



Family Medicine Moments

June 22, 2023

Introduction: On Tuesday night we honoured Warren Ferguson at his retirement gathering for his decades of service to the school, our department, our community, his patients, correctional health and so much more.

Along with being blessed with Warren's mentorship, coaching, collegiality, leadership, and friendship over the past 3+ decades, we also had a chance to hear his musings during a speech he made at the retirement event. He has made some edits and includes them here so everyone on FMM can benefit from his experience, wisdom, and advice. Thanks again Warren.

Grateful to Bear and Pass the Torch

By Warren Ferguson

For those fully immersed in the day-to-day work of the department, multitasking roles as caregiver, teacher, leader, researcher, or some combination thereof, along with balancing personal lives as partners, parents, and adult children, I want to pat you on the back and to reflect on the special nature of this community.

It's hard to reflect on the blessings and privilege of our profession(s) as torch bearers of family medicine. Recently, the CDC Director Rochelle Walensky sent newly appointed MA DPH Commissioner Robbie Goldstein a plaque for his desk with the words "Hard things are hard." We all can identify with these words, I think. The pace of work can be frenetic and sometimes overwhelming. The last three historic years have brought incredibly challenging times. For many reasons, I stepped away from patient care three years ago. With the pace of work more doable, I have thought often of my 42-year career and this department. Since 1989 this department has been my first and only academic home. What a home it has been and will continue to be for its gifted members!

I'm not sure if our community is fully aware of the importance of this department. The specialty was approved in 1969, just three years before UMass Medical School matriculated its first class of students. The department architects were pioneers of the specialty, following in the footsteps of the more senior pioneers at the time such as G. Gayle Stephens and Lynn Carmichael. Dick Walton and John Frey, chair and residency director respectively, could not imagine family medicine training based at the gleaming new hospital on Lake Ave on the city outskirts, so they designed a program based in communities, where our specialty belongs. Collaborations led to the first Teaching Health Center based in Main South at Family Health and Social Service Center (aka Queen St now) and the rural Barre Health Center, followed by Hahnemann and then Fitchburg. ***This was a counter-culture movement, not just residency training.*** It was the birth of whole person medicine, later to be coined biopsychosocial, and based in communities needing doctors.

The torch was quickly shared with gifted clinicians, leaders and teachers in Lucy Candib, Dan Lasser, Sam Pickens, Steve Earls, and Peter McConarty to name a few of the family physicians but also the faculty in public health medicine such as chair Lynn Eckert and Jackie Coghlin-Strom, and the policy leader Jay Himmelstein. And let's remember the faculty from the humanities: Mark Quirk, Mick Godkin, Roger Bibace, and Mick Huppert to name a few. What strikes me as amazing though, is the rhythm that followed among UMass students, residents and fellows who accepted the torch as faculty but also to innovate in family medicine practice, integrating behavioral health, medical education, and the conduct of important generalist research.

Pause and consider for a moment some of the innovations. Three rounds of medical education transpired (Generalist Physician Initiative; Learning Communities & Competencies and now the Foundational Curriculum), all cutting edge experiments, largely led by our faculty along with other primary care faculty. In turn, many of these same faculty have led regional, national, and international faculty development...the Clinical Faculty Development Center and GNOME, Vietnam, and Liberia.

Clinical innovations coupled with scholarly innovation are too numerous to count: homeless health care; integrated behavioral health; oral health; sports medicine; addressing social and racial disparities; treatment of opioid use disorder; primary care based HIV and HCV care; geriatrics; evidence-based practice; critical appraisal of quality metrics; palliative care; and of course, women's health care including maternity care. To name all involved would further risk slighting some.

Finally, there's the research, at one time a top fifteen NIH funded department led by Linda Weinreb, now in a heyday of growth again under the brilliant leadership of chair Diane McKee. Finally, there's the academic service and citizenship of organized medicine: leaders in Worcester County Medical Society, Mass Academy of Family Medicine and the first family medicine president of Mass Medical Society, Dennis Dimitri. Threaded throughout all these efforts have been health disparities and social justice, addressing the needs of those most vulnerable.

As such, a few of us were called upon to develop a structure and scaffold for all the community medicine activities and scholarship in the department. For me, part of that was a lesson in public sector health care through Commonwealth Medicine, now forHealth Consulting. I am deeply grateful to Dan Lasser and Tom Manning for providing me that opportunity. And to Suzanne Cashman and Heather-Lyn Haley collaborating to "put a skeleton on an amoeba".

So, as I join the ranks of torch passers, I end with a few parting challenges, of work still undone. First, person-centered, whole person care is foundational as new pressures come to bear with value-based care. The evidence is decades old. Countries with higher proportions of generalists have better outcomes at lower cost. When the noise gets too loud and the pressures like a vice, *push back*.

We are so fortunate to have careers where lifelong learning is part of the culture. With respect to educational innovations, evaluating and researching these endeavors are crucial to success. Otherwise, how will we know what's working? It harkens back to those first pioneers like Gayle Stephens who penned the Intellectual Basis of Family Medicine. And consider the torch bearers of educational innovation of two generations of appointed deans: Michelle Pugnaire, Dan Lasser, Mike Ennis, and now Tracy Kedian and Stacy Potts.

With respect to our focus on social justice and vulnerable communities, we must do more to address racism directly. This department has been a leader to ensure gender equity and those lessons must be put to the task to enhance racial diversity and inclusion among faculty, staff, and learners along with addressing the oppression of segregation in our community and the disproportionate risk that communities will face with climate change and of course, mass incarceration and mass probation.

Clinical innovations must be studied, understanding through implementation science how best practices are adapted to be successful in different milieus. I believe that these hold the greatest promise for our future. As example, gene therapies are thrilling but we must be able to translate these innovations into available and affordable therapies, understood by patients who may mistrust. Lessons learned and challenges from the Covid-19 vaccination rates should be considered.

As I step off this bully pulpit, I choose not to say goodbye but look forward to celebrating your accomplishments of the future. ***Take the torch, run like the wind, and continue the legacy.***

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