A Leadership Challenge: Providing Hope for Our Patients, Practices and Communities

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The wounds of the COVID 19 pandemic are deep—not only for our patients, our practices, our learners and our communities—but also in the social isolation that itself makes healing much harder. The pandemic has also been accompanied by a new civil rights movement, as we as a society again address inequities of health, education and criminal justice. And, as citizens, we live in a time of unending and often unproductive partisan struggle, the return of major inflation, potential use of nuclear weapons and the long-term existential threat of climate change.

In a world beset by such significant challenges along many dimensions, where does hope come from? How do we as family physicians and leaders give hope to our patients, practices, learners and communities? At a meeting of the Family Medicine Leadership Council in August 2022, we took the opportunity to ask current and past leaders of the American Academy of Family Physicians, the American Board of Family Medicine, the Association of Departments of Family Medicine, the Association of the Family Medicine Residency Directors and the Society of Teachers of Family Medicine why they had hope for the future—now, in the fall of 2022. Their clinical practices range from a small rural practice, to an FQHC, a new rural residency and a large regional health care system, but they were united in commitment to the people they serve.

It is clear that transparency ("Houston, we have a problem!") is not enough. Family physicians are often skilled in circling the wagons and letting their community know what is going on. But informing people about what is happening, as important and difficult as that is, is necessary but not sufficient–particularly in a time of multiple and complex challenges. The people we serve—our patients, our practices, our learners and our communities—must have hope to move forward and rebuild. And having hope, and articulating hope, is a critical leadership challenge for our times.

One source of hope arises from what happened at the onset of the pandemic. In many settings, family physicians took on many new roles, doing whatever was needed, changing practices overnight to telehealth, going back into hospital and ICU care, setting up COVID diagnostic centers, and reaching out to care for patients in their homes. We care for people, not just their medical problems. Across so many communities and health systems, we—the field of family medicine –said, "We've got this," -often without PPE, payment and even a clear understanding of what would happen in the future. We have demonstrated why generalists and flexibility are so important for any health care system, and why the professionalism of family physicians remains a foundation of health care.so important.

Another source of hope comes from our clinical teams. Family Medicine has always been a team sport, even as we strive to move toward more integrated, team-based care in the practices of the future. In the early days of the pandemic, in many practices, events forced weekly, daily, or even sometimes moment-to-moment change in what we did.

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We had to be flexible, we had to learn new things, and the value of having many kinds of expertise on the team was manifest. One of many examples was the heroic efforts of our behavioral health colleagues who added hours to address the pandemic-worsened mental health of patients, families, other health care workers, and each other. Like steel forged in a furnace, the pandemic created many teams that were stronger afterward, with the sense of self efficacy and pride that they can take on whatever challenges can come next.

The memory of the power of interpersonal continuity of care and social connection is also a source of hope. One of the worse aspects of the COVID pandemic has been the dissolution of social ties and social support – thinning of connections to patients, the ties between residents and their faculty, or isolation from the broader community. Many of our new residents and team members do not have these memories or are wary about re-engagement in social connection. Yet, it is these social ties which will be so important for rebuilding. The memory of what it was like to have a continuity relationship with a patient and family over time or to remember the capacity of clinical teams to provide daily social support will help provide the blueprint for rebuilding vision for the future. It is on personal connections that trust is built, and trust is necessary for our social systems to return to health.

What we have accomplished as a specialty in residency redesign also gives hope. Many of us understand that, despite the rhetoric of high tech medicine and transformation, the overall outcomes of the US health care system are now getting worse, and not just improving at a slower pace than the rest of the world, with the dropping of life expectancy since 2014[1], new evidence of major disparities in care and continuing acceleration of cost. To meet that challenge, and despite huge changes in their professional and personal lives, over 3500 family physicians and family medicine faculty across the country participated in the groundwork of redesigning Family Medicine residencies. The result was a new vision for training the personal physicians who can heal our communities The draft major revision represented the most significant changes since 1969 with a commitment to serving society through practice transformation, addressing disparities in communities, learning networks and competency based medical education[2–4]. Of course, the journey has just begun. There are many political, organizational and financial barriers to changing family medicine residency training and to developing a central role for personal physicians in the health care system. But the community is united in the need for change and has found a voice.

We do not mean to imply that what faces these family physicians individually or in their organizations is worse than that of many individual family physicians communities or small businesses in the US or around the world. Nor do we believe that what we as leaders of practices and organizations find personal hope in will be sources of hope for all. What we believe, however, is that it is critical for family physicians and their leaders to offer hope to their patients, practices and communities. We face a myriad of challenges, and this is a marathon, not a sprint. We will move forward together, we will leave no 1 behind, and we will never give up. Having hope for the future is the first step.

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