How can we build a greater national social mission movement?

National Organization Support

- Enlist support of AAHC, AAMC, APHA, NMA, AMA, Docs for America, Natl Phys's Alliance, etc
- AAFP heavily represented, increase presentations to AAP (pediatricians), ACP (internists)
- Co-sponsor events, bring membership together
- Bring these orgs together to overcome egos, silos, suspicion
- Link with and leverage power of Managed Care Orgs, Insurers now supporting SDOH
- Leverage the role AAHC/Steve Wartman can play re: SDOH priority
- Lobby Congress to incr. budget for NIH Nat. Ctr Minority Health, HRSA TCHCs, CDC
- Work to place SDOH on forums of Hosp Assoc, Medical Assocs, Bar Assocs
- Maximize Medicaid's Federal participation (grc.osu.edu; www.universitypartnerships.org)
- Have AAHC give SDOH awards to exemplary AHCs at annual meeting
- Create "quick wins" by listing FAQs re BF for both constituents and funders (Kellog, RWJ, etc. (ex. Medicaid GME $ to FQHCs, Awards programs, etc)
- Be inclusive of all health professions including nurses, NPs, P.A.s, allied health and those already in the workforce beyond those in training

Accreditation/Prof Competencies/Payment Reform

- Include Social Mission as part of LCME, specialty board accreditation, CME, licensure
- Hold ACGME/LCME accountable for requirement SDOH skill set tool into curriculums and medical practice
- Include SDOH to Residency competencies
- Add to med stud, resident "core" competencies
- Require community health needs assessment of all AHCs
- Create SDOH RVUs (to ensure it is valued)
- Change RVUs to favor primary care
- Add to Total RVU: Work RVU + Practice Expertise RVU + Medical liability RVU + Soc Det RVU
- Value-based payment (PMPM) must include social det RVU (modifier Soc Det)
- GME $15.5 billion (Medicaid, Medicare, Marketplace) evolve toward payment for IPE, comm-based educ, rural to balance urban tertiary care

Dissemination/Connections

- Publish this Social Mission/SDOH work
- Need to make the business case, disseminate evidence ("show me the data")
- Use social media to spread the word, be repository for tools, resources
- Many innovations in this SDOH but unknown to most outside this Conference
- Identify and disseminate best practices that are showing results, and institutions committed
- Create common SDOH power point everyone can use at home institution or program
- Form learning groups—those from similar contexts who can share ideas, strategies

Network Development

- Ensure we're not the "only shirtless dancing guy"
- Partner with other Social Justice movements
- Bring in non-profit hospitals
- Include payers/Managed Care organizations (ex. American Health Insurance Plan and Blue Cross) in the dialog
- Bring in greater IPE focus

- Include paramedics, CHWs, Social workers, health planners
- Build natl and add regional BF centers connected via technology
- Create awards (Like Gold Humanism, ASPIRE) for exemplary institutions
- Build link between new schools with explicit social missions (less hampered by entrenched forces) and more traditional schools)
- Create Stakeholder mapping exercise
- Increase participation of other players at table—politicians, policy-makers, funders
- Use technology to create telecom network which could assign tasks, recognize allies, link with strategic partners
- At forefront should be discussion of White Privilege and Institutional Racism
- Regionalize coalitions via e-mail updates, list serves in Northwest, southwest, Midwest, etc before next BF meeting
- Create networks of communities to instruct AHCs what should be done
- Bring community reps to next BF conference
- Build on Conference momentum by catalyzing, empowering the emerging leaders in pre-professional, interns/residents, practitioners, educators, insurers
- Mimic IHI 100 million lives campaign—ctrs that spread expertise and techniques regionally

• Change at Home Institution

- Model these changes in home institution/organization
- Expand beyond medical schools—make AHC-wide
- Reach outside traditional "health"—law, architecture, business, k-12, social services, NGOs, Teach for America, STEM programs
- Involve students from the beginning—they will carry the movement forward
- Find local champions (the "second guy dancing")
- Remove hierarchy, talk to each other equitably
- Create SDOH scorecard that studs/residents can gauge degree of change within own instit.

• Curriculum Reform

- Expand principles of public health in longitudinal scholarly projects- for residents, students
- Insert Social Mission items on tests—to help students value it
- Create more SDOH TED Talks, Grand Rounds, CME
- Create SDOH teaching modules include speakers, links to med stud, res, fac groups
- Convert all Plenaries into "Flex" talks with learning objectives, discussion guides, facilitator guides, link them to curriculums for studs, res, fac dev.
- Deepen our pipelines from elementary to med school
- Mandate GME, IME hospital money be transparent and fund only primary care programs with social mission
- Give junior faculty and faculty of color a voice and place at the table to voice ideas, influence policy—end the hierarchy
- Create "Hot Tub Manifesto" led by young "Beyond Flexnerians"—share insights, strategies
- Create Accountable GME related to health goals

• Role of AHC in Community

- Avoid being "experts," listen to community needs, priorities, ID what AHC has to offer
- Increase number of academic programs outside academic walls in collab with community