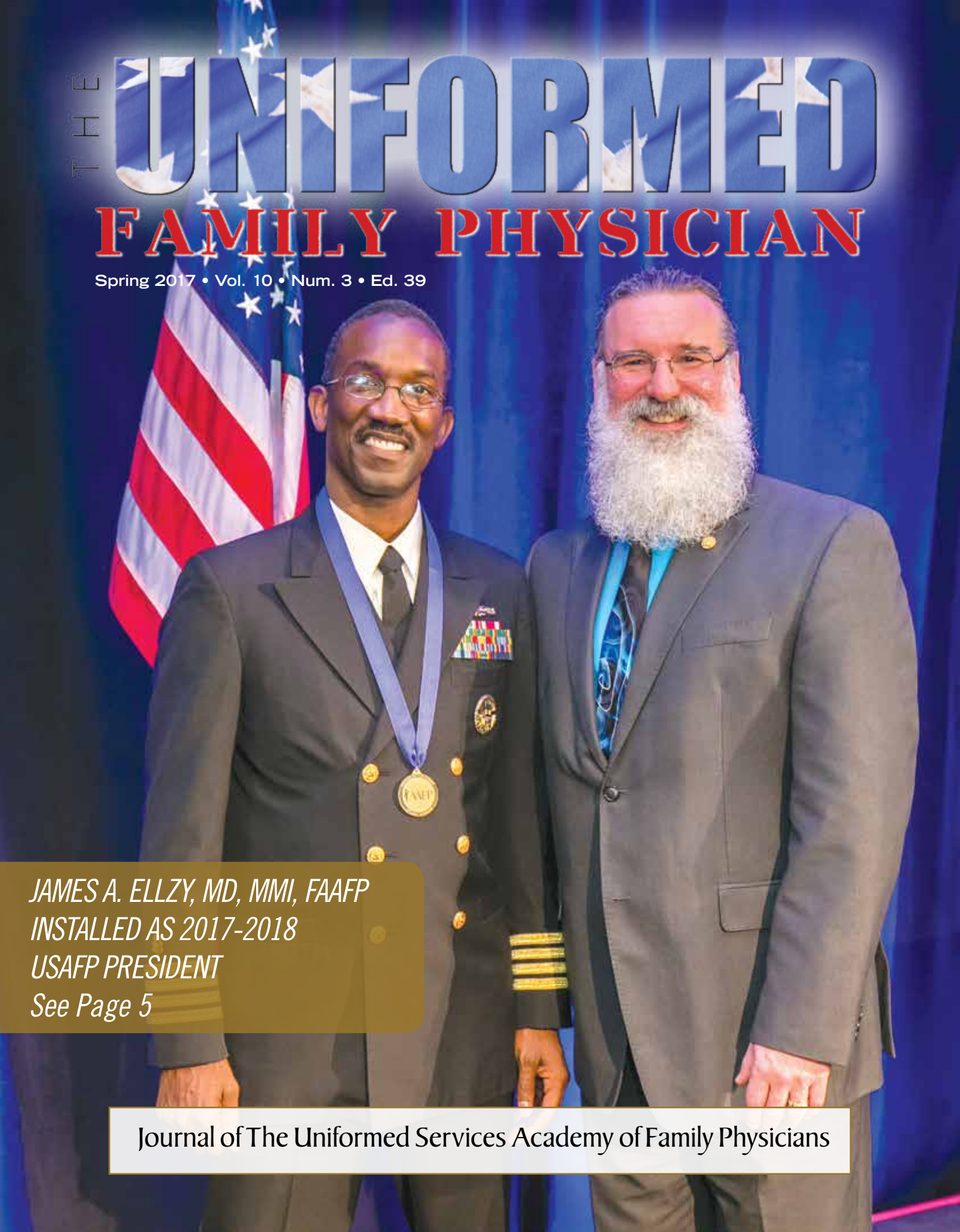

THE UNIFORMED FAMILY PHYSICIAN

Spring 2017 • Vol. 10 • Num. 3 • Ed. 39

JAMES A. ELLZY, MD, MMI, FAAFP INSTALLED AS 2017-2018 USAFP PRESIDENT

See Page 5

Journal of The Uniformed Services Academy of Family Physicians

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VISION

The USAFP will be the premier professional home to enhance the practice and experience of current and future Uniformed Family Physicians.

MISSION

The mission of the USAFP is to support and develop Uniformed Family Physicians as we advance health through education, scholarship, readiness, advocacy, and leadership.

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Edition 39

your academy leaders

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president's message

JAMES A. ELLZY, MD, FAAFP

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I want to share most of my speech from the annual meeting in this quarter's presidential corner:

A hearty thank you to the members of the USAFP for selecting me as Physician of the Year…I am humbled. Also, thank you for the opportunity to serve you as your president.

After the board meeting last September, I thought about what I wanted to emphasize this year. I settled on "we're all in this together." Some enablers of this are investment, instruction, inspiration and involvement.

The mission of the USAFP is to support and develop uniformed family physicians as we advance health through education, scholarship, readiness, advocacy and leadership. I see hints of my enablers in this mission: investment [support and develop]; instruction [education and scholarship]; inspiration [advance health]; and involvement [readiness, advocacy and leadership].

We are in this together. You may have noticed I'm putting my money where my mouth is by including the PHS as a 2018 Annual Meeting co-chair. I encourage us all to be more inclusive. This can only help us with our vision for the USAFP to be the premier professional home to enhance the practice and experience of current and future uniformed family physicians. Again…thank you.

James A. Ellzy, MD, MMI, FAAFP Installed as 2017-2018 USAFP President

Over 500 attendees took part in the 2017 Installation of USAFP Officers and Directors on Wednesday, 8 March at the Westin Seattle Hotel in Seattle, WA. AAFP Past President Reid B. Blackwelder, MD, FAAFP installed 2017-2018 USAFP President James A. Ellzy, MD, MMI, FAAFP and the other Officers and Directors of the USAFP Board of Directors during the luncheon.

Dr. Ellzy is pictured with AAFP Past President Reid Blackwelder, MD, FAAFP taking his oath of office to become President of the USAFP.

Dr. Blackwelder installs the 2017-2018 USAFP Board of Directors
Pictured left to right are Sean M. Simmons, MD, Navy Resident Director; Noel Dunn, MD, Army Resident Director; Anna Christensen, MD, Air Force Resident Director; Christopher C. Ledford, MD, Air Force Director; Christopher E. Jonas, DO, FAAFP, Vice President; Douglas M. Maurer, DO, MPH, FAAFP, President-Elect; Edwin A. Farnell, MD, FAAFP, Army Director; Leo A. Carney, DO, FAAFP, Navy Director; James D. Warner, MD, Public Health Service Director.

Christopher E. Jonas, DO, FAAFP
jonaschris@hotmail.com

editor's voice

CHRISTOPHER E. JONAS, DO, FAAFP

Our Unique Professional Trust

From 2009-2013, the Pew Research Center conducted a fascinating study of 4,006 adults nationwide on trust for professions. In this survey, participants were asked to provide their "perception of the contribution to society" of several vocations. Included were: lawyers, business executives, journalists, artists, clergy, scientists, engineers, teachers, medical doctors and the military. Of all professions ranked, the military received the highest score at 78% and medical doctors came in 3rd at 66%. It is important to note that both the military and physicians stumbled a bit from their early 2009 scores of 84% and 69%, respectively.[1] In 2016, the study was similarly repeated but focused on the public's "confidence in a profession to act in the best interest of the public" and included a few more vocations. Can you guess what was found? You are correct if you placed medical scientists first (84%) and the military second (76%).[2]

One need not be a statistician to realize that a very special level of societal trust emerges when an individual is BOTH a uniformed officer AND a physician. Indeed, Uniformed Physician is the singular profession occupying two of the top 3 spots in both Pew studies (depending on your definition of medical scientist). Further, since Family Medicine is the largest uniformed medical specialty, it is no stretch to say we enjoy a heroic endowment of the public's trust. And yet, it is humbling to realize that we have slipped a bit. Naturally, we wonder how we can repair this slight backslide and maintain our unmatched professional trust. The answers come through study of how this trust was accumulated.

Countless examples demonstrate that our heritage of trust was built upon profound personal and familial sacrifices offered by unassuming Uniformed Family Physicians who have worked tirelessly to obtain and maintain competence and delivered trusted medical advice in carefully titrated candor. Our Uniformed Family Physician predecessors earned trust not by their word alone but through selfless actions including: voluntarily wearing the same uniforms and conforming to the same personal standards and oaths as their patients. Additionally, personal comforts and political preferences dissolved beneath service and dedication to medical oaths- dispensed one patient at a time over countless years. Soldiers, Sailors, Airmen, Marines, Public Health Servants and Coastguardsmen/women have always summoned greater courage to deploy worldwide, because they have always trusted that "the doc has my back." Past USAFP members have served as the ultimate team physicians, willing to make the "ultimate house call:" actually going WITH their patients into harm's way on sea, land or air to care for them and their families. What other medical profession does that?! Our heritage of trust monumentally defines "cradle to grave care." To those who have built this, thank you!

For those of us now serving, the question and obligation is, what can we do to continue this incredible trust and build upon it? The first answer is by placing greater value on the currency of our trust. Uniformed Family Medicine is difficult sometimes as no specialty includes greater depth or breadth. Amidst our daily challenges, we may lose sight of our premier standing among all professions. At times each of us has no doubt wished for a better medical record or assignment, a better boss or subordinate, better technicians or some other efficiency modalities, and look to some future

HAVE AN ARTICLE YOU WOULD LIKE TO SUBMIT IN THE UNIFORMED FAMILY PHYSICIAN? PLEASE SEE THE INSTRUCTIONS FOR ARTICLES AT WWW.USAFP.ORG/ABOUT-USAFP/UNIFORMED-FAMILY-PHYSICIAN-NEWSLETTER/

date, accomplishment or state of being that will bring us greater meaning or happiness. On particularly difficult days, all of us have searched to see what our benefits might be if we entered civilian practice. No doubt there are countless tremendous compensations available anywhere for Family Physicians. For the Uniformed Family Physician, however, trust has always been the only real currency patients offer us directly. There is simply no compensation quite like it! No matter how long one serves in uniform, that unspoken trust always retains its value and expands with time. Do we consider this enough in our spectrum of desires? I admit, there have been times I didn't appreciate it nearly enough. Maybe you are the same?

The quote by George McDonald has relevance, "to be trusted is a greater compliment than being loved." Each of us can derive added personal value from the trust placed in us as Uniformed Family Physicians. While we may see 20+ patients in a single day, each of those 20+ patients will likely only see one doctor that day, "their Family Doctor." Because of our heritage of trust, most patients hang on our words as if they are a literal infusion of hope and confidence. What a remarkable moment it is when our patients return from seeing a secondary care physician to ask "their doctor" what they should do! How do we place exact value on the hard earned trust of an adolescent, an OB patient, a battlefield warrior or the elderly? As we battle the daily grind, perhaps appreciating and maintaining trust through our own acts of humility and conscientiousness can remedy some of what afflicts us.

In our daily practices, might we consider carefully some of the following questions: "Do my patients and colleagues trust me?" "Have I thanked a patient for trusting me with their care?" "Have I done something today to build and maintain the special trust granted me as an officer AND physician?" "Do patients trust uniformed medicine more or less because of my behavior and care of them and their families?" "Did I recognize that extraordinary compliment of trust granted me when another physician asked me to care for their family member?"

USAFP colleagues and friends, I extend to you my warmest greetings and commit this USAFP Newsletter to your trust, as its editor. In it are several principles to help us build and maintain the trust of our patients and society. It is my hope that each article will assist all of us in building and maintaining our unique professional trust as Uniformed Family Physicians. It is a profound professional honor to serve with you.

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1. http://www.pewforum.org/2013/07/11/public-esteem-for-military-still-high/
2. http://www.pewresearch.org/fact-tank/2016/10/18/most-americans-trust-the-military-and-scientists-to-act-in-the-publics-interest/
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2017 USAFP Annual Meeting & Exposition

Over 530 family physicians and other health care professionals attended the 2017 USAFP Annual Meeting & Exposition at the Westin Seattle Hotel in Seattle, Washington. The photos and comments show the success of the conference!

- *Great conference as always. Love the app.*
- *Overall, this was excellent.*
- *The schedule was great, good diversity of topics, that I believe are applicable. Thank you.*
- *Thanks for a fantastic conference!!!!*
- *Wonderful conference... one of my favorites ever. Thanks !*
- *Overall very good lectures and speakers and excellent location.*
- *Love the new app!!!*
- *As a first-time attendee, I can honestly say it was an awesome experience! I hope to stay involved and attend future conferences.*
- *Great meeting. Love the meeting app! Great breakfasts.*
- *Overall, this was a fantastic USAFP conference, one of the best I have been to. Great speakers/presentations, good duration of presentations (i.e., not too long), good variety, great food, great location. Thanks for everyone's work on it!*














Clinical Pharmacology Fellowship Program

Clinical Pharmacology Fellowship

What is Clinical Pharmacology?

Clinical Pharmacology is concerned with better the understanding and use of existing drugs, and development of more effective and safer drugs for the future. Clinical Pharmacology allows one to stand between the research lab and the bedside, in a unique position to translate laboratory research Into new drug therapies. Clinical pharmacologists are a bridge between the science and practice of medicine.

Who can apply for the Fellowship?

The Clinical Pharmacology training program is available to active duty Army physicians who are board eligible/certified in a primary specialty and active duty Army PhDs/ PharmDs (71A, 71B, or 67E) who have a doctoral degree in one of the life or medical sciences from an accredited academic institution in the United States, Canada, or non-U.S. degree equivalent. A research background, mathematical inclination, and pharmacology/medical experience is preferred. Civilians could be considered if they joined the Army and successfully compete for a position in the program.

Additional activities include:

- Conduct laboratory, animal, or clinical research under the supervision of a mentor
- Participate in the teaching of Clinical Pharmacology to medical students, house staff, and practicing physicians
- Three month rotation with a review division at the FDA
- Participate in continuing medical education, research seminars, and journal clubs

Potential Job Assignments

- WRAIR (Silver Spring, MD)
- USU (Bethesda, MD)
- Overseas labs (Thailand, Kenya)
- USAMMDA (Ft. Detrick, MD)
- USAMRIID (Ft. Detrick, MD)
- USAMRICD (Aberdeen Proving Ground, MD)

Walter Reed Army Institute of Research
http://wrair-www.army.mil

Contact: LTC Jeffrey Livezey, MD,
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Uniformed Services University
http://ushus.mil

Contact: Louis Cantilena, MD, PhD
lcantilena@usuhs.mil

A Special Thank You to the 2017 USAFP Annual Meeting Exhibiting Organizations

The following organizations exhibited their products and services at the 2017 USAFP Annual Meeting. The Academy is fortunate to have such great support from these organizations.

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Brymill Cryogenic Systems
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RiverStone Health
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Shoreland
SonoSim, Inc.
Tennessee Rural Partnership
Teva Pharmaceuticals
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Thermo Fisher Scientific
TriHealth Physician Partners
Tri-Service Workflow
UNC Faculty Development Fellowship
UW Family Medicine Residency Network
WVP Health Authority, Salem, Oregon
Yakima Valley Farm Workers Clinic

A Special Thank You to the 2017 Annual Meeting Sponsors
The significant support of these organizations is greatly appreciated by the Uniformed Services Academy of Family Physicians

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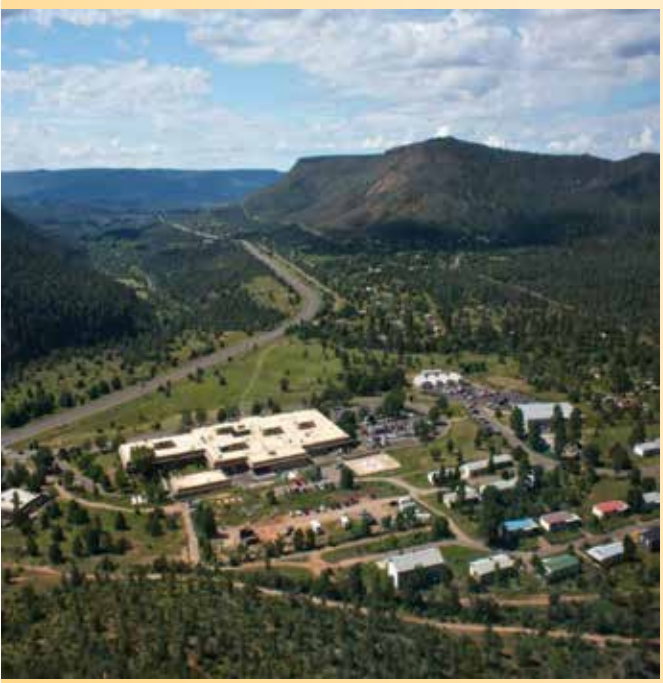

- Relocate to the beautiful mountain resort community of Pinetop, Arizona, located within the largest contiguous ponderosa pine forest in the world with over 180 miles of developed hiking, mountain biking, and cross-country skiing trails throughout the community
- Opportunity to practice full-spectrum medicine if desired, to include ER, urgent care, low-risk OB, inpatient and outpatient medicine
- Alpine skiing and snowboarding only 36 miles away; three 18-hole courses in Pinetop and an additional four courses within 20 miles in nearby Show Low, AZ
- Wonderful four season climate with sunshine more that 70% of the time year-round
- Openings include both federal civil servant positions as well as positions for uniformed officers of the Public Health Service Corps
- Military physicians, FNPs and PA's have the opportunity to transfer services and retain active duty benefits, to include 20 year retirement, TSP, loan repayment, Tricare, access to military base lodging, recreational facilities and space-A flights; for compensation questions: *http://www.usphs.gov/profession/physician/compensation.aspx*

2017 Academy Awards

CONGRATULATIONS TO THE 2017 FAMILY PHYSICIAN OF THE YEAR AWARD RECIPIENT

Michael J. Scotti, MD Family Physician of the Year

James A. Ellzy, MD, MMI, FAAFP; CAPT, MC, USN

Dr. Ellzy's award reads as follows: "In recognition for your continued service to patients, the Uniformed Services and the USAFP. Your leadership ability and clinical acumen not only led to enhanced patient care within the MHS but laid the groundwork for future generations of physicians for decades to come. Your proven ability to see the "big picture" without losing site of the importance of the patient is unparalleled. You exemplify the tradition of a truly outstanding military family physician and your efforts reflect great credit on you, the Uniformed Services Academy of Family Physicians and the Specialty of Family Medicine."

Dr. Ellzy is pictured with 2016-2017 President Christopher P. Paulson, MD, FAAFP

CONGRATULATIONS TO THE 2017 OPERATIONAL MEDICINE AWARD RECIPIENT

Operational Medicine

Jeffrey L. Kinard, DO; Capt, MC, USAF

Dr. Kinard's award reads as follows: "In recognition of your operational accomplishments while advocating for aviation safety and your leadership roles as a Flight Surgeon in training our allies on unique medical aspects. Serving your patients at home and on numerous deployments, you provided excellent primary care to service members and their families. You are to be commended for excelling within the operational medicine community while continuing to advance the specialty of Family Medicine. Your outstanding accomplishments and dedication reflects great credit on you, the Uniformed Services Academy of Family Physicians and the Specialty of Family Medicine."

Dr. Kinard receiving his award from 2016-2017 President Christopher P. Paulson, MD, FAAFP

CONGRATULATIONS TO THE 2016 OPERATIONAL MEDICINE AWARD RECIPIENT

(Dr. Fandre was deployed in 2016 and unable to attend the USAFP Annual Meeting. He was recognized this year and presented with the award.)

Operational Medicine

Matthew N. Fandre, MD, FAAFP; LTC, MC, USA

Dr. Fandre's award reads as follows: "In recognition and deep appreciation of your past and present contribution to the art of operational medicine. You readily traversed the spectrum of Family Medicine from the clinic, to the "tip of the spear" on the battlefield and from MEDCOM staff to successive contingency deployments with national policy implications. Serving dual roles as the Surgeon of the Screaming Eagles 2700 and the Joint Forces Command Surgeon for Operation United Assistance in Liberia, your leadership and response to the ebola virus pandemic decimating Western Africa and threatening global spread was unparalleled. Your outstanding accomplishments, expertise and dedication reflect great credit on you, the Uniformed Services Academy of Family Physicians and the Specialty of Family Medicine."

Dr. Fandre is pictured with 2016-2017 President Christopher P. Paulson, MD, FAAFP

CONGRATULATIONS TO THOSE PHYSICIANS THAT RECEIVED PRESIDENTS' AWARDS FROM 2016-2017 PRESIDENT CHRISTOPHER P. PAULSON, MD, FAAFP

President's Award

Christopher C. Ledford, MD; Lt Col, MC, USAF & Jeanmarie B. Rey, MD; Maj, MC, USAF

Dr. Ledford's and Dr. Rey's awards read as follows: "In recognition of your dedication and outstanding service to the Uniformed Services Academy of Family Physicians as Program Co-Chair for the 2017 Annual Meeting in Seattle. Your innovative and comprehensive program focused on the theme "Learn SERVE Lead" met the educational and professional needs of our diverse membership. Through your tireless effort, you have helped your friends and colleagues in all services to grow as clinicians and leaders."

Pictured from left to right is 2017 Program Co-Chair Christopher C. Ledford, MD, 2016-2017 President Christopher P. Paulson, MD, FAAFP and 2017 Program Co-Chair Jeanmarie B. Rey, MD.

President's Award

Anthony I. Beutler, MD, FAAFP; Col, MC, USAF & Dianne E. Reamy, RN

Dr. Beutler's and Ms. Reamy's awards read as follows: "In deep appreciation of your dedication and commitment to the successes of the Uniformed Services Academy of Family Physicians Research Program. Your leadership and vision to create new avenues for research continues to elevate this scholarly activity within the Academy and nationally to the highest levels. Your exceptional service and unwavering devotion to the USAFP are remarkable. Your efforts and passion are a testimony to the ongoing achievements and prominence of Family Medicine research."

Pictured from left to right is 2016-2017 President Christopher P. Paulson, MD, FAAFP, Dianne E. Reamy, RN & Anthony I. Beutler, MD, FAAFP

consultant report

ARMY

Shawn Kane, MD
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Happy Spring everyone!!

My apologies for not making it to the USAFP Annual Meeting, I had too many work commitments that could not be rearranged. I extend a special thanks to Josh Will, DO for filling in for me during the service-specific breakout. I have heard it was a great meeting (as usual) and look forward to our next meeting in Jacksonville.

There are lots of changes and even more challenges ahead in Army family medicine! Isn't it ironic, that every time we assume things will slow down and get easier things actually get more hectic or at least remain hectic?

Everyone wants Family Medicine physicians on their team and that is a great thing, but our high demand also leads to challenges. We are indeed uniquely suited to fill multiple positions from clinics to strategic billets and the number of factors that play into each assignment decision are varied and complex. They can range from desired knowledge, skills, and attributes of Family Physicians to individual/family medical or dual service issues. They can also be affected by selection at a centrally managed board and unfortunately at times negative administrative actions. Coming up with the ideal officer for a position is a great feeling, and when it is truly ideal, everyone is happy!! This doesn't always happen and despite our best efforts, everyone doesn't always get their first or most desired choice. Last minute changes are particularly difficult to accommodate and there are always 2nd, 3rd and 4th order impacts of all choices made in the assignment selection process. Yet, despite all of this, our Army rolls on because of great Family Physicians like you. A quote by Major General (ret) Volpe has application when considering how we should ideally respond to each assignment we receive: "bloom where you planted."

There were some changes to the assignment process this year and there have been challenges. Please contact me at any time with questions or comments (Office: 910-432-5242 Cell: 910-992-2228 BlackBerry: 910-922-4744 or email shawn.kane@socom.mil). I will always give you the honest answer, you may not like it but I promise to give you a thorough assessment.

As with all assignments, we will always need people to step up and lead at every level. Leading is an awesome privilege, and when done well it is something that is truly selfless!! There is no "leader/commander" bonus as it is impossible to put a monetary value on it. Excellence starts at the lowest level team and hall leadership and can culminate at very significant levels. No matter your role, trust your subordinates. If you always do what is legal, moral, and ethical you will do great. This doesn't mean there will not be challenges but you will be able to appropriately handle them. Leadership is always improved with frequent use of a mentor - a wise senior colleague to help provide advice and these are easy to find. I recommend you seek them out in whatever role you may be in.

To those finishing residencies and fellowships - congratulations and to those PCS'ing, safe travels!!

Please do not hesitate to contact me.

USAFP MENTORSHIP PROGRAM

Looking for a mentor? Interested in mentoring others?

If so, check out: *www.usafp.org/mentorship*

HOW DOES IT WORK?

The program uses a brief intake survey to complete/to identify a mentee's needs and then matches that person with a mentor well suited to meet those needs.

WHAT AM I SIGNING UP TO DO?

Participant responsibilities are as follows:

- Communicate with your mentor/mentee at least once per quarter
- Before signing off, select a topic for discussion for the next session
- Continue the program for (at least) the next year
- Complete a brief feedback survey at the end of one year to help improve the program

WHEN AND HOW WILL I GET MY MATCH?

Matches are made on a rolling basis. Mentees should expect to receive an email identifying their mentor within 3 weeks of signing up.

IS THERE ANYTHING I CAN DO TO HELP?

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CoxHealth

consultant report

CG/PHS

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Public Health Service (PHS) officers, Coast Guard (CG) medical officers, and Family Medicine friends, greetings from Seattle, Washington! As I stepped out of my taxi I knew I was in the Pacific Northwest and ready for another great USAFP Conference.

As a new PHS Director I am grateful to the USAFP staff, the leadership body of USAFP, and my fellow family physicians, for another excellent annual meeting. Thank you to everyone who helped make the 2017 USAFP Annual Conference another successful event.

Captain Jeff Quinlan, MD, FAAFP, USN and myself pictured at the USAFP Annual Meeting in Seattle.

PHS CONFERENCE PERSPECTIVE

Compared to our fellow Uniformed Services, the PHS corps is infinitely smaller, with approximately 6700 active duty officers. Of those 6700, less than 900 are physicians and of those 900 physicians, less than 60 are CG physicians. The mission of the PHS is to protect, promote, and advance the health and safety of our nation, and encompasses over 23 different federal agencies spread all over the world. Considering the multitude of agencies our doctors are assigned to, the USAFP annual conference offers an opportunity for PHS family physicians separated by governmental agencies, geography, and command structures, to come together and share diverse experiences. Not only does this conference allow us to see familiar PHS faces, it connects those with prior military experience with old friends from prior services and forges new ones within our sister services.

I enjoy returning to the USAFP annual conference to share in other's new stories. This year, I caught up with my former residency director Captain Jeff Quinlan, MD, FAAFP, USN. He is currently the Chair of Family Medicine at my alma mater, the Uniformed Services University of the Health Sciences (USUHS). It was great to hear of his successes and advancements in the Navy since his time as my mentor over ten years ago. What's great about USAFP is our quality physicians, many of whom return year after year, such as Retired PHS Admiral Dawn Wylie, MD, who previously served as the Chief Medical Officer of the Indian Health Service Bemidji Area. It was great to see Retired Admiral Wylie offering mentorship to fellow PHS officers. LCDR Mathew Daab, MD, PHS/Indian Health Service, fellow USUHS graduate and Naval Hospital Jacksonville Family Medicine program graduate, attended this year and this allowed us to share experiences from medical school, residency, and Indian Health Service. While we are separated by years in graduation and training (and yes, I am the old guy), we are joined by our uniform, our training, our profession, and our organization. These opportunities and relationships help develop officer-ship and enhance Esprit de Corps.

Familiar faces of colleagues are important, but likewise are the familiar faces of the presenters who return to the USAFP annual conference to share their knowledge to enhance our skill sets. Not only are the most recent up to date medical guidelines important to learn and review, but I always enjoy the interesting history lessons, philosophical debates, and ethical considerations raised by presenters such as William Sykora, MD. While I have never considered myself to be like the Greek god Apollo, Dr. Sykora's lectures are always informative and never dull. His presentation on medical oaths reminded me of the Hippocratic Oath and what it means. It is always interesting to see field grade officers rushing to presentations (as if they are late to their first period high school class) trying to make sure they get a good seat to listen to presenters such as Brian Reamy, MD, FAAFP, USUHS Senior Associate Dean of Academic Affairs. Dr. Reamy always draws a large crowd, and this year's "Cardiovascular Disease Prevention: 2017 Update" was no different. Not only does attending the USAFP Annual Conference remind me of what it means to be an excellent physician, but also what I need to "re-learn" in some areas. I no longer practice inpatient medicine, therefore, I always attend the

Inpatient Medicine Symposiums by Mike Braun, DO, FAAFP, to remind myself how smart he is and how thankful I am that family physicians like him represent us.

This year, USAFP presented us with the Annual Meeting & Exposition App for use during this year's conference. I felt it was very helpful and informative, allowing for following the conference agenda, tracking personal schedules, and giving feedback to the lectures. It could also be used to track CME, find attendees, speakers, and exhibitors, and served as a map of the conference area and link to things to do in Seattle. Access to the app on my phone kept me in touch with daily messages from the USAFP and gave me the ability to quickly access the daily schedule, with lecture locations, just in case I wished to change my lecture schedule.

PHS MANNING

Just as civilian health care is facing a primary care shortage, the PHS and CG are as well. The most impacted agency by this shortage has been the Indian Health Service, currently with over 168 positions needing to be filled. Of those positions 102 are Family Physician qualified billets per the Indian Health Service (IHS) website at https://www.ihs.gov/index.cfm. Unfortunately, the IHS has been forced to close clinics due to lack of medical officer support. The CG has also been impacted with several open billets ranging from Washington, Oregon, California, to Washington DC, Virginia, and Puerto Rico, forcing USCG medical officers to cross cover multiple clinics that have medical officer gaps. The PHS Physician Professional Advisory Committee (PPAC) has a specific Billet Subcommittee, chaired by CDR Tobe Propst and LCDR Kenneth Luna, who publish a monthly Medical Officer Job Opportunity listserv via email that provides updates to PHS physicians about job openings across the multiple PHS agencies. You can also log onto the PHS PPAC website and search under "Available Jobs" at https://dcp.psc.gov/osg/physician/. I encourage all PHS physicians to join PPAC and attend the next PPAC Forum Wednesday, May 17, 2017, see details on the PPAC website!

Retired PHS Admiral Dawn Wylie, MD, prior Indian Health Service Bemidji Area Chief Medical Officer, and LCDR Mathew Daab, MD, PHS/Indian Health Service

Rear Admiral Erica Schwartz, MD, JD, MPH, Director of Health, Safety, & Work-Life (HSWL) of the CG, and Captain Joey Perez, MD, FAAFP,LANTAREA Surgeon, Medical Director, Homeland Security Task Force Southeast Chief, Operational Medicine Division USCG Health Safety Work Life Service Center, and myself.

PHS SPECIAL PAY

PHS medical officers are currently facing the new consolidated special pay policy to be implemented by January of 2018. To adhere to the DOD specialty pay schedule, PHS officers are currently not aligned to the DOD medical pay schedule. While it is similar, there are various specialty pays that differ. The Compensation Policy Advisory Board currently meets 2-3 times per month and is providing recommendations to the Office of the Surgeon General (OSG). In addition to special pay salaries, the new policy to be implanted in January has language that may require a change in the requirement for mandatory clinical hours for doctors to maintain their specialty pay. There was a policy change in 2008 that suspended this requirement for clinical hours to maintain retention of doctors in non-clinical billets. Currently the PPAC is working with the OSG for submitting concerns of medical officers and it is most likely that current officers will not see a loss in pay. With the changes still in limbo for another year we are currently still unsure how this will affect future PHS doctors not currently in a multi-year retention bonus or other agency contract.

PHS POLICY UPDATES

As of December 5, 2016, the OSG and the Division of Commissioned Corps Personnel and Readiness have extended maternity leave from 42 days to 84 days, following suite with our sister services. The updated policy is available on the Commissioned Corps of the US Public Health Service Management Information System (CCMIS), policy CCI 363.01, and FAQs are also addressed. Currently there are no changes to paternity leave. Changes to paternity leave policy will require legislative changes and this is being reviewed by the OSG.

continued page 18

The CG attendees this year at the conference.

continued page 18

PHS PROMOTION

For 2016 PHS Promotion Statistics, there were 83 eligible O-4 officers and 24 were promoted, giving a 28.9% promotion rate from O-4 to O-5 in the medical category. For 2016, there were 80 O-5 officers eligible for promotion and 23 were promoted, giving a 28.8% promotion rate from O-5 to O-6. First of all, congratulations to all officers promoted this last promotion cycle! For those medical officers not promoted, I encourage you get involved with PPAC and join the Mentoring and Career Development subcommittee, led by CDRs Joe Simon and Tobe Propst. There is also promotion and career counseling available for officers scoring in the lowest quartile on promotion boards each cycle. In addition, the subcommittee publishes a list of long-term mentor volunteers, CV examples of recently promoted officers, and offering assistance for reviewing your electronic Official Personnel Folder (eOPF).

USCG/PHS BREAKOUT

Rear Admiral Erica Schwartz, MD, JD, MPH, Director of Health, Safety, & Work-Life (HSWL) of the CG, was in attendance at this year's USAFP Annual Conference to discuss the direction of HSWL and our impact on the CG as medical officers attached to the Department of Homeland Security. It is clear that the CG faces upcoming challenges regarding their electronic health record, medical officer manning in medical clinics, and the proposed 1.3 billion dollar budget cuts to the CG expected under the president's new budget proposal. In addition to the challenges of daily operations, the following topics were reviewed: transgender policy, the medical board process, Disability Benefits Questionnaires (DBQs), PHS medical officer retention in the CG, and a break out session with USCG legal. What is important to take away from the admiral's message is the importance of PHS physicians, our roles as leaders within the CG and our value to the multiple CG commands that we support, as well as identification of current and future CG obstacles. Rear Admiral Schwartz is leading the hard charge to a positive HSWL future and ensuring full transparency to those under her command. I would like to personally thank Rear Admiral Schwartz for spending her valuable time with us, hearing our concerns about the CG direction, and taking our suggestions with such a positive experience during this year's breakout session.

Dr. Warner in action.

LASTLY

I salute all of my fellow PHS physicians and uniformed family medicine physicians! I would like to personally thank all those who supported my nomination to the USAFP Board of Directors as the PHS Director. I always enjoy returning to the USAFP Annual Conference to catch up with old friends, meet new ones, and improve my family medicine tool box. I look forward to seeing everyone next year in Jacksonville, FL!

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www.legacyhealth.org/jobs

consultant report
NAVY

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It was amazing to have spent time with so many of you at the most recent USAFP conference—a perennial source of motivation, rejuvenation, community, and learning. We were fortunate to have had three RDMLs attend and contribute to our breakout session—RDML Lane, RDML Pearigen and RDML(ret) Jeffries. Additionally, not only was CAPT James Ellzy sworn in as the new President of the USAFP, but he also received the USAFP's Michael J. Scotti Family Physician of the Year award—congratulations James! Next year's meeting will take place at the Sawgrass Marriott Hotel just south of Jacksonville, FL from March 15-19. The "Call for Speakers" has been announced and you can go to the USAFP website for more information.

I'm going to cover a few highlights and updates from the meeting and since…

Conference Approval. Although there isn't solid confirmation yet, I am confident that everyone will see changes to the conference approval process that will make it more user-friendly and locally managed. This will be similar to how the Army and Air Force have moved after the most recent DoD Conference Guidance. Stand by, but for now, the BUMED Conference Approval web link is still your best and most current resource. Go to the Navy Medicine website (www.med.navy.mil) and click on the "Conference Information" link. Thank you all for your exemplary and uninterrupted fiscal responsibility that has allowed this pendulum to start moving back to a land of trust, professionalism, and local accountability.

Promotion. There is great news in the fact that both the O-6 and O-5 "promotion opportunities" have increased. The rates are 80% for O-6 (up 10% from FY17 and 30% from FY16) and 75% for O-5 (up 10% from FY17 and 5% from FY16). Recall, however, that those percentages represent the fraction of the "in zone" number of individuals, and deserving folks "above zone" and "below zone" will also get promoted and "take away" (if you will) promotions from those "in zone." Therefore, the actual "in zone" selection rate is always lower than the "promotion opportunity" rate. Nonetheless, this is great news and we should hear about a number of deserving Family Physicians (FPs) being promoted to CAPT and CDR prior to our next newsletter.

Medical Corps Career Roadmap. We had a healthy discussion in Seattle about "the best" career roadmap for FPs to promote through the ranks. I sense that some people didn't hear as much reassurance as they'd like, particularly for those FPs who spend the majority of their career on the pointy end of operational medicine. It is a fact that the convening orders always stress promoting those with "sustained superior performance," and superior performance is best demonstrated by breaking out from a group of peers, but is difficult when in "one-of-one" billets (which most operational billets are). Reading the "Additional Considerations" of recent selection board convening orders, however, reassures me that such integral and strongly mission-aligned billets *will* receive due consideration. My ongoing advice for maximizing your promotion opportunity remains the same regardless: *strive for diversity in billet types and location, and lead!* Please reach out to me to review your own unique career path, motivations and trajectory.

USUHS. Yet again, "our" medical school was recognized by the American Academy of Family Physicians for creating an exceptional number of doctors heading into Family Medicine. This year, USUHS ranked 12th overall with nearly 16% of graduates heading into our specialty. Congratulations to CAPT Jeff Quinlan, his campus faculty, and all those across the services who continue to inspire great young USUHS minds to join the ranks of Family Medicine!

Value Based Care. CDR Kris Sanchack provided an update on the Value-Based Care initiative being piloted at the Naval Hospital Jacksonville. I'm not going to cover that in depth as I plan to have a more complete update on this in the summer issue, but nonetheless, if you haven't familiarized yourself with this project yet, do so. Here are a couple of links to help with that: http://www.navy.mil/submit/display.asp?story_id=96953 http://www.nejm.org/doi/full/10.1056/NEJMp0904131#t=article

Medical Home Port. CDR Leo Carney updated us on progress with the Medical Home Port, letting us know that we continue to exceed access benchmarks with double-digit improvements over the past year in both "3rd next" acute (17%) and routine (23%) visits. Additionally, beneficiaries get 94% of their primary care in our facilities- be proud of your vast contributions to those who serve!

Transgender (TG) Update. CDR Cormac O'Connor and LCDR Janelle Marra, each of whom are involved with the BUMED roll-out of processes related to

TG care, provided us current updates and guidance. Online training has also rolled out to further inform us on these processes. If you have questions or concerns, feel free to reach out to either Cormac or Janelle for guidance.

National Defense Authorization Act 2017 (NDAA-2017). RDML Lane graciously prepared us for what should be significant changes in how Navy (and military) medicine performs. Although there are many questions remaining, the Defense Health Agency (DHA) is evolving as the single agency with oversight of the health and readiness of the DoD. The NDAA-2017 stresses that health benefits are a means to an end, not the end itself, and that optimum health supports readiness (which is directly linked to operational support). This may seem intuitive, but it certainly is a highlighted aspect of this Act. With that in mind, one of my personal "takeaways" is that FPs remain very well-positioned regardless of changes.

Family Medicine Specialty Leader. Lastly, my tenure is coming to an end and I am accepting packages from those interested in becoming the next Family Medicine Specialty Leader. By direction of the BUMED Corps Chief's Office and their "SOP for Specialty Leader Selection" we will utilize the following objective selection system:

1. Interested parties should submit the following to me (*due date June 30th*):
   -- CV,
   -- Biography,
   -- OSR/PSR,
   -- Last three fitness reports
   -- Letter of intent

2. I will utilize express guidance from the Corps Chief's Office to assess packages and forward to the BUMED Policy and Practice Officer (PPO) (*due date July 31st*).

3. The BUMED PPO will convene a panel of at least three MC officers and utilize their own assessment matrix for each candidate (*August - September*).

4. The Deputy Corps Chief will convene a meeting with the panel and finalize a recommendation to the Chief of the Medical Corps (*August - September*).

5. The Chief of the Medical Corps will perform interviews of the top candidates and final recommendations will be forwarded to the Surgeon General for concurrence (*September - October*).

6. The Corps Chief will notify the incumbent of the selection, and subsequently the selectee will be notified (*October*).

7. Turnover of duties will occur during October-November timeframe with face-to-face time at the GME Selection Board.

Please don't hesitate to contact me for any specific guidance or questions.

It remains an immense privilege to serve with you. Thank you for all your contributions to something that is much bigger than yourself. Be well!

Promoting Research in the Military Environment

Have a great idea for operational research but are unsure where to start or how to get approval?

Whether you are deployed or in garrison, the USAFP research judges can help!

Photo Courtesy of U.S. Army

Visit us online at http://www.usafp.org/committees/clinical-investigations/ for resources or to find a mentor.

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Operationalizing MHS GENESIS

As many of you may be aware, it is an exciting time of change in the Military Health System community because MHS Genesis is now LIVE! As you are reading this, the initial operating site at Fairchild AFB is up and running and the rest of the MHS facilities in the state of Washington will follow. Roll-out was a success. As anticipated, there were changes that needed to be made; but, providers LIKED the system. Lessons have been learned, and it will continue to roll it out from base to base. The impact of MHS GENESIS cannot be over-emphasized; this is a true turning point in MHS informatics. This is a next-generation electronic health record (EHR) that will empower us to further advance the amazing care we provide.

Next, we will broaden our scope from "Garrison" to "Theater." MHS GENESIS can be used to take care of patients in a stateside hospital. But… let's imagine what the future of our *deployed* EHR will look like – no civilian EHR or system does this. We currently have a patchwork of information systems and paper charting that makes information sharing and modern record keeping exceptionally difficult. The capabilities that MHS GENESIS can provide indicate a brighter future for our ability to document down-range care and have access to relevant medical histories for our deployed patients. Let's examine what that will look like through two different scenarios:

SCENARIO 1: DEPLOYMENT TO A LARGE, ESTABLISHED FACILITY

Imagine that you are an Army physician tasked to Bagram Air Base in Afghanistan supporting multiple units in a large, established clinic. Upon starting your computer and firing up PowerNote (the outpatient charting application in MHS GENESIS) you will see screens, menus and workflows identical to your home station. Deployed and garrison software are exactly the same, requiring no additional training or familiarization. Labs, radiology studies, and medications will be ordered in the same way you do stateside. (Please shout an imagined "THANK YOU" for not having to learn yet another EHR.)

Continuing our scenario: Depending on bandwidth availability, you may even have access to the entire longitudinal medical record for the service member; possibly even legacy AHLTA notes through the Joint Legacy Viewer (JLV). Notes generated from your encounters would be available to the entire MHS within 24-48 hours as a component of the service member's longitudinal medical record.

In environments with more austere communications, you may be limited in the data you can access. In this case, you would load data onto a hard drive or some other physical media and transport it with the unit. This would usually consist of 18 months of medical records and basic historical information (PMH, PSH, medications, allergies, blood type, G6PD, etc.). Upon the unit's return to their home station, any generated medical information/ records would be then be uploaded to their longitudinal medical record by physical media transported home by the unit.

So – to speak in an analogy – GENESIS operates like your smartphone. Most smartphones can sync to the cloud and back up everything and anything on it – but they don't have to! If your phone is disconnected (i.e. airplane

mode) everything you downloaded is accessible. When you go back online, the phone syncs back to the cloud.

SCENARIO 2: DEPLOYING WITH A SMALL UNIT

Put yourself in the shoes of a flight surgeon attached to a fighter squadron pushed to Eastern Europe to provide deterrence. You are the sole physician with two medics and a unit consisting of about 200 people. Prior to leaving your home station, you would stop by your MTF IT department and pick up 2-3 laptops. The week before, you provided that department with a roster of the personnel tasked to deploy and their medical records have been pre-loaded onto the laptop hard drives.

Upon arrival, the primary laptop would host a local version of MHS GENESIS. The other 2 laptops used by your medics can connect to the primary laptop via a Wi-Fi network to update a common, local, EHR. Again, you are all working in PowerNote, and using the same software and workflows as you did at your home clinic (insert collective sigh of relief). However, the software has been stripped down to the essential functions-- it's a lean, fast, and stable footprint! GENESIS allows for set up of a small "pharmacy" and "lab" within your local software by simply loading the medications and tests you brought with you. Your medics also have be equipped with handheld devices running Android, enabling them to document everything from basic sick call to Tactical Combat Causality Care information that can be synced automatically to the primary laptop.

The software was very straightforward to set up and no specialized IT training was required. The software has been stripped of any unnecessary functions for your deployed location, further streamlining its use. Getting all of the devices to talk together is no harder than pairing a Bluetooth phone!

If you do not have robust communications available locally, all updates to the medical records are saved on your laptop. But, as in Scenario 1, when you return home with your unit, you simply return the issued laptop to the MTF IT department. Upon receiving it, the IT department then retrieves all of the medical information from the laptop and merges it into the medical record.

CONCLUSION

This is just a snapshot of what is to come – but this is already a game-changer. More features and details are on the way. At present, initial implementation is targeted for 2019 and complete implementation completion is expected by 2022 (shipboard support for the Navy may take additional time). Other supporting information systems for patient movement such as TRACES and TMDS will be modernized for inclusion in MHS GENESIS. If you would like to get involved, please consider signing up for the DoD EHR MilSuite site. Contact Dr. Matthew Barnes (matgbarnes@gmail.com) or Dr. Kevin Kaps (kevin.j.kaps.mil@mail.mil) if you want to look into joining working groups on GENESIS/AHLTA. Your experience and input is valued as this endeavor moves forward. The future of MHS is bright and it means our capability to deliver world class care in austere conditions will only grow more robust!

MEMBERS IN THE NEWS

The USAFP Board of Directors encourages each of you to submit information on USAFP "Members in the News" for publication in the newsletter. Please submit "Members in the News" to Cheryl Modesto at *cmodesto@vafp.org*.

NEWSLETTER SUBMISSION DEADLINE

REMINDER: The deadline for submissions to the summer magazine is 1 July, 2017.

RESEARCH GRANTS

The Clinical Investigations Committee accepts grant applications on a rolling basis. Visit the USAFP Web site at *www.usafp.org* for a Letter of Intent (LOI) or Grant Application. Contact Dianne Reamy if you have questions. *direamy@vafp.org*.

RESEARCH JUDGES

Applications for research judges are accepted on a rolling basis. Please contact Dianne Reamy (*direamy@vafp.org*) to request an application.

DO YOU FEEL STRONGLY ABOUT SOMETHING YOU READ IN THE UNIFORMED FAMILY PHYSICIAN? ABOUT ANY ISSUE IN MILITARY FAMILY MEDICINE?

Please write to me...
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committee reports
CLINICAL INVESTIGATIONS

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What a privilege it is to underscore the contributions of Uniformed Family Physicians toward scholarship over the past year!

2017 USAFP Research Symposium Award Winners – Poster Display Category

2017 USAFP Research Symposium Award Winners - Podium Presentation Category

As far as the USAFP Assembly's Juried Research Competitions goes, records were yet again surpassed with 137 total submissions: 60 from the Army, 39 from Navy, and 38 from the Air Force. It is particularly impressive to note that the number of Clinical Investigation and Educational Research submissions continued to rise. Approximately one-third of submissions were selected for the juried research competition in Seattle, while many others were selected for the now-staple "Rise with Research" presentations. Of those accepted for competition there were 20 posters, 11 case reports, 7 clinical investigations and 5 educational research projects. New this year, and in an attempt to highlight and support local efforts that have made it to the national stage, the Committee sent "letters of congratulation" to the Commanders of all sites where projects were accepted for competition—this seemed to be very well-received.

Some other noteworthy statistics:

--87% of research was completed at a residency program (also important is that *13% wasn't—great work!).*

--55% of submissions were from first time authors.

--55% of presentations were also from first-timers.

2017 USAFP RESEARCH COMPETITION AWARDEES:

Poster -- Case Report – Resident Category

1st Place-- *Chicory Coffee and Cholesterol: A Cup a Day to Keep the Statin Away!*

Paul Seales, MD - Jacksonville Naval Hospital

2nd Place-- *Insane in the Membranes: Aberrant Alpha-1 Antitrypsin Protein and Accelerated Pathology in Pregnancy*

Joanne Gbenjo, MD - Camp LeJeune Naval Hospital

3rd Place-- *Trigeminal Trophic Syndrome Caused by Compulsive Skin Picking After Stroke*

Elyse Pierre, MD - Fort Hood AMC / Darnall Army Community Hospital

Poster -- Case Report – Staff Category

1st Place -- *Bartonella Endocarditis: A Case Complicated by Renal Infarct, CVA, and SMA Aneurysm*

Kattie Hoy, MD - Eglin AFB

Poster -- Educational Research -- Medical Student Category

1st Place -- *Mask Making and Identity Formation in Medical Students*

Karlen Bader, Chloe Shea, Kimera Joseph, Sara Wilson, Lara Varpio, Melissa Walker, Mark Stephens - Uniformed Services University

Poster -- Original Research – Resident Category

1st Place -- *Supporting Patient Satisfaction with Shared Appointments for Diabetes Mellitus*

Heather Dalton, MD - Travis AFB / David Grant Medical Center

2nd Place -- *The Quality of Medical Resident PowerPoint® Presentations*

Job Larson, MD - Jacksonville Naval Hospital

Poster -- Original Research – Staff Category

1st Place -- *Quick Response (QR) Code Medical Student Feedback TooI in Family Medicine Residency Programs*

Matthew Snyder, DO - St. Louis University Belleville / Scott AFB

Case Report Podium Presentation – Resident Category

1st Place -- *OMT as a Novel Treatment of Post-Vasectomy Pain Syndrome*

Korey B. Kasper, MD - Offutt AFB / University of Nebraska

2nd Place -- *Shocking Use of Intra-Aortic Balloon Pump in the Setting of Septic Shock*

Shelby L. Takeshita, MD - Travis AFB / David Grant Medical Center

3rd Place -- *Not So 'Crystal' Clear—Gout Masquerading as Chest Pain*

Todd A. Wical, DO - Fort Benning AMC / Martin Army Community Hospital

Original Research -- Medical Student Category

1st Place -- *Steps to Improving Sexual and Gender Diversity Education in the USU School of Medicine Curriculum*

Briana Lindberg, MD - Fort Bragg AMC / Womack Army Medical Center

Stephanie Fulleborn, MD – Eglin AFB

Educational Research – Resident Category

1st Place -- *Educational Intervention to Improve Appropriateness of Graded Exercise Test Consults*

Jennifer A. Brown, MD - Fort Bragg AMC / Womack Army Medical Center

2017 USAFP Research Symposium Award Winners - Outstanding Achievement in Scholarly Activity

2nd Place -- *Practice Factors that Influence Physician Confidence in Diagnosing Dementia*

Brian S. Lerner, MD - Fort Belvoir Community Hospital / Joint SVC Family Medicine Residency

Clinical Investigation – Resident Category

1st Place -- *Military Family Physicians' Readiness for Treating Patients with Gender Dysphoria*

Ian Blubaugh, MD - Fort Belvoir Community Hospital / Joint SVC Family Medicine Residency

2nd Place -- *Prevalence of Use and Perceptions of Electronic Smoking Devices in the US Military*

Joseph Chin, MD - Tripler AMC / Tripler Army Medical Center

3rd Place -- *Vasectomy Training in a Family Medicine Residency Program*

Nathaniel J. Renes, MD - Offutt AFB / University of Nebraska

Original Research – Staff Category

1st Place -- *Postpartum Contraception: Initiation and Effectiveness in a Large Universal Healthcare System*

David Klein, MD, MPH - Fort Belvoir Community Hospital / Joint SVC Family Medicine Residency

2nd Place -- *The Fit4Duty Program: A Dissonance Based, Participant-Driven Approach to Weight Gain Prevention for Service Members*

Douglas Maurer, DO, MPH - Madigan-Fort Lewis AMC / Madigan Army Medical Center

3rd Place -- *Comparing Information Retention among Conference Attendees at a Poster Presentation Session: Digital Interactive vs. Traditional Posters*

Adam Saperstein, MD - Uniformed Services University

Luke Womble, MD

Outstanding Achievement in Scholarly Activity - Navy

Jacksonville Family Medicine Residency Program

Naval Hospital Jacksonville, Jacksonville, FL

CDR Kristian Sanchack – Program Director

Outstanding Achievement in Scholarly Activity – Army

Tripler Family Medicine Residency

Tripler AMC, HI

MAJ Jason Ferguson – Program Director

Outstanding Achievement in Scholarly Activity – Air Force

Nellis Family Medicine Residency

Mike O'Callaghan Federal Medical Center, Nellis AFB, NV

Col Paul Crawford – Program Director

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Outstanding Achievement in Scholarly Activity - Tri-Service

Fort Belvoir Family Medicine Residency

Fort Belvoir Community Hospital, Ft. Belvoir, VA

Lt Col Joshua Hodge – Program Director

Overall Winner for Outstanding Achievement in Scholarly Activity

Fort Benning Family Medicine Residency

Martin Army Community Hospital, Fort Benning, GA

LTC Joshua Will – Program Director

Congratulations to all – Bravo Zulu!

In Closing

What a great time it is to tap into the expanded contributions and youthful vigor in the USAFP's scholarly contributors. A quick reminder of those offerings available to you, our members, in support of your research and scholarship as it pertains to the USAFP Mission and Vision:

-- Omnibus Survey. Interested researchers can compete to have 5-10 survey questions answered by participants at the 2018 USAFP Assembly. This novel research opportunity led to two main stage presentations from last year's Omnibus survey selectees' work.

-- Clinical Investigations Committee and Research Judge opportunities. There are openings and/or up-coming openings for each!

-- Grant Program. Since 2000, the program has funded 10 research projects and has a current budget of over $30,000 that is separate from the operating budget of the USAFP.

Please click the "Research" tab on the homepage of the USAFP website to get more information on these opportunities as well as information on finding a research mentor, utilizing research tools (including Survey Monkey), and many more Clinical Investigations Committee offerings. Additionally, you can contact Ms. Dianne Reamy at direamy@vafp.org for further assistance.

Don't Miss Out on Complimentary USAFP Membership Benefits

DAILY INFOPOEMS

The USAFP is pleased to continue providing as a membership benefit a free subscription to Daily POEMs from Essential Evidence Plus. Daily POEMs (Patient Oriented Evidence that Matters) alerts and 3,000+ archived POEMs help you stay abreast of the latest and most relevant medical literature. Delivered directly to you by e-mail every Monday through Friday, Daily POEMs identify the most valid, relevant research that may change the way you practice. Monthly, the complete set is compiled and sent for additional summary review. Ongoing since 1996, their editors now review more than 1,200 studies monthly from more than 100 medical journals, presenting only the best and most relevant as POEMs. The acclaimed POEMs process applies specific criteria for validity and relevance to clinical practice. If you want to subscribe, please e-mail the USAFP at *cmodesto@vafp.org* so your e-mail address can be added to the distribution list.

AUDIO DIGEST

The USAFP is pleased to provide as a membership benefit continued access to Audio Digest MP3 files in the area of Family Medicine, Pediatrics and OB/Gyn.

For those not familiar with Audio-Digest, they produce over 300 audio CME/CE programs each year. These programs are derived from lectures recorded at more than 285 CME/CE meetings across the country, always with permission of the sponsoring organizations and the lecturers involved. The objective of Audio-Digest CME/CE activities is to update healthcare professionals on advances in the diagnosis and management of medical disorders. The primary goal of each activity is to provide practical information that will improve professional competence in caring for patients.

The USAFP has an institutional subscription which allows our members to access the MP3 files in Family Medicine, Pediatrics and OB free of charge. If you are interested in obtaining CME for the modules, please call Audio-Digest at (800) 423-2308 and they can assist you with the paid subscription of your choice.

To access please email *cmodesto@vafp.org*.

PRIMARY CARE R.A.P.

The USAFP Education Committee has arranged for a member discount on the outstanding Primary Care R.A.P. (Reviews and Perspectives) Podcast. This podcast combines outstanding speakers from all over the world and outstanding production values making it one of the best podcasts available for primary care physicians. Primary Care RAP offers 3 hours (42 hours/year) of audio CME each month including up to 3.5 hours of AMA PRA Category 1 CME Credit(s), and up to 3.5 credit(s) by the American Academy of Family Physicians. USAFP Members receive 25% off the annual subscription price of $395 when using the code "USAFP" at checkout or this direct link: http://www.hippoed.com/pc/rap/promotion/usafp

High Reliability Organization (HRO) 101

CARING FOR OUR PATIENTS THE WAY WE WOULD WANT OUR OWN FAMILIES CARED FOR AND WHY EVERY HEALTHCARE PROVIDER SHOULD LEAD THE CHARGE

Powell-Dunford Nicole[1], Gould Anita[1], Downing Lu[2], Mark McPherson, Felicia Pehrson[4], Joseph Pina[1], John Smyrski[5]

1. Army HRO Task Force 2. NCR Medical Directorate 3. US Army School of Aviation Medicine 4. MHS High Reliability Organization Program Integration 5. William Beaumont Army Medical Center

nikkipd@gmail.com

High reliability organizations (HROs) are organizations that 'do it right' despite facing potentially catastrophic outcomes on a daily basis. Nuclear power plants, air craft carriers and the aviation industries are held up as paragons of the HRO because of their reputation for performing high risk missions while rarely experiencing the devastation that could befall them from failed operations. Not a chance occurrence, these outcomes are achieved through relentless efforts - and a shared commitment to safety.

It is important to recognize that any industry can achieve high reliability. Air mail air pilots once faced a death rate of 30% during the pioneering days of civil aviation, decades before aviation became one of the safest forms of transportation. We in the medical community must take inspiration from such industries and act with a sense of urgency. With estimates of over 400,000 preventable deaths per year occurring in medical treatment facilities across the nation[1], the medical industry cannot wait decades for the types of cultural changes that transformed the aviation industry. It is the indisputable goal of the three US military medical services, the Defense Health Agency (DHA), and leading healthcare organizations across the United States to deliver safe and reliable care to our patients. The Military Health System (MHS) can accomplish this through its High Reliability Imperatives: Leadership commitment to zero harm, culture of safety, continuous process improvement, teamwork and patient centeredness. Federal healthcare professionals everywhere are trusted advocates who must lead the charge. In fact, the many patients currently at risk for devastating, preventable injuries need your leadership now. Providing safe healthcare enables medical readiness, the top mission of every military family physician currently serving our nation.

"Safety is not a priority. Priorities change. Safety is an IMPERATIVE"

- MG Anthony Crutchfield. Deputy Commander, U.S. Pacific Command

WHAT YOU CAN DO TO HELP LEAD THIS CHARGE:

1. Hold yourself accountable for life-long learning.

Immerse yourself in literature that opens your mind to new and better ways of providing medical care. (Table 1, Page 28) The MHS has a strategic partnership with the Institute for Healthcare Improvement (IHI) created to expand the improvement capability and capacity across the MHS. This partnership affords many educational opportunities to include 2500 slots for the highly coveted IHI Open School this year, and increasing every year over the next 3 years. Seize this opportunity immediately! (Table 2, Page 29) When it comes to good team communication (a critical aspect of patient safety), many generations of doctors have learned their trade during a physician-centric era of training, oftentimes excluding other healthcare professionals (eg. Advanced Cardiac Life Support). Recent medical graduates of the Uniformed Services University of the Health Sciences and institutions participating in the Health Professions Scholarship Program have been trained in a much more inclusive, multi-disciplinary environment of healthcare professionals, emphasizing the importance of teamwork. If you don't already have a team-focused approach to care, adopt a mindset that says, "I am part of a team in which every member plays an important role and brings his or her own expertise to the team" and away from the mindset that "I always know best because I'm a physician." Learn about quality assurance, risk management, just culture and leadership (we'll come to that more shortly).

2. Set the example now.

Crew resource management classes are an annual mandatory requirement for all flight crew personnel. The MHS mimics the aviation community with TeamSTEPPS®, an evidence-based approach to improve teamwork skills among health care professionals, developed by the Department of Defense Patient Safety Program as the MHS platform for training, implementation, skill building, and sustainment of teamwork initiatives. What are we doing to embed TeamSTEPPS into our culture and daily practices? Medical outcomes and indeed survival rates are improved when healthcare professionals are trained in and use proper communication techniques. Adopt these principles and practices. Look your team mates in the eye during your daily huddle and call each by name. Introduce yourself by first name to your team. Before a procedure or in the morning huddle, remind your team that you need and expect them to bring up any safety concerns right away and that everyone has an obligation to speak out

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when it comes to safety. Commercial pilots are trained to use these techniques before every flight during a crew brief.

Be assertive but not rude when communicating. Encourage all members of the medical team to speak up and create the environment that makes it possible for them to do so. The most junior member on the team could be the one who catches the error that no one else does. Will we have instilled the courage in that individual to speak up? For family medicine physicians at the executive level - fight to sustain, improve and augment communication training that is in place.

Just as importantly, set the example. If by no other means, wash your hands. As one family physician relates – "During my American Board of Family Medicine CME part IV module on hand washing, I became acutely aware of how often I wasn't washing my hands, mostly because of how uncomfortable I was walking right to a sink after opening the door when I'm so used to extending my hand for a handshake. The power of hand washing is indisputable. Even an old dog like me can learn a new trick when it comes to patient safety. And not one of my patients has revolted against a delayed handshake (as I had feared) after I explain that I am washing my hands first to protect them."

3. Never miss the opportunity to learn from an adverse event or a near miss. Near misses are golden opportunities for mitigating future harm.

As one family medicine physician relates "One day during residency, I completely forgot to renew an anti-seizure medication for a hospitalized child in my care who then had a seizure. Another occasion I dropped the ball on an abnormal lab result after several unsuccessful attempts to contact the patient – resulting in a delay of several weeks for a serious diagnosis because her care was overshadowed by my other priorities. Another time I was too tired,

Table I HRO Reading List

Books	Synopsis/Great Insights
If Disney Ran your Hospital (Fred Lee)	Safety is the highest priority for every Disney employee. Everything stops if a child is at risk for injury. All employees learn this during the Disney indoctrination course - from CEO to janitor
Checklist Manifesto – How to Get Things Right (Atul Gawande)	A checklist persuaded military leaders to allow a 'too risky to fly' bomber to be mass manufactured – decisive for the air war in WWII. Intensely applied medical checklists with leadership involvement can reduce mortality
Beyond the Checklist (Suzanne Gordon et al.)	Physician hero model is counterproductive. Error rates go up after 10 consecutive hours and even more after 12. Company, government, union and research collaboration created the aviation safety program.
Unaccountable (Marty Makary)	Not holding underperforming and/or toxic providers accountable enables continued patient harm. Videotaped procedures can increase quality when the footage is known to undergo review.
Just Culture ** (Sidney Dekker)	A just culture will satisfy demands for accountability while contributing to a learning environment and improvement
Human Error** (James Reason)	Must read for patient safety leaders. Some chapters use terms that have special significance in the field of psychology and must be read through a few times (using Wikipedia)
Safer Healthcare – Strategies for the Real World** (Charles Vincent)	The HRO model might not be the best one for acute care or experimental and trauma surgery. ..a must read for those in charge of such services. BONUS Free publication - Open access Springer.com
Patients Come Second (Spiegelman and Berrett)	To lead in patient safety, you need to really care about your staff and community – and not take yourself too seriously
The Cleveland Clinic Way (Toby Cosgrove)	Collaborative medicine is more effective. Cooperation breeds innovation. Empathy is crucial to better outcomes. Healthcare not sick care
The Limits of Organizational Change (Herbert Kaufman)	The collective benefits of stability and the calculated opposition to change weigh heavily against innovation even as the dangers of inflexibility mount.
Black Box Thinking (Matthew Syed)	Blackbox thinking is about the willingness and tenacity to investigate the lessons that often exist when we fail, but which we rarely exploit. It is about creating systems and cultures that enable organizations to learn from errors, rather than being threatened by them.
Managing the Unexpected 3rd Ed. (Weick & Sutcliffe)	Some organizations are better able to sustain high performance in the face of unanticipated change. Managing the unexpected is key.
The Toyota Way Series**: Continuous Improvement (Liker) Service Excellence (Liker)	Provides lessons from a highly successful automobile industry. The 'Plan-Do-Check-Adjust' is the path to the ever elusive learning organization (Continuous Improvement). Everybody, everywhere must constantly look for new and better ways to satisfy the customer (Service Excellence).
Accelerate (Kotter)**	Coupling corporate hierarchy with an agile, network-like structure can accelerate success in an environment of constant change.
Switch! (Chip and Heath)	How to change things when change is hard. What looks like a people problem is often a situation problem.

Table II How to enroll into the IHI Open School course

Step 1: Login to IHI.org.	Go to www.IHI.org/Login. If you are not yet registered, please click the "Register Now" button to do so.
Step 2: Enter the specific military user passcode assigned to your service	Determine your user passcode through the DHA or Military Service specific HRO Directorates – you can identify your leads by contacting usarmy.ncr.hqda-otsg.list.hro@mail.mil

proud to seek assistance and distracted to pick up that one of my favorite continuity patients was in an unacceptably prolonged labor with inadequate pain control – resulting in her abrupt transfer to the obstetric service and permanent disenrollment from my panel at her request. To this day, I can still hear the angry and disappointed voices of these patients' family members who had trusted me with their care. To my shame, one of my over-riding emotions at the time was terror of someone filing a report. For me to personally report one of the mistakes I committed was completely out of the question."

When mistakes aren't brought forward, other patients are at risk of experiencing the same types of mistakes because systems, policies and practices remain in place that set individuals up for failure. When errors aren't reported, no one learns the valuable lessons that come with them. A learning environment and just culture need to exist to provide a safe place where anyone can report an error. In the words of COL (ret) Matt Mattner, COO at Lutheran Hospital/ Cleveland Clinic, "**Reporting errors must be publically rewarded."** Those involved in investigating error should ensure that human factors are taken into account. We tend to pin blame on individuals rather than identifying system or process errors. A conscientious effort must always be made to take the deeper dive into processes, systems, structure and organization as a whole.

4. Lead

Leadership is not an inborn trait. Read about and seize opportunities for leadership in every form. Our community cannot afford to lose your direction at the helm of tomorrow's medical organizations - in the military and beyond. The very generation of medical students and residents reading this article will be the ones to shape a pervasive safety/learning culture across our heath care systems and to field evidence-based international patient safety standards that foster health across the globe.

The Commanders and Deputy Commanders of today are poised to invigorate what must be a relentless effort. Leadership walk rounds, coordinated with staff, are a great opportunity to see what's happening at the ground level and to identify/respond to barriers such as a lack of hand washing. Table III outlines "How I can lead the charge at my organization right now." Human beings will always make mistakes – but we can learn from them, as well as successfully design systems to catch and correct them. Our aim should be nothing less than zero preventable harm.

Table III Lead the Charge

Way to Make the Difference	POC	How
Start an IHI Open House Chapter at the hospital or regional level	www.ihi.org/education/IHIOpenschool/Chapters/Pages/FindOrCreateAChapter.aspx As always, ensure service clearance for executive membership in any professional organization	Website registration
Augment your MTF's TeamSTEPPS Training	MTF Chain of Command	Patient safety leads
Take a staff ride to a local military aviation unit or nuclear submarine	MTF Chain of Command	Navy SMO/Division Surgeon, Senior military flight surgeon/RAM
Incentivize a Plan-Do-Study-Act" Project for your MTF/Region	MTF Chain of Command	Service Chiefs, Executive Staff
Coordinate a Toyota manufacturing plant tour staff ride	Chain of Command	Contact Toyota
Coordinate a tour/staff ride and/or briefing from a local, nationally recognized healthcare system	Chain of Command/ Johns Hopkins, Cleveland Clinic, Hermann Memorial.	Contact individual healthcare organization safety/ quality teams
Embrace//inculcate the MHS Leadership Engagement Toolkit – especially daily safety briefs and leader walk rounds	Heath.mil website	http://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety
Join your service specific and/or DHA HRO Forums	See Table II POCs	DHA/Service Specific HRO Directorate POCs

REF
1. *BMJ 2016;353:i2139*

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Ownership is Leadership

Have you witnessed any of the following occurrences? A resident blames an intern for failing to follow up on a test result; a physician battalion surgeon defers commander updates and medical operation planning to the unit's Physician Assistant; a clinic OIC fails to explain why certain directives are coming from higher headquarters. How do you think the involved individual's subordinates, peers and supervisors/commanders view their leadership ability?

Our medical school and residency training is understandably focused on acquiring medical knowledge and skills. Family medicine residency programs seem to do a better job than some others in discussing leadership and readiness topics. Even so, our professional development and military-unique curricula remain sparse and vague enough that our graduating residents and junior physicians often have not developed a firm vocabulary and personal framework of leadership philosophy. Though there are very real challenges in squeezing more learning and training into tight residency schedules, we are failing our developing physician officers when we do not provide a firm base of officership and leadership.

A March 2016 *Harvard Business Review* article described the results of a global survey asking organizational leaders about the most important leadership competencies.[1] The top 10 competencies were: having high ethical and moral standards, providing goals and objectives within loose guidelines, clearly communicating expectations, having flexibility to change opinions, being committed to ongoing employee training, communicating often and openly, being open to new ideas and approaches, creating a feeling of succeeding and failing together, helping employees grow into next-generation leaders, and providing safety for trial and error. The Army Doctrine Publication on leadership (*ADP 6-22 Army Leadership*) defines leadership as "the process of influencing people by providing purpose, direction and motivation to accomplish the mission and improve the organization."[2] The ADP's Leadership Requirements model describes the core attributes (character, presence and intellect) and competencies (leads, develops, and achieves) of Army leaders. For all services, both doctrine and experience clearly show us that it is not a question of whether individuals will find themselves in some form of a leadership role, but whether they will lead well or poorly when they do.

As described above, there are a wide array of descriptions and definitions that already exist to describe leadership principles. This article is going to focus on one that is powerful in terms of succinctness and impact: *ownership*. Ownership is best thought of as an ethos by which we as leaders can develop character and achieve results. Legendary NCAA basketball coach Pat Summit described that "you get leadership when you take ownership."[3] As with many ideas, the concept is simple, but the execution can be challenging. The idea of ownership incorporates and unites many values held by the armed services including integrity, honor, duty, commitment, excellence and selfless service. If we can help our residents and junior physicians develop a mindset and habit of ownership, then we will have served them well and contributed to their future successes.

As Willink and Babin describe in the leadership book *Extreme Ownership*, the idea is to own everything related to the mission.[4] This includes what you command and control, and also what you do not directly control. This approach prioritizes acknowledging mistakes, admitting failures, learning from these experiences and moving on to develop a plan to win. When something goes wrong, the first place one should look is in the mirror and seriously ask themselves if they've done everything they could have to help the best outcome occur. In addition to achieving more effective teamwork and a higher likelihood of mission success, this approach

EVERY DOC CAN DO RESEARCH

Have you wanted to do a research project but were not sure how? Would you like a user friendly workbook to help you over the inertia of starting a project? The Clinical Investigation Committee is pleased to offer user friendly tools for organizing, planning, and starting a research project.

If interested, please send a request to *direamy@vafp.org*.

Tools Available:

- Every Doc Can Do Research Workbook
- Every Doc Can Do A Poster
- Every Doc Can Do A Scholarly Case Report Workbook

Clinical Investigation Research Tools also available on-line at *www.usafp.org*.

garners respect from superiors and inspires emulation by subordinates.

Once one begins the attitude of an owner, their mindset shifts from passive victim to empowered agent to change and improve. This is similar to the first habit that Stephen Covey discusses in 7 *Habits of Highly Effective People*: be proactive.[5] Being proactive means accepting responsibility for your own lives and that behavior is a function of your decisions, not your conditions. Therefore it also means we have both a responsibility and initiative to make things happen. As Henry Ford is quoted as saying, "whether you think you can, or you can't, your right." Sadly, it usually doesn't take long at all to look around your workplace or our society in general to see that there is rampant lack of ownership.

It is all too easy to allow ourselves to get too busy or disorganized to remember our various commitments and responsibilities. We convince ourselves of various excuses for why we did not complete a task on time or to standard. We find external factors to fault when failure occurs. There are very real challenges with regard to information and time management, planning, execution, building teamwork and coordination, and motivating peers and subordinates – but these are not acceptable excuses. Adopting an attitude of ownership doesn't instantly solve these challenges, but it does create conditions that enable success.

Psychologically, it is far simpler and more peaceful to adopt an attitude of ownership where you authentically take responsibility and pursue mission completion, rather than focusing on generating duplicitous excuses. Author John Coleman describes how one of the most common momentum killers in the workplace is waiting for someone else to do something: to take the first action, take initiative, or accept blame.[6] One of the most liberating concepts we can live by is to act as if help is not coming, the responsibility is yours.

It starts with each one of us individually, considering first the idea that it is not 'them', but 'me." You cannot fix everything, but you can fix some things, and you absolutely can control your emotional and cognitive response to surrounding circumstances and events. Interestingly, this mindset usually leads not to feeling overwhelmed or exhausted, but to freedom as you improve the system around you. Further, you are not cognitively burdened by the guilt of inaction, feeling of helplessness, or consequences of continued poor outcomes. Instilling the discipline of ownership frees you to respond, be agile, and fix more things in your organization.

So now to you who are reading this, here is the question and call to action. What is going on in your world that you need to take more ownership of? If you have subordinates who need to take more ownership, what have you done to model and enable it? Is officer professional development and mentoring happening as it should be in your organization, and if not, what can you do about it?

Here is an activity that could provide a starting point: Think of the 3 things that bother you the most in your organization. Or similarly, think of the biggest areas of inefficiencies or poor outcomes. Now seriously think about what you can and will do about them. By definition, since these are identified as problems, then you who are a leader bear responsibility for helping resolve them. In the words of leadership guru Jim Rohn, "don't wish that life were easier, wish that you were better. Don't wish for less problems, wish for more skills. Don't wish for less challenge, wish for more wisdom." And that all starts with adopting the attitude of ownership.

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6) Coleman, John. Take Ownership of Your Actions by Taking Responsibility. *Harvard Business Review*. 30 Aug 2012. Accessed online 12 March 2017 via https://hbr.org

new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS...

ACTIVE

Michelle N Akiko, MD
Sheryl Lynn Anthos, MD
Nadine Smith Barksdale, MD
Orlando Gabriel Cabrera, MD
Tai-Ho Chen, MD
Bret Chipman, MD
Craig Scott Coleman, DO
David Andrew Djuric, MD
Sibyl Monique Duncan, MD
Tracy Lynn Franzos, MD
John Gartside, DO
Russell James Giese, Jr, MD
Abayomi S Jones, MD
Michael Kraft, MD
Kevan Heath Long, MD
Nicholas Joseph Michols, DO, ATC
Phong Truong Hoai Ngo, MD
Joseph Agage Ouma, MD
Scott Charles Price, MD
Jeremy Ramsey, MD
Bart D Worthington, DO

RESIDENT

Roger Joel Brogis , II, DO
Micah Benjamin Bucy, MD
Jochen A Granja Vasquez, DO
Alexander Kim, MD
Kristopher Morehouse, DO
Justin Michael O'Keefe, MD
Elizabeth J Whittaker, DO

STUDENT

Mr. Michael Able
Mr. Donald Campbell
Ms. Hanna Chang
Mr. Kurt Christen
Ms. Katey M Della-Giustina
Mr. Ryan Gall
Mr. Rajesh Gunaji
Mr. Joshua Hamilton
Mr. Michael Corwin Harding
Mr. Matthew Henriques
Mr. Ali Hussain
Ms. Shena Kravitz
Mr. Emad Madha
Mr. Bryce Lee Manchester
Ms. Carissa Janine Pekny
Mr. Brett James Rasmussen
Ms. Sophia Schermerhorn
Ms. Chelsea Marie Schifferle
Ms. Elena Marianna Segre
Ms. Alison N Snyder
Mr. Joshua Stierwalt
Mr. Eric K Tong
Mr. Clinton Joe Ulmer
Ms. Rachel Ann Wolinsky
Mr. Jonathan Sungwon Yu

MEMBERS IN THE NEWS

Congratulations to the USAFP Members that Received the AAFP Degree of Fellow

The Degree of Fellow recognizes AAFP members who have distinguished themselves among their colleagues, as well as in their communities, by their service to Family Medicine, by their advancement of health care to the American people and by their professional development through medical education and research. Fellows of the AAFP are recognized as Champions of Family Medicine. They are the physicians who make family medicine the premier specialty in service to their community and profession. From a personal perspective, being a Fellow signifies not only 'tenure' but one's additional work in your community, within organized medicine, within teaching, and a greater commitment to continuing professional development and/or research. Congratulations to the following USAFP members!

Shawn Alderman, MD, FAAFP
Michael Barna, MD, MPH, FAAFP
Matthew Barnes, MD, FAAFP
Michael Braun, DO, FAAFP
Shannon Brodersen, MD, FAAFP
Kristina Burgers, MD, FAAFP
Michael Bybel, DO, FAAFP
Roselyn Jan Clemente-Fuentes, MD, FAAFP
Katherine Cocker, DO, FAAFP
Garfield Cross, IV, MD, FAAFP
Joshua Eaton, MD, FAAFP
Edwin Farnell, MD, FAAFP
Heidi Gaddey, MD, FAAFP
Bruce Gardner, MD, FAAFP
David Gordon, MD, FAAFP
Scott Grogan, DO, FAAFP
Gabriel Harris, MD, FAFP
Matthew Hing, MD, FAAFP
Kyle Hoedebecke, MD, FAAFP
James Honeycutt, MD, FAAFP
Kattie Hoy, MD, FAAFP
Shane Larson, MD, FAAFP
Kevin Lok, MD, FAAFP
David Moss, MD, FAAFP
Peter Muench, DO, FAAFP
Dana Onifer, MD, FAAFP
Luis Otero, MD, FAAFP
Dustin Smith, DO, FAAFP
Matthew Snyder, DO, FAAFP
Wesley Theurer, DO, FAAFP

Pictured are those who were in attendance at the 2017 Annual Meeting receiving their AAFP Degree of Fellow.

committee reports

MEMBER CONSTITUENCIES

Janelle Marra, DO
NMCSD, MCRD SMART Clinic
San Diego, CA
jmarra08@gmail.com

USAFP members, I want to take a moment to introduce myself and speak a little bit more about the USAFP Member Constituencies Committee. This committee focuses on our members interests, and has particular emphasis on specific populations in our organization, including New Physicians (<7 years out of residency), Female Physicians, Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians, International Medical Graduates, and Minority Physicians. Our goal is to work with other committees to build cultural competence and advocate for education in some of the specific topics that may impact those of us included in these special constituencies.

If you are interested in joining this committee, or would like additional information, the USAFP and AAFP websites have excellent links. These can be found at:

USAFP Link: http://www.usafp.org/committees/member-constituencies/

AAFP Link: http://www.aafp.org/about/constituencies/resources.html

This committee also works with the USAFP Board of Directors to nominate and select delegates to represent the special membership constituencies at the AAFP's National Conference of Constituency Leaders (NCCL) meeting. The next NCCL meeting will be held April 27th-29th, 2017, in Kansas City, MO. We look forward to sharing the proceedings of that meeting in the next USAFP newsletter. For your information a link to the NCCL website is as follows:

National Conference of Constituency Leaders Link: http://www.aafp.org/events/aclf-nccl/nccl.html

Our committees mirror the strength of our membership, so if you are a member of one of the membership constituencies, or are interested in advocating for these groups, please consider joining the committee. Please email me at jmarra08@gmail.com if you are interested in joining or would like additional information.

I also express my personal thanks to the outgoing chair, Luis Otero, for all his hard work during his term of service. I look forward to helping members of our committee lead forward, to our next annual USAFP meeting *Bridging the Gaps*.

committee reports
RESIDENT AND STUDENT AFFAIRS

Alex Knobloch, MD
Eglin AFB, FL
acknobloch@gmail.com

On behalf of the new chair of the Resident and Student Affairs Committee, Dr. Dave Honeycutt, I'd like to extend a big thank you to all who have participated in the work of this committee over the past year, particularly our outgoing chair, Dr. Aaron Saguil! Additionally, I extend a big "thank you" to all who had a hand in making the resident and student focused events at this year's annual meeting a success. Finally, congratulations to team Army this year for taking home the "Doc, You Don't Know Jack" win in Seattle!

Now for a couple of quick updates:

1) We extend our thanks to last year's USAFP resident directors for drafting and submitting a resolution to the 2016 National Congress of Family Medicine Residents (including Dr. Brittany Burns- the primary author!). That article has worked its way up through the AAFP and received approval so that now the online AAFP membership application will include an option to identify as a Health Professions Scholarship Program student. The AAFP will then provide this information to USAFP, which then allows HPSP students an option of obtaining primary membership in USAFP or complimentary adjunct membership while maintaining membership in their state chapter. This will help enhance HPSP correspondence, including our quarterly newsletter and annual meeting information.

2) On a similar note, 11 medical students (USUHS and HPSP) received travel funding assistance to attend the annual meeting this year from the USAFP! For the first time, attendees also had the option of voluntarily contributing funding to support medical students' attendance at the annual meeting when they registered. Because of this specific generosity, we were able to reimburse several students annual meeting registration fees to further offset costs. Thank you to all of those that contributed to help these future family physicians attend and become part of the USAFP family!

3) We have compiled the first list of contact information for the chief residents at our military family medicine residencies, however, it's that time of year to update the list. If you are a rising chief resident at one of the military family medicine residencies (or a USAFP resident member at a civilian program) and haven't yet connected with one of the resident directors, please email your respective Resident Director so they can update the database. Their specific contact information is available in the front of this newsletter.

4) Finally, it's never too early to start thinking about the 2018 USAFP Annual Meeting in Jacksonville! If you've never attended before, this is THE conference to attend, whether you get the opportunity to present or are attending for an amazing opportunity to learn and network. Please see the "Call for Speakers" and keep an eye out for the e-mail calling for research abstract submissions and consider signing up!

committee reports
PRACTICE MANAGEMENT

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It was great to see those of you who made it to the USAFP Annual Meeting in Seattle. The practice management (PM) lectures were well attended and included a lot of fantastic information. One of the biggest issues discussed in several forums was the 2017 National Defense Authorization Act (NDAA). This has become a hot topic recently so the USAFP Board of Directors felt it appropriate to attempt to answer some of our members' common questions.

One of the major concerns impacting family medicine physicians is NDAA section 704, which instructs facilities to provide care within their Patient Centered Medical Homes (PCMHs) or have urgent care services available until 2300. The key phrase in this document is, "at locations the Secretary determines appropriate." Currently, specific service branches are determining what hours each PCMH should be open based upon demand by utilizing Tri-Service PCMH Advisory Board criteria. The main factor being used to evaluate future operating hours is specific patient demand by hour of day and specific day of the week. Analysis has demonstrated that there are only a few locations in the Military Health System (MHS), where it makes sense to offer extended hours based upon demand when balanced against potential costs. Instead, all MTFs will be asked to balance available appointments by hour of day based on patient demand during current operating hours, secondary to 2017 NDAA Section 709 on Standard Appointing Processes.

In order to meet Congress' intent for urgent care services, the MHS is working with the TRICARE Health Plan to develop partnerships with preferred civilian urgent care centers (UCC) to develop an integrated healthcare delivery system. In return, the MHS will ensure the preferred UCCs provide clear and legible reports to the MTF within one business day and adhere to common standards of care regarding use of antibiotics and other procedures for common acute conditions.

In addition to the above, the practice management committee is in the process of updating relevant tools on the USAFP website. There are excellent articles, recent PM lectures from USAFP, and links to service specific and MHS level PM and PCMH resources. Watch for changes and updates to information and links from the PM committee as we strive to maintain relevancy and work to provide a high quality knowledge for USAFP members.

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10 Simple Tips to Improve Wellness

As health care providers, we are role models in our organizations and communities. Our actions and personal wellness are every bit as important as the counsel or prescriptions we provide our patients. Unfortunately, with the hustle and bustle of medical school, residency, work in busy clinics, and service in the military we often pay lip service to our very own advice. If you feel caught in a monotonous cycle of struggle to achieve recommended goals in exercise, sleep and nutrition; here are 10 simple tips that can help.

1) Vitamin D breaks. Sneak away from what you are doing for 5-10 minutes each morning and afternoon; go outside, and walk a lap around your building. Soaking in the sunlight, smelling the foliage, and feeling the drizzle engage the senses while waking us up from our sedentary jobs. Walk with a supervisor or peer; use the time to discuss ideas, rehearse a speech, or just observe the environment around you. For me, these breaks do far more than increase activity - they help foster the flow of creative juices, improve problem solving, and offer great opportunities to speak to others without computer screens getting in the way.

2) Eat outside of the office. Eat in the cafeteria or a break room--even a stand-alone table is better than your desk. Enjoy your nourishment and take time to savor it without the distraction of email or patient charts. Mindless eating often results in junk calories and fails to satisfy our appetites. Try to sit down and eat with your colleagues at least once or twice a month. Perhaps a staff breakfast before work suits your schedule better? Choose healthful times, locations and foods to fuel your body.

3) Prep your meals. Our busy lifestyles favor convenience. By preparing and planning meals deliberately, we increase the convenience of healthy foods. It also becomes easier to cook dinner on a late night rather than ordering a less healthy take out or delivery option. This is a broad tip and includes everything from shopping and chopping on the weekend to meal prep services that do the shopping for you and deliver planned meals to your door. Meal prep ideas can include packing leftovers in convenient packs for lunch. It can be difficult to plan out an entire week, especially for a busy family, but planning and prepping a couple days each week can pay huge health dividends.

4) Leave your cell phone in your car. Smart phones are amazing tools providing abundant resources and potential to improve efficiency. Nonetheless, many minutes each day are lost sending texts, checking for responses, updating social media, and getting distracted by clicking on multiple informational links. You can always take a vitamin D break, walk out to your car, and check your phone there if necessary.

5) Take a class. Whether it is a weekly appointment or a one-time endeavor, give yourself a place to be for self-improvement. The possibilities are endless from salsa to yoga lessons to food preservation or photography. Maybe this entails attending your child's karate lesson or dance rehearsal? A university cooperative extension in my community offered rain-barrel construction classes for a nominal fee and participants took home their creations. Check out your communities - many classes are family friendly.

6) Join a club. Clubs offer a significant support network, regardless of how often you may participate in these activities. As a casual participant in a community running club, (a sport introverts like myself can easily enjoy), I've met several individuals journeying toward wellness, including some losing upwards of 80 pounds through diet and exercise. I am truly inspired by their stories and have become embedded in a new support network. Family friendly clubs may include scouting or community sporting teams. While military communities are one area we can join to become connected, outside communities offer an alternative that may provide better reprieve from our everyday work.

7) Sign up for a race - Set a goal! A good goal is something that requires dedication and commitment to accomplish but is achievable. While some may prefer working toward a culminating event like a marathon, others may find more

value in a longer term target, such as walking or running 1000 miles in a year. Children can complete a marathon - one mile at a time and goals help provide focus. Printing and posting goals helps build commitment. Choose goals that promote an action that you can control directly such as: eating two pieces of fruit daily, walking 10,000 steps daily, or finishing a triathlon. These can be more important than weight loss goals.

8) Schedule a vacation. Choose dates and a location and put in a leave form. Don't worry about planning out details - just get something on the calendar to look forward to. Take off enough time to do something fun and get a break. The goal is to come back refreshed rather than needing a vacation from the vacation. Consider returning to work on a Thursday or Friday after leave instead of on a Monday. It may be easier to work a few days rather than a full week after some well needed time off.

9) Read a book. Maybe your book is a jigsaw puzzle or knitting. Activities that help one unwind and relax the mind can go a long way toward wellness. It is a double bonus when they provide a sense of accomplishment over time. Just think, if you read 5-10 pages of a book each day before bed, you can get through nearly a book each month almost effortlessly.

10) Go to bed. It does not matter how we divide the clock, there will never be enough hours in the day. Set a bedtime and stick to it. Life happens which may prevent you from sleeping throughout the night, but you will never get the opportunity to sleep 8 hours if you fail to lie down and try.

Hopefully this article provides you an opportunity to examine your own health, wellness, and work-life balance. As advocates for health, we must remain mindful of our own health and the habits we portray; our actions speak louder than our words. We are striving for a system of health and need to lead from the front. Taking care of ourselves and each other will facilitate our ability to take care of our patients.

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leadership book series

The Six P's of Physician Leadership: A Primer for Emerging and Developing Leaders

By Bruce Flareau, MD and J.M. Bohn, MBA

A recent article in the Harvard Business Review titled, Why the Best Hospitals Are Managed by Doctors, explores the many reasons why physicians can make good managers and leaders in healthcare. However deep within the article the authors include the tag line, "… and how training can make them even better." Numerous articles have been published over the past decade calling out the need for physician leader development. The long-held belief that physicians, by virtue of their natural leadership abilities and completion of many years of medical education, are automatically ready to lead at the highest levels of healthcare has been dismissed. Yet it is difficult for physicians to read about leadership in addition to the ever changing clinical literature needed to maintain competence in practice. The Six Ps of Physician Leadership (Figure 1) is a short and easy read that highlights key competencies for emerging physician leaders to develop and senior leaders to self-reflect upon so that we as physicians can develop into strategic level healthcare leaders.

Figure 1 – The Six Ps of Physician Leadership

People	Process
Presence	Perspective
Politics	Principles of Business

"Having an understanding of the importance of relationships leads to the ultimate goal of building high-performing teams." People, the first "P," is probably one of the most written about of the six, and yet one of the toughest ones to implement. As Jim Collins said in the book Good to Great, "great vision without great people is irrelevant." Cultivating relationships, whether building new, maintaining existing, or maneuvering old ones, is essential to building the right team at the right time with the right mix to accomplish the mission. It can take a career to become successful in the art of relationship management. Above all, it is important to be true and loyal to one's self and we are as individuals. That is the bedrock principle in working with others. Cultivating relationships

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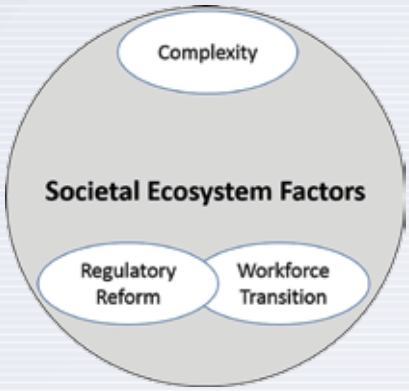
can require a lot of self-disclosure, a powerful but potentially dangerous tool. Storytelling, one of the most common ways of practicing self-disclosure, can be a very effective tool but has the ability, if done improperly, to destroy a reputation and relationships. Be cautious in what you disclose about yourself, be humble, but not too humble, and be careful with personal stories as it is difficult to know how others will perceive them. When leading people, it is also vital to appreciate how socioeconomic factors can promote change in our workforce (Figure 2). Complexity, regulatory reform, and workforce transition all significantly impact the attitudes, beliefs and values of people. Thus, managers of people must be cognizant of current happenings and trends in these areas such as the potential changes to national healthcare policy, and the emergence of the millennial generation as patients and employees.

"Remember that as physician leaders and as clinicians you are only as good as your reputation." Presence refers to how we portray ourselves through verbal and non-verbal actions. It's about building your reputation, working within it, and maintaining it. Presence requires a fine balance between being genuine vs. revealing too much. With the advent of the digital age, the latter has become more problematic. We all know that as physician leaders and military officers, we must portray an executive persona and are under 24/7/365 scrutiny. Presence in cyberspace has emerged over the past decades with the growth of the internet and social media. Specific caution needs to be given when writing e-mail messages to ensure they are professional and don't unintentionally convey the wrong message. Practical advice for e-mail etiquette includes: using font that is appropriate for reading, avoid using colors or extra punctuation, keep the e-mail to less than one paragraph whenever possible, avoid using all caps unless you are trying to yell, properly address the e-mail to the intended person, and be sure to sign the e-mail. Of course when in doubt or for sensitive topics, it may be better to opt for telephonic or in-person communication. While cyberspace is becoming an ever bigger part of portraying ourselves, our physical presence, both verbal and non-verbal is still just as important in our overall presence. Don't forget about how you physically portray yourself at work, at home, and in the community. Be genuine, but be cautious to avoid portraying too much personal information in order to avoid damaging your presence.

"Be strategic, be political, and be effective." The third P refers to politics. I will not belabor this topic as I believe we all know and recognize that there are politics involved in every aspect of our lives. The practice of politics as a physician leader includes the art of influencing people, being attuned to the informal communications network, and empowering your staff while embracing collaboration and remaining strategic. All these principles are important but empowering our staff is something that bears particular attention. We talk about this in the military as allowing our subordinates

Figure 2 – Societal Ecosystem Factors Effecting Change



to fail. The book makes the same point of physician leaders. An effective physician leader "understands the need to let people find their own way." The theory of empowering staff runs through many leadership books including If Disney Ran Your Hospital: 9 ½ Things You Would Do Differently by Fred Lee. It is an important concept and can strengthen the satisfaction and loyalty of our staff. Even with this, a political physician leader must avoid triangulation, which is working through a third party to get to someone else. Triangulation is an easy trap to fall into, and I'm sure we have all done it, but we must try to actively avoid it at all costs as it has a tendency to backfire. Work directly with the intended party whenever possible and avoid triangulation.

"Leaders need to understand the means by which their goals and objectives will be achieved." Process focuses on the ability to be aware of what is going on and generating improvement. For a successful physician leader, being aware includes the ability to parallel track. Multi-tasking, which recent literature has denounced as a viable process, is not the same as parallel tracking which can be learned and improved upon through exercises. The most famous of which is the invisible gorilla experiment which we have likely all seen. An example of parallel tracking is the ability to be a participant in a meeting and process the meeting content at the same time. Parallel tracking leads to awareness, which leads to improvement, another area of process in which the physician leader needs to be knowledgeable. We do not need to be experts in all performance improvement tools, but at least have a familiarity with performance improvement processes. As a physician leader, we should enable our staff to progress forward using improvement tools. We can enable change by being aware of our surroundings and embracing process improvement methodologies.

"Good judgment comes from bad experience." Perspective is the art of "seeing what others choose not to see." Perspectives are guided by our own frame of reference. The successful physician leader needs to be able to change their view and see things from multiple perspectives. This can be done by ensuring that we surround ourselves with people who bring multiple perspectives to

the table. This has recently been cited as a necessary component of the Root Cause Analysis process, including those who can provide an outside perspective in the case. In healthcare, we must never forget the perspective of the patient in all we do. Gaining perspective is a learned attribute and one that any physician leader can hone if they dedicate time and self-reflection to improving. Identifying troubling trends requires perspective, as does monitoring the current levels of healthcare reform. Continue to develop your perspectives and never forget the myriad others required to completely understand today's healthcare environment.

"Today's leader needs to have a firm understanding of business and strategy principles." The last P refers to the Principles of Business. Business is an integral part of healthcare. An operating understanding of finance, economics, marketing, and other business principles is essential to being a successful physician leader. These skills can be obtained through on-the-job training, short courses offered locally, or by obtaining a graduate degree such as an MBA, MHA, MPH, MMM, or the like. Every business leader, whether established or aspiring, needs to continually work to improve their understanding of the principles of business in order to be successful. Particular attention needs to be given to the disruptors of innovation: technology, the business model, and the value network (Figure 3) which are the primary drivers of healthcare innovation and something with which a leader of healthcare must become familiar.

The Six P's of Physician Leadership offers principles to be embraced by emerging and developed leaders alike. Whether you are at the start of your leadership journey or towards the end, these principles offer a roadmap for self-reflection and personal growth. Physicians are well positioned to lead within all aspects of healthcare. Physicians, however, are not adequately trained to lead at strategic levels. The principles in this book provide a springboard for the necessary growth and development of physicians to lead the strategic transformation of healthcare going forward.

Figure 3 – Elements of Disruptive Innovation

Element	Description
Technological enabler	New technologies that bring new solutions to the forefront.
Business model innovation	Delivery models for putting new enablers in practice.
Value network	The infrastructure that supports the delivery models and technological enablers.

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