

Chiefs Summit

ASSOCIATION OF CHIEFS OF GENERAL INTERNAL MEDICINE

December 2-3, 2007

Phoenix, Arizona

- On the first day of the retreat, Drs. Bodenheimer, Rouan and Warm each gave a talk about ambulatory care redesign.
 - Dr. Bodenheimer's talk focused on the need to redesign primary care practices to provide continuity of care for the patient as well as creating an inviting place for students to learn.
 - Dr. Rouan discussed the importance of integrating the next generation of patient centered coordinated care models into general medical education redesign.
 - Finally, Dr. Warm moved from theory to practice in his presentation of the overhaul of his own clinic at University of Cincinnati.
 - All slides from the presentations at the Summit are available on the ACGIM website.
- Following the presentations by Drs. Bodenheimer, Rouan and Warm, a question and answer session was held.
 - The session focused on the question: Do you see it as your mission to do something about the primary care crisis in America? If not, then whose mission is it?
 - Many respondents agreed that they did view this topic as their mission citing their position as chief as an agent of change. Some also said that this is a mission that should be shared with their home institution—both hospital and medical school—and other stakeholders including payers and lobbying groups. The mission can be encouraged closer to home through members' own work as physician leaders in their own clinics.
 - A few attendees did not agree that fighting the crisis in primary care is their mission citing unobtainable goals.
 - Although there is no easy answer to the question, most agreed that there are local and national steps that can be made toward saving primary care that all attendees are capable of acting upon. ACGIM is a key player in being able to achieve these goals; members provided some potential solutions:
 - Sharing benchmarking data and pilot programs
 - Forming a dialogue around this topic on the ACGIM listserv
 - Continuation of site visits
 - Provide the best training for the doctors of the future
 - Understand the flow of money, how to save the hospital money, and how to negotiate for more funds by leveraging the amount saved
- The second day of the retreat focused on the emergence of Hospitalists in GIM.
 - Dr. Flanders spoke about the challenges and opportunities for academic hospital medicine including actions already performed and key issues for the future.
 - Attendees were asked to break into three groups—Clinical/Financial, Promotion and Education—to discuss the key issues of hospital medicine in further detail.

- Clinical/Financial: The leaders of this subgroup surveyed chiefs and presented the findings at the Summit. The findings included a large variability. Members voiced concerns about sustainability and there was a lot of discussion around ways to better qualify work in terms of clinical and non clinical aspects. There was also a consensus surrounding the need to provide chiefs with the knowledge and skills to better negotiate with the hospital.
- Promotion: This group discussed many options for the advancement of hospital medicine. Topics included the quality portfolio as well as the need for more fellowship training. Many of the chiefs thought it wise to add a quality section to the education portfolio rather than create an entirely new quality portfolio. It was agreed that the portfolio must follow the standard criteria for scholarship. It was also mentioned that site visits would be a great way for hospitalist groups to understand the variations around the country.
- Education: Much of the time spent in the education subgroup focused on an idea stemming from the SGIM-ACGIM-SHM Academic Hospital Medicine Summit, the boot camp. There was a general consensus that the course would fill a need but there was controversy among the chiefs as to whether the course should be open to only hospitalists. The proposed amount of \$5,000 per attendee seemed a little high to most chiefs. The attendees were also split over the direction of the course, whether it should be a broad overview of necessary skills or focusing on specific areas. It was also suggested that the meeting be followed up with web-based or annual meeting-based meeting. SHM was also enthusiastic about the boot camp and may be partnering with SGIM/ACGIM to help it come to life. The next step is to get together a group and staff to create more content for the course and a business plan.
- When the groups reconvened, the conversation focused on how ACGIM can become involved with hospital medicine. Possible action items include:
 - Piloting a peer review process
 - Continue/expand site visits
 - Advocate for more clinician educators on promotion committees
 - Promote faculty development for all GIM

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