2012-2017 Strategic Plan
Family and Community Medicine

Healthier individuals, families, and communities
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I. Global Direction
Mission and vision statements

Our Mission:
Improve the quality of healthcare through primary care and interprofessional education, patient-centered and family-centered care, exploring new initiatives and conduct research that informs public policy for the improvement of the health and welfare of the communities we serve.

Our Vision:
Healthier individuals, families, and communities.
Values and guiding principles

- Fairness
- Courtesy/Respect
- Equity
- Innovation
- Diversity
- Leadership
- Social Responsibility
- Teamwork/Collaboration
- Stewardship
- Service
- Excellence
II. Strategic Direction
Goal 1: Patient-centered medical home

Develop leadership in the Patient Centered Medical Home and champion the approach within the UC Davis Health System.

The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care across the lifespan. The PCMH is a health care setting that facilitates partnership between individual patients, their families, and their “health care team”. The PCMH is the foundation for teaching primary care by providing an exemplary medical home that emphasizes the key components of family medicine: continuity, collaboration, comprehensive services, coordination, communication, and community engagement.

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Goal 1: Patient-centered medical home

Indicators of achievement:

- Achieve Level 3 NCQA recognition and maintain updated Level 3 recognition.
- Increase the number of patients cared for in our PCMH by 10% over baseline in five years.
- Improve our efficiency measure (RVU/CFTE) by 5%.
- Each year, initiate one new practice-wide clinical improvement project utilizing population data.

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Goal 1: Patient-centered medical home

**Strategy 1.1**  
Coordination: Develop a care coordination system for patients that integrates internal and external resources.

**Strategy 1.2**  
Collaboration & Continuity: Create a method for residents, faculty, and staff to redesign clinical work flows and improve patient continuity.

**Strategy 1.3**  
Comprehensive Services: Ensure the provision of a full scope of high-quality services.

**Strategy 1.4**  
Community: Develop community partnerships to augment our expertise in the PCMH.

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Goal 1: Patient-centered medical home

**Strategy 1.1**
Coordination:
Develop a care coordination system for patients that integrates internal and external resources.

**Tactics**
- a. Initiate programs that coordinate across the care continuum.
- b. Seek grant funding for a care coordination curriculum, and implement for residents and students.

**Strategy 1.2**
Collaboration & Continuity:
Create a method for residents, faculty, and staff to redesign clinical work flows and improve patient continuity.

**Tactics**
- a. Redesign our care team to explicitly support interprofessional practice and interprofessional education.
- b. Redefine continuity to meet all of the goals of the PCMH, and the goals of residency training.
- c. Create an infrastructure for practice-wide improvement projects such as improving Delivery System Reform Incentive Projects (DSRIP) measures for LDS and blood pressure in patients with Diabetes, and developing projects focused on preventive service and high-risk patient safety issues.

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Goal 1: Patient-centered medical home

**Strategy 1.3**
Comprehensive Services:
Provide a full scope of high-quality services without sacrificing quality.

**Tactics**
a. Provide the full scope of services desired by our patients.

**Strategy 1.4**
Community:
Develop community partnerships to augment our expertise in the PCMH.

**Tactics**
a. Create a PCMH development collaborative with other community practices.

b. Develop community partnerships for robust interprofessional training opportunities that teach PCMH principles across the care continuum.

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Emphasize the “community” in family and community medicine.

The Family and Community Medicine Department will work to redefine how we engage with and serve our community. This process will start internally, with a focus on fostering a greater sense of community and involvement among faculty, staff, and learners. We will harness our shared passion for community engagement and community health to engage our extended communities, including the Health System community as well as the communities of the greater Sacramento area and Northern California.

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Goal 2: Community engagement

Indicators of achievement:

- Allocate a community liaison staff position.
- Establish a community advisory committee with at least 10 members to meet each quarter.
- Support at least 10 learner community engagement projects each year.

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Goal 2: Community engagement

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<th>Strategy 2.1</th>
<th>Nurture our own sense of community within the department.</th>
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Healthier individuals, families, and communities.
Goal 2: Community engagement

**Strategy 2.1**
Nurture our own sense of community within the department.

**Tactics**

- Conduct conversations with department faculty and staff to gain a better understanding of each person’s roles, responsibilities, and desires for the future in order to break down silos between the faculty and staff, research and clinical missions, and residency and medical student teaching, etc.

- Institute social gatherings and collaborative community service activities.

- Improve department communication and transparency.

- Conduct pre- and post- surveys of faculty and staff satisfaction with our professional community to measure progress.

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Goal 2: Community engagement

**Strategy 2.2**
Foster dynamic community discussion and learning.

**Tactics**

a. Allocate a community liaison staff position to convene and manage a community advisory committee, facilitate departmental community work through supporting learner community engagement projects, and evaluate community responses to departmental initiatives.

b. Establish a community advisory board; including the community leadership track residents, the department community liaison and at least two departmental faculty members. We envision that this board would include a variety of community leaders, including those in key positions of visible leadership, as well as members of underserved communities with leadership potential but without positions of power (e.g. mothers, teachers, counselors, etc.).

c. Utilize the community advisory board and community focus groups to understand community needs and desires regarding education the department can provide to the community.

Healthier individuals, families, and communities.
Goal 2: Community engagement

**Strategy 2.2**  
Foster dynamic community discussion and learning

**Tactics**

d. Support FTE time for faculty interested in administering and leading the activities of this goal.

e. Explore more interactive sessions for the Snively speaker series.

f. Convene town hall meetings with community members.


g. Explore long term funding for the community liaison position.

h. Consider creative use of social media to facilitate community learning and discussion.

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Goal 2: Community engagement

**Strategy 2.3** Expand support of learner community engagement projects.

**Tactics**

a. Support and continue to expand CHPT resident projects.

b. Expand partnerships with interested community partners (such as Sacramento High School and Hiram Johnson High School) led by the community liaison.

c. Provide funding and administrative support for medical student and FNP/PA projects (some in partnership with CHPT) through the department community liaison.

d. Ensure benefit to community partners through community focus groups and systematic evaluation led by the department community liaison.

e. Harness the interest and expertise of our Community Leadership track residents to develop meaningful community engagement projects for all learners.

f. Develop interprofessional projects to include residents, SON, SOM, and FNP/PA students.

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Goal 2: Community engagement

Strategy 2.4
Explore the development of a service-oriented community clinical site.

Tactics
a. Implement a process for identifying, evaluating and securing key partnerships with community service organizations.

b. Explore Health System leadership solutions by aligning our goals, seeking collaborative funding solutions, etc.

c. Establish a work group of interested faculty, staff, and residents (informed by the community advisory board) to explore options for creating a second site.

d. Explore development of an FQHC site for residents in collaboration with existing partners (such as Yolo County Communicare Clinics), potential partners, and other appropriate community organizations.

e. Utilize the research development officer to help explore long term funding for these initiatives.

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Goal 3: Interprofessional primary care education

Create a valued and expected culture of interprofessional collaboration to promote excellence in primary care education.

Collaboration among primary care professionals (physicians, nurse practitioners, physician assistants, and nurses) is crucial for the future delivery of high-quality, patient-centered primary care. We plan to excel in training our future primary care professionals by creating and supporting models of interprofessional collaboration in education, clinical care, and research.

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Goal 3: Interprofessional primary care education

**Indicators of achievement:**

- Establish clearly defined interprofessional, educational experiences that are of value to primary care trainees, educators, and clinical staff.
- Develop at least two new and sustainable community-based interprofessional educational experiences.
- Secure at least one funding source that specifically supports interprofessional education.
- Designate a faculty member who serves as the departmental champion and leader of interprofessional collaboration and education.

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## Goal 3: Interprofessional primary care education

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<th>Strategy 3.1</th>
<th>Develop interprofessional educational experiences, both didactic and clinical, in the UC Davis Health System.</th>
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<td>Strategy 3.2</td>
<td>Develop clinical interprofessional educational experiences in the community.</td>
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Goal 3: Interprofessional primary care education

**Strategy 3.1**
Develop interprofessional educational experiences, both didactic and clinical, in the UC Davis Health System.

**Tactics**

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<td>a. Develop a series of didactic lectures focusing on how to collaborate in an interprofessional relationship to benefit the patient, the clinic population, and the community.</td>
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<tr>
<td>b. Add the discussion and evaluation of interprofessional educational endeavors to the agenda of existing curriculum committees (Resident Education Committee, Medical School Education Committee, and the FNP/PA Program) and current Faculty meetings.</td>
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<tr>
<td>c. Survey recent graduates to identify educational experiences that may have better trained them for interprofessional collaboration.</td>
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<tr>
<td>d. Evaluate current Medical Student Education Program courses and Family and Community Medicine Residency and FNP/PA Program rotations to determine where interprofessional educational experiences can be initiated or expanded.</td>
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Goal 3: Interprofessional primary care education

**Strategy 3.2**
Develop clinical interprofessional educational experiences in the community.

**Tactics**

- a. Explore partnerships with UCDHS leadership in the development of an FQHC community training site to expand interprofessional primary care education opportunities.

- b. Expand our current community partnerships (CHPT, CommuniCare, Harmony Health) to include opportunities for interprofessional education.

- c. Investigate potential new community partnerships to support interprofessional education. Possibilities include potential partnerships with the County of Sacramento, Hiram Johnson Student Clinic Parent Teen Program, and graduates from the FNP/PA and residency programs.

- d. Develop a partnership with the UCD Primary Care Network to create a clinical site for interprofessional education among primary care learners.

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Goal 3: Interprofessional primary care education

**Strategy 3.3**
Secure diverse funding for interprofessional education.

**Tactics**

a. Investigate and apply for Academic Administrative Grant opportunities from HRSA.

b. Explore possible training funding from State of California agencies (i.e. Song Brown Commission).

c. Partner with Health System leadership and other UCDHS departments on interdisciplinary grant opportunities.

d. Explore opportunities for interprofessional training grants from private foundations.

e. Establish a departmental funding program that will support new or sustain developing endeavors in advancing interprofessional education.

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Goal 3: Interprofessional primary care education

**Strategy 3.4**
Build faculty expertise in interprofessionalism.

**Tactics**

a. Identify a faculty champion who will lead in implementing interprofessional educational endeavors and in promoting interprofessional competency.

b. Expand staff needed to support interprofessional educational activities.

c. Engage Graduate School of Management faculty and administration in professional leadership development opportunities.

d. Encourage and support current faculty in faculty development or research in interprofessional educational endeavors.

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Preeminence in primary care scholarship.

Excellence in primary care scholarship is a widely acknowledged indicator of the quality of family medicine departments within academic health centers. As such, it’s essential that the UC Davis Department of Family and Community Medicine invest resources to continue to build the quality and reputation of this critical function for all faculty.

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Goal 4: Research/scholarly work

Indicators of achievement:

- Expand the present high level of success in obtaining federal and other extramural research and scholarly work grant funding.
- Expand the present high level of success in research and scholarly publications.
- Expand on the present high level of success in having presentations accepted at national scholarly meetings.
- Commit to an active, ongoing research fellowship program, with at least one funded fellow annually.

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Goal 4: Research/scholarly work

**Strategy 4.1**  Commit resources necessary to maintain current level of grant funding and explore opportunities to potentially increase funding.

**Strategy 4.2**  Increase local and national media coverage of research and scholarly activities.

**Strategy 4.3**  Maintain our current high number of research and scholarly publications, and explore opportunities to increase the quantity of published work, particularly in high-profile publications.

**Strategy 4.4**  Maintain the current high level of recognition of and regard for our research and scholarly activity among academic peers nationally, and explore ways of further building our reputation.

**Strategy 4.5**  Increase departmental commitment to training research fellows.

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Goal 4: Research/scholarly work

**Strategy 4.1**
Commit resources necessary to maintain current level of grant funding and explore opportunities to potentially increase funding.

**Tactics**

a. Utilize the department research development officer to help faculty identify new funding opportunities (e.g. foundations) and assist with grant preparation.

b. Explore interdisciplinary, collaborative grant applications.

c. Maintain jumpstart fund to support promising pilot research and scholarly projects.

d. Explore expanding the amount of jumpstart funding available (e.g. through departmental reserves), to fund larger pilots and help with cost-sharing for extramurally funded projects.

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Goal 4: Research/scholarly work

**Strategy 4.2**
Increase local and national media coverage of research and scholarly activities.

**Tactics**
- Work with the UC Davis SOM Public Affairs office to identify and promote faculty grants and publications.
- Regularly update information on new grants and publications on the department, CHPR, and other appropriate websites.
- Explore the use of other communication channels with potential national reach (e.g. social media).
- Utilize the research development officer as a conduit to the above resources and to help identify promising new resources.

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Goal 4: Research/scholarly work

**Strategy 4.3**
Maintain our current high number of research and scholarly publications, and explore opportunities to increase quantity of published work, particularly in high-profile publications.

**Tactics**

a. Encourage and provide mentorship for faculty to write manuscripts summarizing the findings of projects (especially those accepted for presentation at national meetings) and submit them for potential publication in peer-reviewed journals.

b. Under ongoing faculty mentorship, encourage resident participation in scholarly activities with potential for publication.

c. Explore utilizing the department research development officer to help faculty with manuscript preparation and submission.

d. Explore the feasibility of developing consensus measures of departmental publication [research] success (e.g. # publications x journal impact factor); of determining current (baseline) success using such measures; and of using the measures to monitor and stimulate further success over time.

e. Fill current FTE position with the assistance of the recruitment team.

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Goal 4: Research/scholarly work

**Strategy 4.4**
Maintain the current high level of recognition of and regard for our research and scholarly activity among academic peers nationally, and explore ways of further building our reputation.

**Tactics**

a. Strongly encourage and support (e.g. via travel funds) at least one annual presentation per faculty member at a relevant national scholarly meeting.

b. Explore the feasibility of nominating faculty for participation in research groups, panels, editorial boards, or committees (e.g. NIH or other study sections, national and state governmental panels), prioritizing the nominations for maximum potential impact.

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Goal 4: Research/scholarly work

**Strategy 4.5**
Increase departmental commitment to training research fellows.

**Tactics**

a. Continuously maintain at least one research fellow each year with a second if additional grant support is available.

b. Explore intramural and extramural sources of funding (e.g. HRSA) to help with support research fellows.

c. Explore ways of increasing local, regional and national promotion of fellowship opportunities.

d. Explore the feasibility of developing and maintaining junior faculty positions that would entice promising graduating fellows.

Healthier individuals, families, and communities.
Goal 5: Faculty and Staff Development

Recruit, support, and retain a diverse and vibrant faculty and staff.

The Department of Family and Community Medicine at the University of California, Davis seeks to build a more diverse and vibrant faculty and staff. This growth will enable the department to meet the ongoing needs of its patients and learners, as well as enhance its contributions to research and improve its ability to adapt to the changing health care climate.

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Goal 5: Faculty and Staff Development

**Indicators of achievement:**

- Current FTE needs will be filled.
- Shared perspective that our department is well staffed to meet clinical, educational, and research needs through annual faculty survey.
- Annual faculty and staff self assessment of current performance, sense of support within department, ability to meet future career goals.

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Goal 5: Faculty and Staff Development

**Strategy 5.1**  
Recruit new faculty.

**Strategy 5.2**  
Develop and support current faculty and staff to increase retention.

**Strategy 5.3**  
Develop a pipeline of potential faculty recruits.

**Strategy 5.4**  
Establish an endowed chair.

Healthier individuals, families, and communities.
Goal 5: Faculty and Staff Development

**Strategy 5.1**  
Recruit new faculty.

**Tactics**

Establish a task force to:

a. Determine the optimal size and mix of the faculty to meet the core teaching, patient care, research, administrative and service missions of the department.

b. Better understand our current barriers – e.g., financial, clinical, educational, and research needs.

c. Develop an effective recruitment strategy that includes recruiting goals, methods, etc.

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Goal 5: Faculty and Staff Development

**Strategy 5.2**
Develop and support current faculty and staff to increase retention.

**Tactics**

*Faculty:*
- a. Assess current faculty’s experience in the department.
- b. Identify best practices for supporting faculty utilized by UC Davis and peer institutions.
- c. Partner with the UC Davis Health System to develop new faculty mentoring initiatives.

*Staff:*
- d. Assess staff’s professional development and career advancement opportunities.
- e. Support staff with an annual School of Medicine development award to enhance the employee’s skills, knowledge, and abilities.
- f. Promote a nourishing environment for staff’s continuing education, career planning, and personal growth through activities offered by the UC Davis Health System Training and Development Unit.

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Goal 5: Faculty and Staff Development

**Strategy 5.3**
Develop a pipeline of potential faculty recruits.

**Tactics**

a. Identify and implement support mechanisms to assist in the transition from student to resident to fellow to faculty.

b. Explore different models of faculty development and consider establishing a faculty development fellowship.

c. Define and develop activities that support and encourage relationships with:
   - Medical students
   - Residents
   - Fellows
   - Practicing physicians in the community and PCN
   - FNP/PA, SON

**Strategy 5.4**
Establish an endowed chair.

**Tactics**

a. Explore opportunities to bring an endowed chair to the department.

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