

2005 – 2010: A Reflective Essay

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Since joining the Michigan State University College of Human Medicine Department of Family Medicine five years ago, I have had many opportunities to fulfill the professional objective that I list on my *curriculum vitae*:

To demonstrate the patience to plan, the courage to act, and the wisdom use each in its time by leveraging the lessons learned as a Family Physician, educator, administrator, researcher, and advocate while maintaining meaningful activity in each of these domains of Family Medicine

Patient care services, clinical and pre-clinical teaching, research and scholarly productivity, and institutional service are the broad headings into which each of my accomplishments fit like puzzle pieces. The overall accomplishment, though, is furthering improvements that help Family Physicians and the patients for whom they care by elucidating innovative delivery models; ensuring student interest; teaching students, residents, and colleagues; and advocating for the resources required to continue the process of continual improvement.

My patient care services demonstrate high quality, efficiency, and productivity compared to by local, state, and national peers. According to Blue Care Network Quality Summary Reports, my overall quality is near the 90th percentile for Family Physicians in the state of Michigan. Similarly, efficiency reports from managed care health plans indicate that my utilization is generally favorable compared to peers and targets. My productivity has been above the 75th percentile or higher compared to national peers each year. These external comparisons are useful as I have worked to transform my practice from traditional to a Patient-Centered Medical Home. While the transformation is not complete, my ongoing performance and progress suggest that the transformation has been successful so far. Having direct experience with this transformation legitimizes my teaching about practice transformation and advocating that others either join me on this journey or support it.

I remain active in clinical and pre-clinical teaching through problem-based learning sessions, attending physician teaching of students and residents in inpatient and outpatient settings, and continuing professional development of peers all focus on sharing evidence-based methods of caring for people in ways that predictably combine high quality and efficiency. Lessons learned

from practice and research inform teaching. My learner evaluations are very positive and highlight my ability to integrate research and practice experience. There is a deeper reason for my interest in teaching. Beyond sharing successful approaches to continually improving the care of people by my students, I hope to instill in each of them that same goal by serving as model of the change that I am trying to make.

My research and scholarly productivity have mainly been focused on determining successful ways of continually improving the quality and efficiency of care provided my primary care physicians, especially Family Physicians. As Physician Champion for the Michigan Improving Performance in Practice Grant, the change team and I were able to improve the care of people with diabetes and asthma in over thirty primary care practices within Michigan. Best practices were shared among involved practices through collaborative learning sessions and more broadly through publication. The knowledge gained through these trials inform further teaching, practice transformation and advocacy. The experience gained informs further trials, some of which will lead practice transformation to new successes, some of which will not. Each will be valuable.

Institutional service includes advocacy both internal to Michigan State University and external to it. Internally, I lead HealthTeam's Quality Council and Privileges and Credentials Committee. Quality Council has been charged with improving quality across the departmental clinics that make up the HealthTeam. We have increased the number of practices externally recognized as Patient-Centered Medical Homes from zero to one, and now to six. Each of the primary care clinics is currently recognized. Recognition brings additional resources for continued practice transformation but also bring a need to redouble transformational efforts to keep up with other practices across the state. This redoubling requires additional research into new methods, the dissemination of those new methods, and further advocacy for the resources to invest to find them.

I have dedicated my professional life to demonstrating the improvement cycle, "Plan, Do, Study, Act." I have demonstrated success through research and scholarly productivity, patient care services, clinical and pre-clinical teaching, and institutional service. Each piece is important in continually improving what we do and how we do it. Each piece is necessary and interrelated to the other pieces. Together, they combine to be more than the sum of their parts. It is this synergy for which I continue to strive.