ON LEADERSHIP

CAFP Proudly Honors Six Family Medicine Leaders

From Left ... Tom Bent, MD; Michelle Quigoule, MD; Alex Sherriffs, MD; Raul Ayala, MD; and Joan Rubinstein, MD

Each year the Academy and Foundation honor a group of family physicians who represent the very best of the specialty ... this year six family physicians who have led the charge in community activism, education, innovation, and advocacy have been selected. In addition, we are awarding the first Preceptor of the Year Award. Congratulations and our most sincere thanks to these incredible leaders!

Michelle Quigoule, MD
2013 CAFP Family Physician of the Year

The California Academy of Family Physicians presents this prestigious award to an individual who exhibits the finest qualities of family physicians and who goes above and beyond in service to patients and community.

Dr. Quigoule exemplifies all that is right about family medicine; she is an advocate for her patients, her academy, her specialty and her community. In her mere 10 years of practice, she has assumed leadership roles in her medical facility, county medical society, the CAFP and the AAFP. Her active engagement in her community ranges from her work in her children’s school to serving as a key contact for her state and national legislators, from spearheading the launch of a mobile health unit to working to save a residency program.

In 2012, the family medicine residency program at Kern Medical Center decided not to select a new PGY-3 class of doctors-in-training, citing funding deficits as the reason. Dr. Quigoule single-handedly rallied interest and spent countless hours campaigning to save the program. Many in her community believe Dr. Quigoule not only saved the program, but also saved many people in the community who would have accessed the emergency room rather than seeing their primary care physicians.

When Kaiser Permanente invested in a Mobile Health Vehicle to serve outlying members in Kern County, Dr. Quigoule was one of the first physicians to volunteer. She has been adamant about making sure that outlying members receive the same continuity of care they would receive in Kaiser Permanente facilities.

Dr. Quigoule is also actively engaged in the politics of family medicine, serving as a California Academy of Family Physicians delegate to the CAFP Congress of Delegates and as a key contact to legislators in her local district as well as to federal officials. She is also a member of the AAFP Commission on Health of the Public and

Science and serves on that commission’s Subcommittees on Health Equity, as an Alternate Delegate to the U.S. Breastfeeding Committee and as Vice Chair, AIM-HI. In addition to her advocacy roles, she serves on the Board of Directors of her county medical society and as an alternate delegate to the California Medical Association’s House of Delegates. She has also served on CAFP’s delegation to the CMA-Specialty Delegation.

Finally, Dr. Quigoule is a role model for physicians trying to “have it all.” She and her husband, Jason, decided to have their first daughter, Lucy, when she was born that Jason would be the at-home parent. Jason is now home with Lucy and daughter number two, Emma. Dr. Quigoule and Mr. Sperry have been models for others making this decision and in the ongoing fight for life-work balance.

Dr. Michelle Quigoule is a true leader and role model for her peers. She is an active spokesperson for the specialty of family medicine as well as for family physicians’ roles in family, education and public health. Through her involvement with CAFP/AAFP, she has reinvigorated a community of physicians and lit the torch for the future of family medicine.

Thomas C. Bent, MD
2013 CAFP Foundation Barbara Harris Award for Educational Excellence

Tom Bent, MD is a leader in family medicine, an excellent clinician and a superb teacher. He is a CAFP Past President, has served on the CAFP and AAFP Committees on Professional Development and chaired the AAFP Committee in 2006. Dr. Bent is a founding mentor in the CAFP Continuing Medical Education (CME) Leaders Institute and has mentored many medical students and residents throughout his career. As an educator, he brings his inherent qualities of insight, humor and compassion to bear in a unique and engaging blend. He is able to connect with learners on common ground and with a sense of the “common man” (doctor); he places himself on par with his audience and the patient and garners their interest and, most importantly, their trust. This stance enhances the audience’s ability to attend, focus on and grasp important

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FAMILY MEDICINE PHYSICIAN
Well-known Waist Coast Family Medicine Residency Program seeks a strong faculty member with interest in academics. Natividad Medical Center Family Medicine Residency Program has been in existence since 1975, and provides care for a largely Medicaid/underserved population in the Salinas Valley. Our program has an emphasis in Obstetric and Geriatric Medicine, and we are expanding our resident cohort from 24 to 32 spots. We seek to expand the number of family medicine residents over the next few years, but are looking to fill only full-time positions at this time. This position also involves supervising Residents and Medical Students in the Family Medicine Residency clinic, on the inpatient units and while on call (call is approximately 3 times/month).

The ideal candidate will be a Board-Certified Family Physician with an interest in academics as well as general family medicine. Training and experience in Sports Medicine or Geriatrics is a plus, but not required. Faculty development, as well as ongoing development of the CAFP faculty development year-long course and Natividad training, may be available for the selected candidate.

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Reflections on NSC
Marie-Elizabeth Ramas, MD, 2013 Minority Co-Convenor

Who would think that such a small investment in a person could yield such big rewards? This is my impression after returning from my second NSC meeting. As a new graduate from residency, I came to NSC last year without expectations, but left with a new sense of direction and fervor for making an impact on underserved communities by helping create policy change starting at the academic level. In fact, interacting with passionate, energetic and motivated people encouraged me to run for a position as co-convenor of the minority constituency.

This conference is a forum provided by the CAFP for underrepresented constituencies within AAFP and also elects delegates who can represent those groups during national policy-making sessions for the AAFP. In addition, this meeting occurs in conjunction with the Annual Leadership Forum (ALF), which targets chapter executive leaders to expand upon their leadership skills. What impresses me the most is that AAFP board members are readily available, lending their knowledge and expertise during the entire meeting.

Participants of NSC become leaders in their chapters, both within AAFP and in their communities. Indeed, no other rural organization invests in identifying, promoting and developing leaders of underrepresented groups. Most Family Physicians begin their careers with the same mission to make a difference, our 15 years of experience born on this notion. Over the years our role has remained the same... but the public has lost sight of family medicine. Through NSC, the ember for social activism burns strong. It reminds us as family physicians that we can make a difference no matter where we are, and our patients will thank us as it.

The conference provides a chance to get involved, network, find mentorship and form lasting friendships with like-minded people. While people of underrepresented populations have traditionally lacked mentors and support, AAFP has taken the lead to invest in this opportunity for their enrichment. As a result, it consistently reaps the reward of further representation and active involvement from past participants.

I hope to see more registrants next year. Please let your colleagues in other states know, as well as your former residency programs, so that third year family physicians may take advantage of this great experience. The Academy can also reimburse the airfare of one new physician delegate from each chapter and three other delegates from chapters that may not have funds available to send members. See you next year! ☼

Interested in getting involved? Contact Sophia Henry at shenny@familydocs.org.

Meeting the Leadership Challenge Could Change How Health Care and Primary Care are Experienced

Ed O’Neil, PhD

How do we know in times of great change? It is a challenging question and one that just about everyone in a leadership role in health care is faced with today... anyone leading the smallest practice to the largest delivery organization. Here are some beginning thoughts on meeting this challenge taken from my 30 years of developing leaders in health care.

Do not defend the status quo
This will be a challenge for every leader. Health care in the U.S. has created many good things for consumers and providers alike, but the current approach we’ve taken to health care delivery is not sustainable. To lead the dramatic, and much-needed, change will require a new perspective that takes the outcomes the old way valued and matches them in dramatically different ways. Defending what was will only get in the way of needed innovation and progress.

Focus on the consumer
I use this word rather than patient because a reason. Nowhere does the status quo need to change more than in the relationship between the professional and those who consume the service. We need actively engaged consumers of health care and we need providers who see that primary care is not about being a family doc or an internist or a nurse practitioner; it should be about providing services to solve consumer problems in a way that meets or exceeds their expectations as consumers on price, quality and satisfaction. Just as there are lots of different needs within the segments of the consumer market, there will be lots of different primary care to meet these varied needs.

Do not over think it
This will be hard because most physician leaders will want the proven answer before they begin to innovate. Resist! Create the framework for change, the values to be reached in novel ways, the process to do the work together, but differently and then lead the effort by teams and colleagues as they invent the new primary care approaches as they work side-by-side with one another and the consumer/patient. Living with such a discovery process will test the instinct of every physician who likes to provide leadership from the front. It is time to understand just how radical the change will be, help everyone to come to understand that reality and create a process where real innovation can come forward. This is a complex problem, and the answer cannot unfold until we start the process.

Invest in relationships
Because of the uncertainty of the work to be done or even the goal to be reached, an over-investment in managing tasks can be a damaging leadership move. Better to work on improving the relationship of the provider team, developing new ways for the entire staff to be involved, and exploring how consumers can help us understand what they want and need and how they want to receive it. Again, this is not a natural first step when there is “too much to do,” but it is the only one that will secure a process leading to significant change.

Invest in networks
For most of the past 30 years we have locked up health care into silos that now defend the status quo. To lead now means a willingness to reach out to others in health care who are working on the same problems and be willing to share with others as they take on the new challenge. It also means reaching beyond where we might have looked in the past. The first outreach should be to the patient/consumer, and then to other service industries, technology firms and public and social enterprises that work.

Innovate, harvest and apply
As this is a creation process, it will require that leaders pay attention to the process of fostering innovation, taking what has been learned and applying it to the next problem. Fostering such an enterprise and keeping it running is an enormous leadership challenge and will be easier as more people on your team feel it is their responsibility as well.

Do not make restructuring a fetish
Far too often in health care means pouring old wine into new bottles without actually changing the way we organize and deliver value to the consumer. Spending a lot of time trying to game the system by altering organizational structures without truly innovating will only delay the inevitable and leave the leader less well positioned for the change that must come.

These leadership suggestions may seem odd. I have not asked anyone to reframe the PCMH in a way that is different. I have put before you a much more challenging and perhaps frightening leadership framework; one that could actually change how health care and primary care are experienced.

Ed O’Neil, PhD is the former Executive Director of the UCSF Center for the Health Professions.