

**Department of Family Medicine and Community Health
University of Massachusetts Medical School
UMass Memorial Health Care
Worcester, Massachusetts
October, 2009**

Our Vision:

Our Department will be nationally recognized for its innovation and impact in Family Medicine and Community Health

Our Mission:

Our Department sets the highest standards of patient care, education, and research in Family Medicine and in Community Health, and is committed to improving the health of populations, with special emphasis on those most vulnerable

Our Values:

- **Advocacy**
- **Collaboration**
- **Commitment**
- **Innovation**
- **Professional growth**

Priority Area #1: Department Organization and Culture

Goal: We will be a highly functioning academic and clinical Department

Objective 1: The Department's leadership and management infrastructure will be mission-driven, aligning planning and implementation, clarifying expectations, and supporting a culture of innovation and professional growth

Strategies:

- 1.1 We will achieve our goals for education, clinical services, research and community health in an integrated fashion.
- 1.2 We will foster collaboration, communication, personal and professional development, reflection, and mentorship.
- 1.3 We will develop formal systems to capture and institutionalize reflection and ongoing learning about our disciplines and our practices.
- 1.4 Responsibility and accountability for our goals and objectives will be shared across our leadership, stressing proactive problem solving and transparent decision-making.
- 1.5 We will develop the Department's next generation of leaders.

Objective 2: We will foster meaningful and productive academic/service relationships, including enhanced relationships with our parent institutions, with UMass Commonwealth Medicine, and with external partners

Strategies:

- 2.1 We will continue to make significant leadership contributions to UMass Medical School, UMass Memorial Health Care, and Commonwealth Medicine.
- 2.2 We will continue to make significant leadership contributions within the Commonwealth of Massachusetts, as well as through our national professional organizations.
- 2.3 We will continue to seek out opportunities to develop academic/service collaborations with external partners, with special emphasis on Community Health Centers and local and state health departments.

Objective 3: We will serve as advocates for our patients, our communities, and our disciplines as we ensure meaningful incorporation of primary care and the role of communities into the strategies of our parent institutions

Strategies:

- 3.1 We will emphasize the roles of community service, advocacy, and leadership in each of our programs.
- 3.2 We will emphasize strategies for caring for vulnerable populations in each of our programs.
- 3.3 We will play a leadership role in the UMass Center for the Advancement of Primary Care

Objective 4: We will expand and diversify our funding base

Strategies:

- 4.1 We will enhance our capacity to generate grants and other funding opportunities.
- 4.2 We will initiate a development effort.

Priority Area #2: Education

Goal: The Department will be a leading resource for meeting the primary care and public health workforce needs of the Commonwealth of Massachusetts

Objective 1: We will train clinically competent, patient-centered, and community-responsive clinicians and public health professionals to provide quality health care services to diverse populations

Objective 2: Our training programs will be based in clinical and community settings that reflect the health care needs of the Commonwealth, with emphasis on training for shortage area practice

Programmatic Goals

- A. **Our predoctoral training programs** will ensure that all medical students graduate with a firm grounding in the principles of Family Medicine and of Community Health, and will include innovative curricula related to serving underserved populations

Strategies:

- a. Our Family Medicine programs will expose students to Family Medicine role models and will foster student interest in pursuing Family Medicine as a career choice.
- b. The Community Health Clerkship will evolve into a robust longitudinal community health curriculum.
- c. Our faculty will continue to make substantive contributions to courses in Population Health and Epidemiology, emphasizing the determinants of health for individuals and populations and the relationship between communities, cultures and health care systems.
- d. Department faculty will have active roles in the LInC redesign, including serving as advisors for the 'Capstone' requirement.

- B. **Our Family Medicine Clerkship** will occur in dynamic teaching practices that are exemplary models for the provision of Family Medicine.

Strategies:

- a. We will expand our community-based training sites to give students a larger variety of locations and opportunities.
- b. We will enhance our Family Health Centers and other select sites as model teaching practices that accommodate larger student cohorts.
- c. Our faculty will serve as role models, equipped with efficient precepting skills and career counseling expertise.

- C. **Our Family Medicine Residencies** will be highly competitive, and will attract and sustain a diverse group of learners within supportive and innovative learning environments.

Strategies:

- a. Our residencies will emphasize the unique features of each Family Health Center, and will reflect them in recruitment and curriculum development.
 - b. We will provide supportive and learner- centered teaching environments that allow learners to develop their priorities and reach their goals.
 - c. We will be proactive in the development of innovative learner strategies and curricular enhancements that respond to program and resident needs.
 - d. We will attract, retain, and support expert, passionate faculty.
- D. **Our Sports Medicine Fellowship** will be a regional and national leader in the field of Primary Care Sports Medicine through education, research, clinical services, and community outreach.

Strategies:

- a. We will recruit top level regional and national applicants to the fellowship program through national exposure of academic projects by UMass Sports Medicine Fellowship faculty.
 - b. We will expand educational opportunities throughout the UMass predoctoral and residency programs as a way to enhance training of future primary care providers in sports medicine as well as potential future primary care sports medicine fellows.
 - c. We will expand integration of Primary Care Sports Medicine with Orthopedic Sports Medicine for the improvement of sports medicine services and academic productivity.
- E. **Our General Practice Residency in Dentistry** will be highly competitive and attractive to a diverse group of learners with an interest in serving in public health settings.

Strategies:

- a. We will further develop our collaborative relationship with dental faculty based at Family Health Center of Worcester.
 - b. We will recruit additional community preceptors and a hospital dentist to assist in fulfilling dental service and educational responsibilities.
- F. **Our Preventive Medicine Residency** will prepare primary care physicians to assume leadership positions in public health and preventive medicine.

Strategies:

- a. The Preventive Medicine residency will be highly competitive and attractive to learners from diverse backgrounds.
 - b. The residency will be integrated with other departmental activities.
- G. **The Worcester-based MPH Program** will prepare health care professionals and medical students for careers and leadership positions in public health and community health.

Strategies:

- a. The program will implement a 5-year MD MPH program for UMass medical students.

- b. The program will continue to enhance both classroom-based and on-line curricula to attract a diverse array of health care professionals interested in population-based approaches to improving health care.

H. **Our Behavioral Science Program** will be a national model for training medical and psychological providers to offer excellent behavioral health services in primary care.

Strategies:

- a. Our Behavioral Health Fellowship will achieve APA accreditation
- b. Our Certification Program will be nationally recognized as a validated credential for an Integrated Behavioral Health Specialist.

I. **Departmental CME offerings** will support local practice improvement and be recognized nationally for innovative lifelong learning practices.

Strategies:

- a. We will enhance programs that assist Family Physicians to maintain their ABFM certification.
- b. Our Grand Rounds will be accessible to our geographically-dispersed learners and faculty.

J. **Faculty development activities** will be coupled with the recruitment of new community-based preceptors and will focus on training and supporting expert teachers and excellent role models.

Strategies:

- a. We will offer multiple faculty development opportunities each year that are convenient and accessible, assisting the faculty to continuously enhance their academic skills.
- b. Our mentorship programs will foster the professional growth of the faculty.

Priority Area #3: Clinical Service

Goal: The Department will promote and provide innovative, high quality, evidence-based clinical care delivered to diverse communities

Objective 1: We will recruit and retain a Family Medicine workforce of a size and breadth to meet the needs of the diverse community of central Massachusetts

Strategies:

- 1.1 We will provide a variety of attractive clinical and academic opportunities for Family Physicians which will inspire them to succeed in their professional goals.
- 1.2 We will enhance our cooperative relationships with community health centers and other agencies that serve vulnerable populations, emphasizing the unique perspective that Family Physicians bring to these settings.

Objective 2: We will support innovative systems and programs that support all Department practices in the care of patients across the entire spectrum of clinical settings

Strategies:

- 2.1 We will ensure all practices access to the "full basket" of services provided by family physicians by implementing systems that facilitate care across the clinical spectrum, such as after-hours/acute care, hospital care of adults, children and laboring women, and long term care.
- 2.2 We will encourage and support members of our practice community who develop areas of expertise that complement or enhance the "full basket" of services, such as maternal/child health, office-based procedures, addiction medicine, geriatrics, sports medicine, and integrated primary care

Objective 3: We will implement practice improvements that increase the satisfaction of physicians and patients and improve quality and effectiveness

Strategies:

- 3.1 We will incorporate transformative practice redesign that is based on the precepts of the patient-centered medical home.
- 3.2 We will support practice innovations that broaden and evolve the scope of family medicine clinical services that are responsive to population needs.

Objective 4: We will apply methods for the creation, measurement, and maintenance of a clinically superior healthcare workforce

Strategies:

- 4.1 We will implement methods by which our members can maintain, enhance and demonstrate their clinical expertise.
- 4.2 We will foster a culture that inspires every clinician to participate in quality improvement activity.
- 4.3 We will develop a communication infrastructure that facilitates the spread of exemplary practices.

- 4.4 We will assess and implement incentives that sustain the provision of premier quality care.

Objective 5: We will cultivate and encourage integration of clinical teaching in all of our practices as part of the culture of the department

Strategies:

- 5.1 We will support the spread of clinical teaching into our community practices.
- 5.2 Our faculty will be expert at integrating the teaching of medical students into their clinical practices.
- 5.3 We will develop “model teaching practices” with facilities and resources that can host a compliment of medical students and other learners.

Priority Area #4: Community Health

Goal: The Department will distinguish itself and be recognized nationally for integrating community health into family medicine practice, training, and scholarship.

Objective 1: We will serve as an academic partner with community agencies and public health entities in the development of community-responsive services to improve health equity and reduce health care disparities

Strategies:

- 1.1 We will provide measures of health outcomes to our practices and our partners.
- 1.2 We will work with UMass Memorial Health Care and UMass Medical School to collaborate with central Massachusetts health departments, strengthening efforts to improve the health of central Massachusetts communities.
- 1.3 We will work in true partnership with the community to create healthy communities.

Objective 2: We will integrate training in population health concepts and the application of community health strategies within clinical practice as we create patient-centered medical homes

Strategies:

- 2.1 We will develop web-based practice tools to disseminate existing population health data and outcomes within the communities where we train and practice.
- 2.2 We will strengthen community health training along the continuum of education from predoctoral to faculty development, with particular emphasis on service-learning, advocacy and community engagement.
- 2.3 We will expand global health initiatives and training, with emphasis on care to populations, cultural immersion and language training.

Objective 3: We will serve as an academic partner for Commonwealth Medicine to establish and evaluate innovative and sustainable models of health care for diverse and vulnerable populations

Strategies:

- 3.1 We will develop an expanded academic relationship with community health centers in conjunction with the Massachusetts League of Community Health Centers.
- 3.2 We will partner with the MassAHEC Network, Massachusetts Department of Public Health, and the Massachusetts League of Community Health Centers to obtain, collect, and analyze data related to the Commonwealth's clinician workforce.
- 3.3 We will develop and host an academic consortium for correctional health.

Priority Area #5: Research

Goal: The Department will increase its national recognition for its research focused on health promotion and disease prevention and on innovative approaches to delivering evidence-based practice in primary care, with a particular focus on eliminating socioeconomic and racial health disparities.

Objective 1: The Department's core research faculty will formally organize as a Research Group on Primary Care Quality, Access and Outcomes that will expand the productivity, visibility, and relevance of its research

Strategies:

- 1.1 We will establish high functioning research teams of department investigators focused on thematic areas that build on Department strengths and priorities.
- 1.2 We will develop activities and materials that promote the Research Group internally and externally.

Objective 2: Working with community practices and partners, Medical School departments and Commonwealth Medicine, we will enhance our approaches to research collaboration that are bidirectional and responsive to community priorities

Strategies:

- 2.1 Our collaboration with community partners will be built on bidirectional and equitable relationships that foster research that is relevant and improves community health.
- 2.2 We will utilize the Department's Practice-Based Research Network as a primary vehicle for practice-based research.
- 2.3 Our partnerships at the medical school, including Commonwealth Medicine, the Department of Quantitative Health Science, the Prevention Research Center, and the Meyers Primary Care Institute, will be organized to enhance community-engaged research.
- 2.4 We will develop an expanded research agenda that builds on our strong relationship with the Massachusetts League of Community Health Centers.

Objective 3: We will enhance the scholarly environment across the Department through strengthened efforts in the residencies, fellowships, and at each of our health centers

Strategies:

- 3.1 We will enhance the Department's infrastructure to support expanded scholarly opportunity and productivity for the clinical faculty.
- 3.2 We will strengthen scholarship within our Family Medicine residencies by implementing faculty-mentored, longitudinal quality improvement projects for each resident.
- 3.3 We will strengthen the integration between our Preventive Medicine residency and our research faculty to enhance the breadth of Preventive Medicine resident projects and to support Departmental research.