011)*
- Cancer Screening Using Team-based Care ~ *Pennsylvania AFP Foundation (2014)*
- Diabetes Master Clinical Program Assessment ~ *Florida AFP (2007)*
- Diabetes Master Clinician Program: Pre-Diabetes Recognition/Prevention ~ *Florida AFP (2009)*
- Enhancing Quality of Care for COPD & Obesity ~ *Florida AFP Foundation (2007)*
- Factors Affecting Consumer Food Choices ~ *Florida AFP (2010)*
- Fit Family Challenge: Pediatric Obesity Intervention Pilot Project ~ *Colorado AFP (2013, 2014)*
- Hard Hats for Little Heads ~ *Michigan AFP (2010, 2011)*
- Hard Hats for Little Heads ~ *Texas AFP (2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)*
- Helping Hands Across Georgia ~ *Georgia Healthy Family Alliance (2013, 2014)*
- Improving Diabetes Care by the Family Physician Team ~ *Florida AFP (2011)*
- Improving Diabetes Outcomes ~ *New York State AFP (2011)*

- Improving Management of Chronic Pain ~ *New Jersey AFP (2009)*
- Incentives for Immunizations ~ *West Virginia AFP (2009)*
- Learning Collaborative Quality Data Integration ~ *Pennsylvania AFP Foundation (2014)*
- Medical Home Collaborative ~ *Idaho AFP (2011)*
- Medical Home Project ~ *Pennsylvania AFP (2006)*
- Mentored-PCMH Education and Support ~ *Oregon AFP (2009)*
- Mindful Medicine for Chronic Pain and Depression ~ *Minnesota AFP Foundation (2014)*
- PCMH: Family Medicine Leaders Transforming Healthcare ~ *Illinois AFP/IAFP Foundation (2010)*
- PCMH: Setting a Firm Financial Foundation ~ *Mississippi AFP (2009)*
- PDA Project: CME in Physicians' Hands ~ *Pennsylvania AFP Foundation (2009)*
- Physician Protocol for Weight Loss Counseling ~ *New York State AFP (2011)*
- Practice Improvement Network and PIN Hybrid Model ~ *Illinois AFP/ IAFP Foundation (2011, 2012)*
- Rotary Club Presentations: *Saving Lives/Saving Money* ~ *Oregon AFP (2013)*
- School-based Wellness Initiative ~ *Colorado AFP (2010)*
- Tar Wars ~ *Arizona AFP Foundation (2006)*
- Tar Wars ~ *Maryland AFP Foundation (2006)*
- Tar Wars ~ *Missouri AFP (2009)*
- Tar Wars ~ *Nebraska AFP Foundation (2007, 2008)*
- Tar Wars ~ *Nevada AFP (2010)*
- Tar Wars: Impact Campaign ~ *Louisiana AFP Foundation (2013)*
- Tar Wars: Rural ~ *Foundation of the Georgia AFP (2010)*
- Tar Wars: Sustaining ~ *Georgia Healthy Family Alliance (2012)*
- Teen Link ~ *Minnesota AFP Foundation (2008)*
- YWCA Youth Achievers Healthy Bodies Initiative ~ *Minnesota AFP Foundation (2006)*
- Working Effectively with Professional Interpreters ~ *Minnesota AFP Foundation (2009, 2010, 2011)*

#### **RESIDENT and/or STUDENT PROJECTS**

- Adopt an FMIG ~ *Illinois AFP Foundation (2007)*
- Advocacy Ambassadors ~ *California AFP & CAFP Foundation (2012)*
- Advocacy and Leadership Institute ~ *Louisiana AFP Foundation (2014)*
- Centering Pregnancy: Group Visits in Residency Education ~ *Kansas AFP Foundation (2010)*
- Chief Resident Workshop ~ *Ohio AFP (2013, 2014)*
- Clinical Camp Connection ~ *Pennsylvania AFP Foundation (2007, 2008)*
- Creating Relationships ~ *South Dakota AFP (2008)*
- Debt Management for Future Family Physicians ~ *Georgia AFP (2012)*
- Educating Residents about Employment Contracts ~ *North Carolina AFP (2012)*
- Employment Directory of Third-Year Residents ~ *New York State AFP Foundation (2014)*
- Faces In Family Medicine & FIFM 2.0 ~ *Kansas AFP Foundation (2008, 2011, 2012, 2013, 2014)*
- Fall Festival & Preparing for Residency ~ *Illinois AFP & IAFP Foundation (2008, 2009, 2010)*
- Family Care Tract Program ~ *Maryland AFP Foundation (2010)*
- Family Medicine Chief Resident Leadership Development Workshop ~ *Louisiana AFP (2012)*
- Family Medicine Educational Opportunities ~ *Alaska AFP (2010)*
- Family Medicine Externships ~ *North Carolina AFP Foundation (2007)*
- Family Medicine Forum/Summit Conference for Residents and Students ~ *Florida AFP (2012, 2013)*
- Family Medicine Interest Group Adolescent Health Initiative ~ *Georgia AFP (2011)*
- Family Medicine Interest Group Convening ~ *California AFP Foundation (2007, 2009)*
- Family Medicine Interest Group Funding ~ *North Dakota AFP (2009, 2012)*
- Family Medicine Interest Group PCMH Lectures ~ *Foundation of the Georgia AFP (2009)*
- Family Medicine Interest Group Programming Bureau ~ *Georgia AFP (2010)*
- Family Medicine Matters ~ *Minnesota AFP Foundation (2011, 2012)*
- Family Medicine Midwest Conference ~ *Family Medicine Midwest Collaborative (2011, 2012)*
- Family Medicine Residents Medical Jeopardy Competition ~ *Iowa AFP (2011)*
- Family Medicine Summit for Students and Residents ~ *California AFP & CAFP Foundation (2012)*

- Future Faces of Family Medicine ~ *California AFP (2011, 2013)*
- Future in Family Medicine Spring Fling ~ *Mississippi AFP (2014)*
- Future of Family Medicine ~ *Louisiana AFP Foundation (2014)*
- Future of Family Medicine State Conference ~ *Michigan AFP Foundation (2013)*
- Getting High School Students Excited About Family Medicine ~ *South Dakota AFP (2012)*
- Healer's Art: Nurturing Service in Medical Education ~ *Wisconsin AFP Foundation (2006)*
- Innovations in Medical Education: Teaching the PCMH Philosophy ~ *California AFP (2010)*
- Integrating Group Prenatal Visits into Family Medicine Curriculum ~ *Rhode Island AFP (2014)*
- It's All About Medical Students All Year Long ~ *South Dakota AFP (2010)*
- Medical Encounters ~ *Mississippi AFP Foundation (2010)*
- Medical School Initiative ~ *Florida AFP (2007)*
- Medical School Interest Fund ~ *Minnesota AFP (2007)*
- Medical Student Legislative & Teaching Project ~ *South Dakota AFP (2012)*
- Medical Student Support ~ *Arizona AFP Foundation (2007)*
- National Conference: Scholarships ~ *Kansas AFP Foundation (2007)*
- National Conference: Scholarships ~ *New Mexico AFP (2011)*
- National Conference: Scholarships ~ *Pennsylvania AFP Foundation (2007, 2008, 2009)*
- National Conference: Supporting Students ~ *Wisconsin AFP & AFP Foundation (2012, 2014)*
- North Central States Family Medicine Consortium (see Family Medicine Midwest Conference) ~ *Illinois AFP & IAFP Foundation (2011)*
- Pathway to Medical School ~ *Foundation of the Georgia AFP (2008)*
- Pathway to Medical School Alumni Connectivity Initiative ~ *Foundation of the Georgia AFP (2011)*
- Platt Summer Fellowship ~ *Delaware AFP Research & Education Foundation (2012)*
- Practice Management for Family Practice Residents ~ *California AFP (2008)*
- Preceptorship Program, Leroy A. Rodgers, MD ~ *Ohio AFP Foundation (2006, 2007, 2008, 2010, 2011, 2012, 2013, 2014)*
- Quiz Bowl and Poster Contest ~ *Kentucky AFP (2009)*
- Recruitment & Retention Conference ~ *Virginia AFP (2013)*
- Residency Leadership Consortium ~ *California AFP Foundation (2011, 2013)*
- Resident & Medical Student Annual Meeting (RAMS) ~ *Nebraska AFP (2014)*
- Resident & Student Poster Contest ~ *Kansas AFP Foundation (2006, 2008)*
- Resident & Student Poster Contest ~ *Foundation of the Georgia AFP (2009)*
- Resident & Student Procedures Workshop ~ *Arizona AFP (2010)*
- Resident and Student Research at State Scientific Assembly ~ *Tennessee AFP (2013)*
- Resident Day ~ *Maine AFP (2008)*
- Resident Research Grant Awards ~ *Minnesota AFP Foundation (2010, 2011, 2012)*
- Resident Roundup ~ *Illinois AFP Foundation (2008)*
- Resident Track: Annual Clinical Education Conference ~ *Iowa AFP (2012)*
- Residents Emerge As Leaders (REAL) ~ *Kansas AFP Foundation (2012)*
- Residents Practice Conference ~ *Arizona AFP (2008)*
- Rural Family Medicine Exposure for Medical Students ~ *North Carolina AFP Foundation (2013, 2014)*
- Rural Internship Program ~ *Nevada AFP Foundation (2012)*
- Speed Dating for an Employer ~ *West Virginia AFP (2010)*
- State Conference (Louisiana) Family Medicine Students and Residents ~ *Louisiana AFP (2010, 2011)*
- State Conference (Texas) Family Medicine Residents and Students ~ *Texas AFP (2008, 2009, 2010, 2011)*
- Student & Resident Clinical Educational Series Mini-Track ~ *Pennsylvania AFP Foundation (2009)*
- Student & Resident Leaders ~ *Wisconsin AFP Foundation (2009)*
- Student & Resident Quest ~ *South Dakota AFP (2007)*
- Student Interest Initiative: Procedure Day ~ *Indiana AFP Foundation (2007)*
- Student Track at Annual Meeting: Latex to Laryngoscopy ~ *Kansas AFP Foundation (2010, 2012, 2013, 2014)*
- Summer Extern Program: Learning to Care, Advocate, and Lead ~ *Wisconsin AFP Foundation (2014)*
- Survival Boot Camp ~ *New Jersey AFP Foundation (2010)*
- Telling Family Medicine's Story ~ *California AFP & CAFP Foundation (2011)*
- Winter Weekend & Scientific Assembly ~ *New York State AFP (2010)*