# Leading with Heart, Intellect, and Passion

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*Carl Olden, MD, FAAFP, is running for AAFP president-elect at the 2018 Congress of Delegates in October.*

It is a relaxing Friday evening, the end of two unexpectedly busy weeks. One of my good friends, an obstetrician in our multispecialty group, broke his wrist playing basketball and I have been covering his prenatal clinics to prevent his partners from being overwhelmed. We have been friends our entire careers, knew each other in high school, were just a few years apart at the UW School of Medicine, and he and his late father were always willing and helpful consultants for complex OB and Gyn cases. It has been a humbling experience, one which reminds me of our challenges in balancing professional responsibilities, commitments to the profession and our communities, and our own family obligations.

Like all of you, family is very important to me, and I prioritize spending time with my children, grandchildren and friends. My family also includes my community, as I'm sure many of yours do as well. As a member of the Yakama Nation, mine may differ somewhat, as our community roots go back for many, many generations.

As family physicians, we understand that the voices of our patients are not always clearly or effectively heard in policy areas. It can be frustrating for us, let alone our patients, when complicated and abstruse "solutions" are debated in order to address what seem to be simple problems.

We are all familiar with the challenges of today's practice environment: demanding schedules, ridiculous administrative burden, provider burnout, outmoded reimbursement models that do not support the complex nature of preventative health and chronic disease management solutions that best serve our patients. These challenges present a daunting but also an exciting future for our specialty and our Academy.

My "day job" is full — medical director for physician quality and performance improvement for my community hospital family of services, as well as maintaining a full-spectrum rural practice including obstetrics — and it is fulfilling. But like many other family physicians I recognize the responsibility to contribute to the improvement of patient outcomes and physician capabilities. That is why I represent family medicine on the Foundation for Healthcare Quality's OB COAP Management Board and chair the Obstetrics Work Group as the family medicine small practice representative to the Robert Bree Collaborative.

So why would an otherwise busy and fulfilled individual choose to run for AAFP president-elect?

I have had the privilege of representing the interests of family medicine on the AAFP Board over the past four years. This experience has thoroughly educated me on the issues, and on how we might most effectively represent the issues of our members and our patients, for the betterment of all.

But perhaps just as importantly, my experience on the Board has sharpened my own focus on how I can personally contribute to addressing the problems that we are all facing.

It is an ongoing challenge, and — I would suggest — an opportunity to engender an understanding

*Sue and Carl greeting AAFP leaders*

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*Carl and U.S. Surgeon General Jerome Adams, MD, MPH*

and commitment to action among policy makers that is necessary to implement change in our current environment. Competing interests, competing priorities, and sometimes even competing solutions, can drown out our voices, mute our messages and bog down our initiatives.

I have learned that speaking from the heart, with deep, personal understanding of our patients' lives, our members' challenges, and the benefits to our communities is powerful and compelling. Advocating for primary care today is about being able to take data and statistics on health care and marry them with real-life examples of the impact on a person, in order to contextualize and ground them, and then add some heart and soul. I am good at that, because I care.

America, with all her riches, can afford to ensure that everyone who lives here has universal access to affordable, comprehensive, preventative health care and chronic disease management. I believe that health should be a fundamental human right, and a responsible government should strive to make that goal a high priority.

Our Academy must continue to focus on bringing value to members. There are many care delivery models of family medicine and our Academy should continue to support members in the diversity of practice styles, recognizing that until health care delivery is fixed, all models have value and all practices are affected by today's payment challenges and extreme administrative burdens.

As educational needs change, our Academy must

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# Carl's Biography

It hardly seems like it has been 34 years since I finished residency and started with the Indian Health Service at the same clinic where I received care as a child, but I admit, it must be true. Earlier this week I saw a prenatal patient whose grandfather was one of my favorite patients from those early days, and whom I have taken care of since birth.

Those early days were quite different than what I experienced in residency training. Our residency program, while very strong in OB experience and procedural training, did not have the embedded pharmacy, case management and behavioral health resources that today's residency programs — especially teaching health centers and FQHC-based programs — do. When I walked into the IHS clinic, I was immediately surrounded by a team-based collaborative care program that included physicians, clinical nursing, lab, radiology, optometry, physical therapy, nutrition and diabetes education, home and community health, maternal and child health, behavioral health, environmental health, pharmacy, and dental and dental hygiene resources, mostly under one roof and all working together.

We are fortunate in my hospital network-affiliated group practice to have recently been able to add a full-time pharmacist to our clinic, along with part-time RN case management and social work support for our Medicare Advantage patients, but our patient-centered medical home model is a far cry from the integrated system I joined with the Indian Health Service those many years ago.

You might wonder why I would leave what I have described as such an idyllic practice setting, particularly given the draw of family, community and cultural connections, and that reason, while simple, is also complex. As a family physician who has always found maternity care to be an important, integral and rewarding part of my practice, I was unwilling to give up that part of my practice when it was no longer possible to recruit other physicians to our clinic who wished to practice OB. Nor was it a sustainable lifestyle for me to continue an OB practice all on my own. As fortune would have it, at that very time our family medicine residency program was looking for a faculty obstetrics education coordinator, and I made the transition from the Indian Health Service to residency faculty without changing ZIP codes or hospital privileges and while continuing to care for my same OB patients. Completing a

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continue to innovate and be a leader in providing member value with timely, point-of-care educational resources and new products that meet the needs of a new age.

Our work on social determinants of health and health equity must move forward at a rapid pace and must drive our advocacy efforts at the highest levels. Our subsidiary, Health Landscape, and the EveryONE project are not as effective as they could be if only we could leverage their potential by embedding them in the EMRs that we all use. This should be a high-priority effort for us and our team in Washington, DC.

AAFP has the most robust, evidence-based clinical guideline evaluation and approval process among all specialty societies. The public-facing side of the AAFP and the work of the Commission on Health of the Public and Science will become increasingly important for us to maintain given the current political climate and the lack of support for federally funded scientific programs.

Furthermore, I believe it is important that we as an Academy endorse and support the World Health Organization's Statement on Primary Health Care (http://bit.ly/WHO-Declaration). It seems like a daunting task to try and get all of this accomplished. We are so fortunate that in family medicine there are plenty of great minds and many individuals with heart and passion already engaged in this work. I believe that there is strength in numbers and that I can add to that strength my unique perspective, my energy, my passion, and my ability to lead with heart.

I am ready and very excited for the challenges ahead.


*Proven Leadership with Heart*



faculty development fellowship and becoming an Advanced Life Support in Obstetrics instructor and advisory faculty brought me into greater contact with AAFP leaders in ALSO and the Society of Teachers of Family Medicine. It was then I became more involved in WAFP activities as we encouraged residents to take an active role in Academy events and advocacy efforts.

Eventually I found myself wanting more time with patients and started a practice with one of my resident graduates. Though we were initially part of an IPA that eventually sold to our community hospital, we have now grown to a five FP practice and are thriving. All of my partners are graduates of our local family medicine residency program; we all have teaching appointments at our local medical school; and we regularly have medical students doing their family medicine clinical clerkships with us. I teach a Basic Life Support in Obstetrics program for second-year medical students in the spring before they start clinical rotations.

I work with our residency faculty every year to teach ALSO for residents, our hospital nursing staff and community physicians. As the medical director for physician quality assurance and performance improvement for our medical system, I introduced ALSO to our medical staff and maternity care nursing staff several years ago as a quality and safety initiative. Our obstetricians and family physicians have since voted to require completion of this course for credentialing of new physicians and renewal of certification for everyone. Our hospital has adopted this course as a patient safety tool for maternity care nursing.

The ALSO program has given me an opportunity to teach nationally and internationally, and to represent the AAFP and family medicine in countries around the world where there is no tradition of family medicine and where maternal mortality has been extraordinarily high. I have been able to demonstrate the incredible depth and breadth of family medicine training and experience, the value of teamwork and simulation training, and the concept of family physicians as science experts in dozens of countries around the world, where measurable impact on maternal deaths has been made. As the chair of the ALSO Advisory Board I was instrumental in bringing a patient safety focus to the program, and because of my recognition as an international advocate for patient safety in maternity care, I am frequently invited to advise governments or share best practices with audiences around the world. In August, I'm looking forward to keynoting the Pan-American Conference on Obstetrical Emergencies in San Miguel De Allende, Mexico.