

A Preface Concerning Keystone III

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(The Keystone III Quartet)

Keystone III was a structured conversation about family practice in the United States, held October 4–8, 2000, at the Cheyenne Mountain Convention Center in Colorado Springs, Colo. Inspired by prior, influential conferences organized by G. Gayle Stephens, MD, at Keystone, Colo, in 1984¹ and 1988, this third Keystone Conference was organized with the encouragement and guidance of the “family of family medicine,” ie, the American Academy of Family Physicians (AAFP), the American Academy of Family Physicians Foundation (AAFPP), the American Board of Family Practice (ABFP), the Association of Departments of Family Medicine (ADFM), the Association of Family Practice Residency Directors (AFPRD), the North American Primary Care Research Group (NAPCRG), and the Society of Teachers of Family Medicine (STFM).

The Genesis of Keystone III

The leaders of these organizations had contemplated a third Keystone meeting during one of their interorganizational meetings in August 1999, prompted by the recognition of great upheaval throughout the health care system and also within family practice. At their next interorganizational meeting in January 2000, a unanimous commitment was made to holding Keystone III, targeted for the autumn of 2000. John Frey, MD; Robert Graham,

MD; Larry Green, MD; and G. Gayle Stephens, MD (subsequently dubbed “the quartet”) agreed to serve as conference organizers, working from the offices of the AAFP’s Robert Graham Center in Washington, DC. Each of the organizations appointed an individual to serve on the Keystone III steering committee (AAFP—Lanny Copeland, MD; AAFPP—Sandy Panther; ABFP—Robert Avant, MD; ADFM—Jay Dickinson, MD; AFPRD—Frank Dornfest, MD; NAPCRG—Bill Phillips, MD, MPH; STFM—Beth Burns, MD, MA). STFM agreed to staff and manage the meeting events, assisted by AAFP staff in Kansas City and at the Robert Graham Center. All seven organizations provided core financing for the conference, supplemented by individual attendees who paid their own registration fees and transportation costs.

Keystone III was designed to think about family practice in the United States and to consider its status after some 30 years of development. A specific goal was to unite in conversation the members of the founding generation (Generation 1), the transition generation (Generation 2), and the emerging generation of young family physicians (Generation 3) to achieve an intergenerational transfer of ideas, concerns, and aspirations. It was not a goal of Keystone III to establish an action plan for the discipline of family medicine nor to engage allies and colleagues from other disciplines and organizations. The Keystone organizers assumed that defining the future of family prac-

tice remains the responsibility of individuals in their local situations and the established organizations and their members and leaders.

The Structure and Organization of Keystone III

The size of the meeting was constrained to permit a participatory conversation. The structure and availability of affordable meeting rooms eventually dictated the number of attendees as approximately 80. An amphitheater-style room, with a “pit” in which smaller group discussion could occur observed by all other attendees, was selected as the hub of Keystone III. Adjoining rooms were organized to permit additional discussion and commentary via flip charts, spontaneous conversations, references and data, mementos, and the operation of Web-casts and topic-specific electronic bulletin boards. The conference center provided dining facilities that allowed attendees to eat together on site, sitting in groupings as they wished. This environment permitted an immersion experience for those attending but also linked the meeting to anyone who wanted to monitor and comment via the World Wide Web. Staff constantly posted material as it arrived, some from as far as 11 time zones away.

Each of the seven sponsoring organizations designated three individuals to attend Keystone III. They were urged to send individuals from different generations and to seek a diverse representation in terms of gender, race, and ethnicity. This consumed 21 of the 80 available seats. The next group identified

were the authors of the papers presented in this issue of *Family Medicine*. With the help and consent of the steering committee, 10 discussion papers were commissioned by 19 authors from the different generations. These 19 authors were recruited by the quartet, and the papers were completed during the summer of 2000, permitting them to be precirculated to all attending Keystone III. Three other papers were requested, for an historical perspective and possible future scenarios of success and failure for family practice. When these authors and presenters were combined with a minimal staff, more than half of the 80 seats were determined. Announcements on the Web and in organizational newsletters and word of mouth resulted in more than 300 additional requests to attend. The names of these additional individuals were placed in a lottery stratified by generation, and names were blindly drawn to establish a rank-ordered invitation list. Even with the requirements of self-financing and attendance for the entire meeting, only two individuals high enough on the list to be invited declined to attend, and the next two persons on the list immediately took their places. There were no absentees.

Attendees had work assignments prior to arrival. Each person was asked to write a one-page response to one of the commissioned papers. These and the commissioned papers were organized into a syllabus and circulated in advance to all attendees with the expectation that everyone would arrive at Keystone III having read all the papers and responses. Remarkably, all authors and attendees met the tight deadlines, and the Keystone III Syllabus was distributed a couple of weeks before the meeting. The weather cooperated, and everyone arrived safely.

The opening session on Wednesday evening began with opening remarks by the conference convener (Robert Graham) and Gayle Steph-

ens. Rosemary Stevens then presented an historical perspective of the development of family practice. On Thursday morning, an intense 3 days commenced in the following format. One by one, the paper authors were joined in the pit by the convener, plus those who had written responses to the papers and a few attendees who signed up on site to comment on the papers. The authors presented brief opening comments, after which the convener managed commentary by those assembled, while all the other attendees sat around them in the amphitheater, listening. This process usually consumed 45–60 minutes, after which the conversation was extended to the entire group of 80 attendees. Hands flew into the air the moment the pit conversation concluded, and the convener maintained sequence and order, sometimes frustrating a potential respondent wanting to immediately react to a comment just made. After 2 to 2.5 hours, everyone took a break, returning after snacks to do it again. Thursday evening, Marge Bowman and Larry Green offered contrasting scenarios of 2020. Saturday evening, several of the attendees shared a buffet of poetry, music, and memories with each other, including a recently composed rendition of the “Twelve Days of Keystone” by the Generation 3’ers. On Sunday morning, three predesignated rapporteurs offered summaries and commentary of what they had heard during the entire meeting, and then, a group that had become a community returned to homes all across the country.

This was the genesis, structure, and organization of Keystone III. While the immediate and subsequent feedback—written and verbal, solicited and spontaneous—was overwhelmingly positive, there were aspects of the meeting that were unsatisfying. Some felt that full-time, practicing family physicians were underrepresented and that attendees lacked familiarity

with the realities of practice. Others were disappointed that there was not greater racial diversity among the attendees. Several, who care so deeply about the health of people and the further development of family medicine, were very frustrated by not being able to attend. Many of the attendees wished that less time had been spent looking back and complaining about the state of family medicine and that more time had been spent in shorter exchanges, looking forward. Some hungered for an action plan.

Dissemination of Keystone III

This issue of *Family Medicine* follows in the tradition of the first Keystone meeting and assembles into the indexed literature the 13 papers that served as stimuli for the meeting, each edited for publication with minimal revision. This issue, along with the publication of more comprehensive proceedings in book form that will include the papers, the written responses to the papers, and transcripts of live commentary, are the key products of Keystone III. The proceedings, supported by the A.F. Williams Family Foundation of Ft Morgan, Colo, will be available from the sponsoring organizations and posted on the Web at www.aafppolicy.org. Together, this issue of the journal and the published proceedings are intended to make Keystone III more accessible and stimulate additional discussion, planning, and action by individuals, programs, and organizations. We thank the authors, STFM, editor Barry Weiss, MD, and the journal production staff for making this issue of *Family Medicine* possible.

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