

My Story & The 2022-23 AAFP Update

**New Hampshire
Academy of Family Physicians**

TOCHI IROKU_MALIZE MD MPH MBA FAAFP
April, 2023



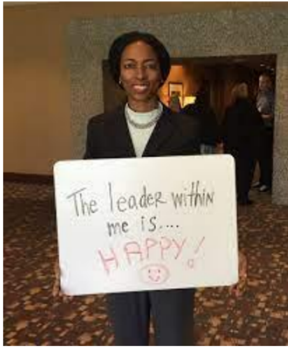


Disclosure

President American Academy
of Family Physicians (AAFP)

Employee Northwell Health

Board Member National
Quality Forum (NQF)



MEMBER UPDATE
 A Conversation About the COVID-19, RSV, and Seasonal Flu
 January 2023

Julie Wood, MD, MPH
 Senior Vice President,
 Research, Science, &
 Health of the Public

Tochi Iroku-Malize, MD, MPH
 President



President
Tochi Iroku-Malize
 MD, FAAFP

"As I begin my term as president, I remain committed to strengthening primary care by encouraging our members to be change agents in their communities and throughout the health care system, by advocating for better health care policies and payment, and by emphasizing the importance of physician well-being."



DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL

 **Northwell Health**[®]
Family Medicine

Family Medicine Service Line

Tochi Iroku-Malize, MD, MPH, MBA

Professor & Chair, Family Medicine

Donald & Barbara Zucker School of Medicine at Hofstra/Northwell

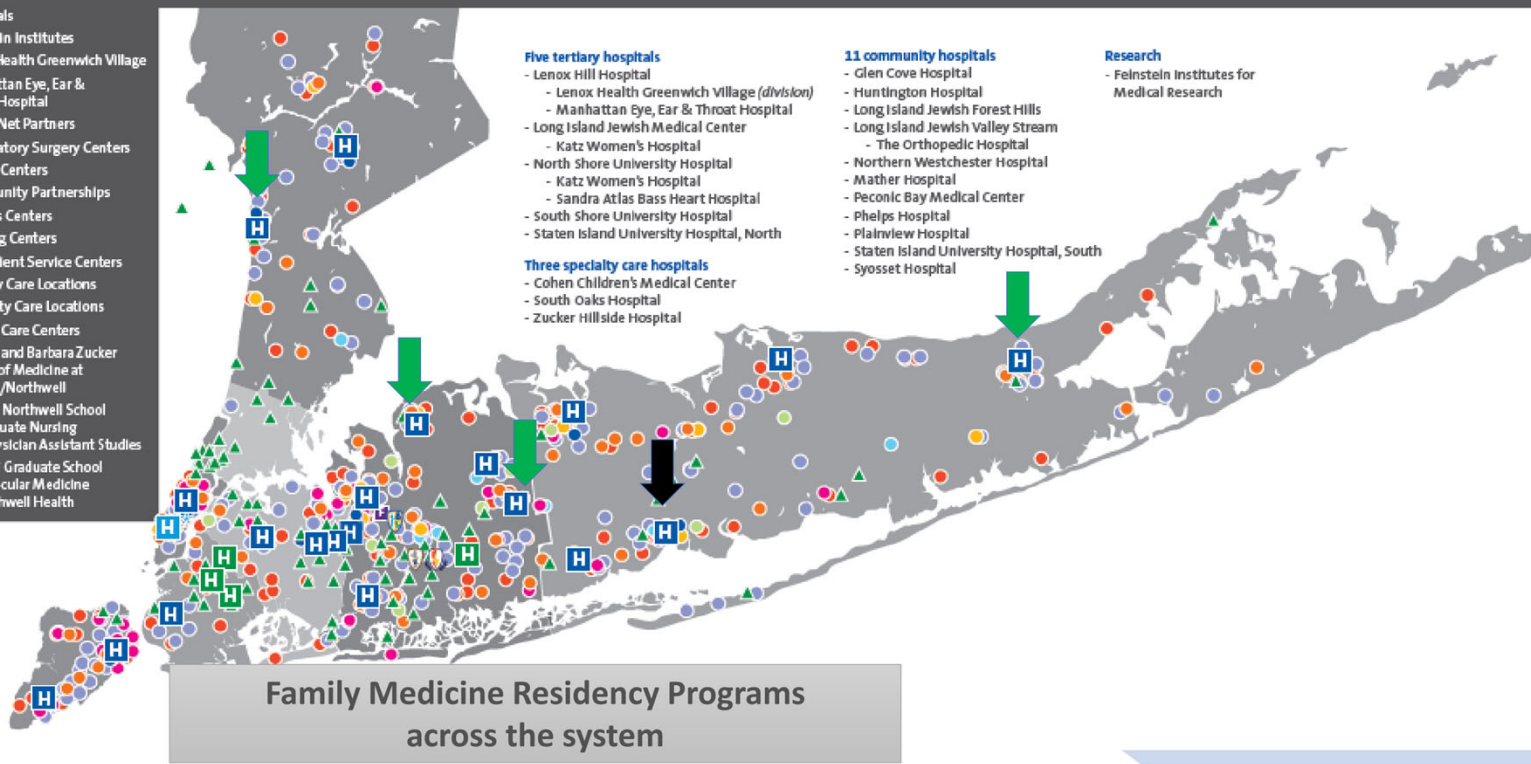
SVP & Chair, Family Medicine, Northwell Health

Professor, Feinstein Institutes for Medical Research

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-  Hospitals
-  Feinstein Institutes
-  Lenox Health Greenwich Village
-  Manhattan Eye, Ear & Throat Hospital
-  Safety Net Partners
-  Ambulatory Surgery Centers
-  Cancer Centers
-  Community Partnerships
-  Dialysis Centers
-  Imaging Centers
-  Lab Patient Service Centers
-  Primary Care Locations
-  Specialty Care Locations
-  Urgent Care Centers
-  Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
-  Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies
-  Elmezzl Graduate School of Molecular Medicine at Northwell Health



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Anthony Pezoc, MD
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~500 FM
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Dimitris Pallas, MD
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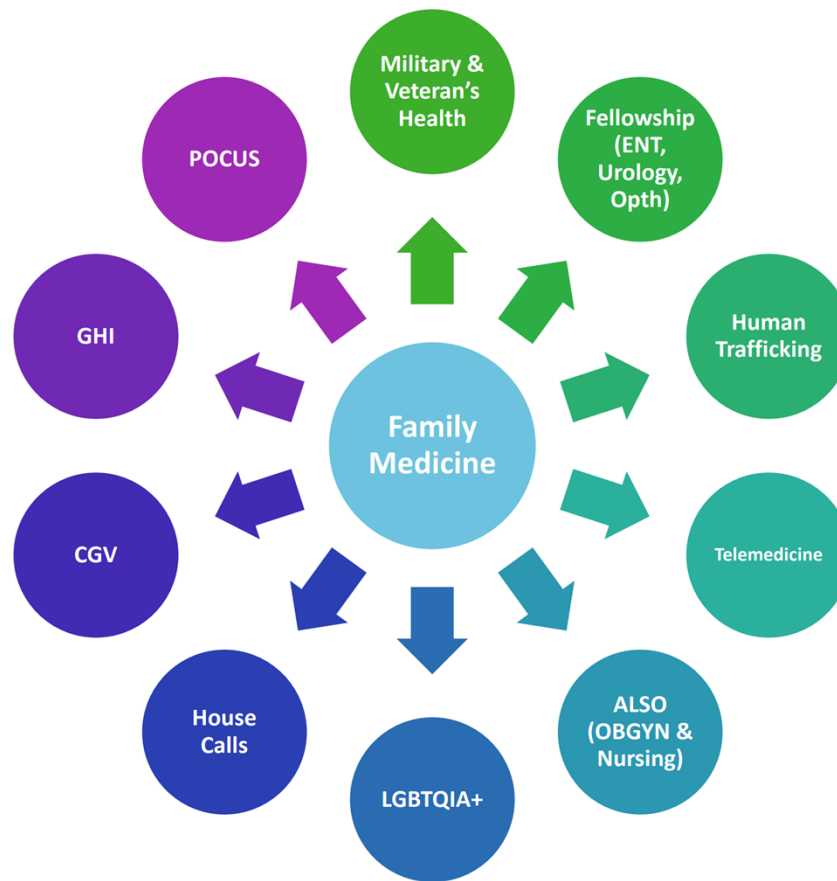
Elaine Schaefer, DO
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Tara Zahid, DO





Current Projects: Collaborations











SPACE NEEDLE
SEATTLE



PUGET SOUND

THE WORLD'S ONLY CORN PALACE



ROCK & ROLL HALL OF FAME



YELLOWSTONE



BLACK AMERICAN WEST MUSEUM

THE GATEWAY ARCH



DEEP-DISH PIZZA

NEW YORK

LOS ANGELES

DENVER

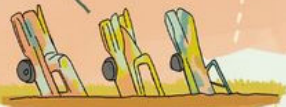
GRAND CANYON



CHEZ JAY
& SANTA MONICA PIER



WIGWAM MOTEL



CADILLAC RANCH



MARTIN LUTHER KING, JR. MEMORIAL



What's
going
on?

AAFP Benchmark Data

Membership Type	Previous Benchmark	Current Benchmark
Total	127,600 (2/22)	129,600 (2/23)
Active	73,400 (2/22)	74,300 (2/23)
Student	26,600 (2/22)	26,800 (2/23)
Resident	14,600 (2/22)	15,000 (2/23)

2022 Member Profile*

	Total Actives	Female	Employed	New FP	DO	IMG
Female	48%	--	51%	57%	51%	51%
Employed	73%	79%	--	91%	81%	73%
New FP	27%	28%	32%	--	47%	31%
DO	16%	16%	15%	29%	--	0%
IMG	22%	23%	18%	26%	0%	--

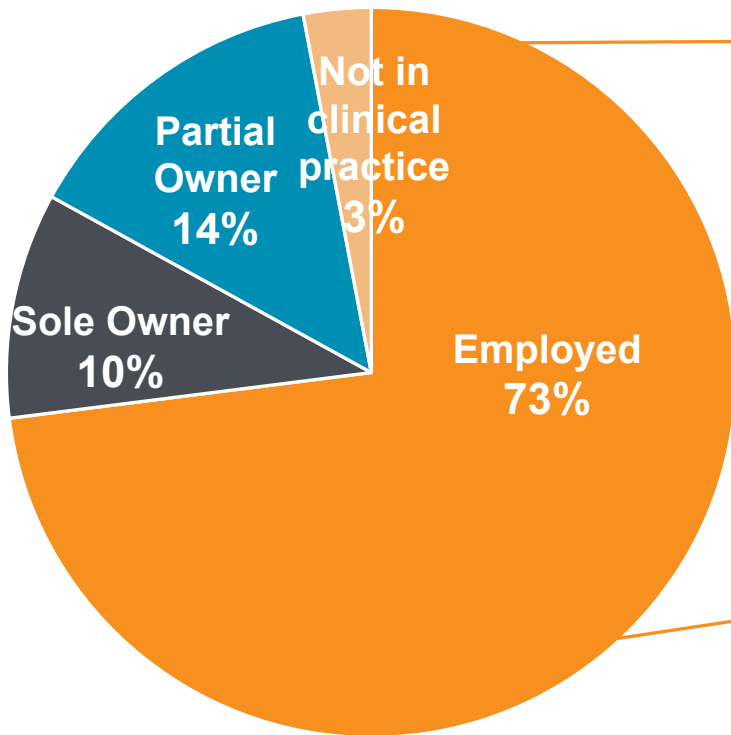
*Read from top down: "Of total active, 48% are female 73% are employed, etc."

IMG=International Medical Graduate

DO=Doctor of Osteopathic Medicine

New FP=New Physician, 7 years or less out of residency

Employment Profile



Employer	
Hospital or health system	54%
Physician group	18%
FQHC/Community health center	11%
Federal (military, VA, Dept. of Defense)	5%
Insurance or managed care organization	3%
State or local government	2%
Locum tenens groups/staffing organization	1%
Other	6%

Source: Member Census

MEMBERSHIP STATISTICS

	3/31/22	3/31/23
Active	380	373
Inactive	5	7
Life	61	69
Resident	40	47
Student	107	109
Supporting	2	2



Demographic Characteristics By Membership Type Chapter: New Hampshire AFP

Demographic	Active		Inactive		Life		Resident		Student		Supporting		Totals	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Gender														
Male	183	49.06	4	57.14	52	75.36	12	25.53	31	28.70	2	100.00	284	46.86
Female	178	47.72	3	42.86	17	24.64	14	29.79	48	44.44	0	0.00	260	42.90
No response	11	2.95	0	0.00	0	0.00	21	44.68	26	24.07	0	0.00	58	9.57
Not Shared	1	0.27	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.17
Transgender	0	0.00	0	0.00	0	0.00	0	0.00	1	0.93	0	0.00	1	0.17
Other	0	0.00	0	0.00	0	0.00	0	0.00	2	1.85	0	0.00	2	0.33
Gender Totals	373	100.00	7	100.00	69	100.00	47	100.00	108	100.00	2	100.00	606	100.00
AAFP Fellow														
Yes	61	16.35	0	0.00	35	50.72	0	0.00	0	0.00	0	0.00	96	15.84
No	312	83.65	7	100.00	34	49.28	47	100.00	108	100.00	2	100.00	510	84.16
AAFP Fellow Totals	373	100.00	7	100.00	69	100.00	47	100.00	108	100.00	2	100.00	606	100.00
Med. School Grad														
US Med. Sch.	296	79.36	5	71.43	60	86.96	22	46.81	105	97.22	0	0.00	488	80.53
Int. Med. Sch.	77	20.64	2	28.57	9	13.04	25	53.19	3	2.78	2	100.00	118	19.47
Med. School Grad Totals	373	100.00	7	100.00	69	100.00	47	100.00	108	100.00	2	100.00	606	100.00
FP Residency Grad														
Yes	362	97.05	5	71.43	55	79.71	47	100.00	0	0.00	0	0.00	469	77.39
No	11	2.95	2	28.57	14	20.29	0	0.00	108	100.00	2	100.00	137	22.61
FP Residency Grad Totals	373	100.00	7	100.00	69	100.00	47	100.00	108	100.00	2	100.00	606	100.00
Ages														

AAFP Membership Value

As an AAFP Member, you:

- Have access to a wide variety of solutions and insights across many areas, including:
 - **Family Physician Payment and Administrative Simplification** resources, toolkits, webinars, and more.
 - **Physician Health and Well-being** Resources
 - **Lifelong Learning** through training, CME, board review questions and much more.
- Receive members-only services and programs such as member exclusive discounts, degree of fellow program (FAAFP), Primary+, and practice management help desk.
- Share in a collective voice advocating for legislative priorities important to family medicine.
- Have ability to hold leadership positions and participate in leadership development.
- Can network with your community of peers and learn from one another.

MEMBER SAVINGS OF NEARLY \$4,600

Strategic Plan 2022-2025 Foundations

Vision

Transform health care to achieve optimal health for everyone

Mission

Improve the health of patients, families, & communities

Member Value Statement

Advance the specialty of family medicine, enhance health, strengthen member voices

Diversity, Equity & Inclusion

Woven throughout the plan and all of the Academy's work

Strategic Plan 2022-2025 Objectives

Determined by the Board of Directors

Increase family physician payment	Strengthen the pathway of family physicians	Ensure family physicians can practice comprehensively
Develop & diversify family physician leadership	Be the most trusted source of family physician education	Protect the well-being of family physicians
Reduce administrative complexity	Be the most effective Influencer on family physician priority issues in government advocacy	Understanding, adopting, & leveraging technology in medicine

Additional Key Initiatives

Elevate the importance of family medicine

Deliver clinical guidance on priority topics

PPPLEWAAT

Payment	Pathway (Pipeline)	Practice
Leadership	Education	Well-Being
Administrative Complexity	Advocacy	Technology

DEI

DEI

An Integrated Approach to Diversity, Equity and Inclusion

- DEI is intentionally integrated across all AAFP's work
- Expansion of Center for Diversity and Health Equity
- Active participation in national DEI efforts including partners like American Medical Association, Council of Medical Specialty Societies and Accreditation Council for Graduate Medical Education



Strengthening primary care payment

Improving fee-for-service

Getting value-based payment right



August 31, 2022

The Honorable Chiquita Brooks-LaSure
 Administrator
 Centers for Medicare & Medicaid Services
 Department of Health and Human Services
 PO Box 8016
 Baltimore, MD 21244

Re: CMS-1770-P; Medicare and Medicaid Programs; CY 2023 Physician Fee Schedule and Other Changes to Part B Payment Savings Program Requirements

Dear Administrator Brooks-LaSure:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 127,600 family physicians and medical students across the country, I write in response to the request for information (RFI) on the Department of Health and Human Services' (HHS) Initiative to Strengthen Primary Care, as noticed in the June 27, 2022, *Federal Register*.

The AAFP shares CMS' goals of advancing health equity, increasing preventive health services and integrated behavioral health care, and achieving value-based care. Achieving each of these goals is integral to



July 27, 2022

The Honorable Xavier Becerra
 Secretary
 Department of Health and Human Services
 200 Independence Ave SW
 Washington, DC 20201

RE: Request for Information (RFI): HHS Initiative To Strengthen Primary Health Care

Dear Secretary Becerra:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 127,600 family physicians (FPs) and medical students across the country, I write in response to the request for information (RFI) on the Department of Health and Human Services' (HHS) Initiative to Strengthen Primary Care, as noticed in the June 27, 2022, *Federal Register*. The AAFP is strongly supportive of HHS' Initiative and appreciates the Department's efforts to improve access to comprehensive, high-quality primary care (PC) for all. **To achieve this shared goal, the Department must use its authority to significantly increase our nation's investment in PC, improve patients' access to and connections with PC, grow and diversify the PC workforce, and address the administrative requirements that drive care delays and physician burnout.** Below we provide specific recommendations.

AAFP Guiding Principles for Value-Based Payment

Family physicians deliver most of the primary care in the U.S. It is essential that they and other primary care physicians take a leadership role in the development and practices that facilitate movement away from fee-for-service and toward new advanced primary care payment models along with other key stakeholders, including payers, purchasers, union trusts and government (federal and state) agencies responsible for U.S. health care spending.

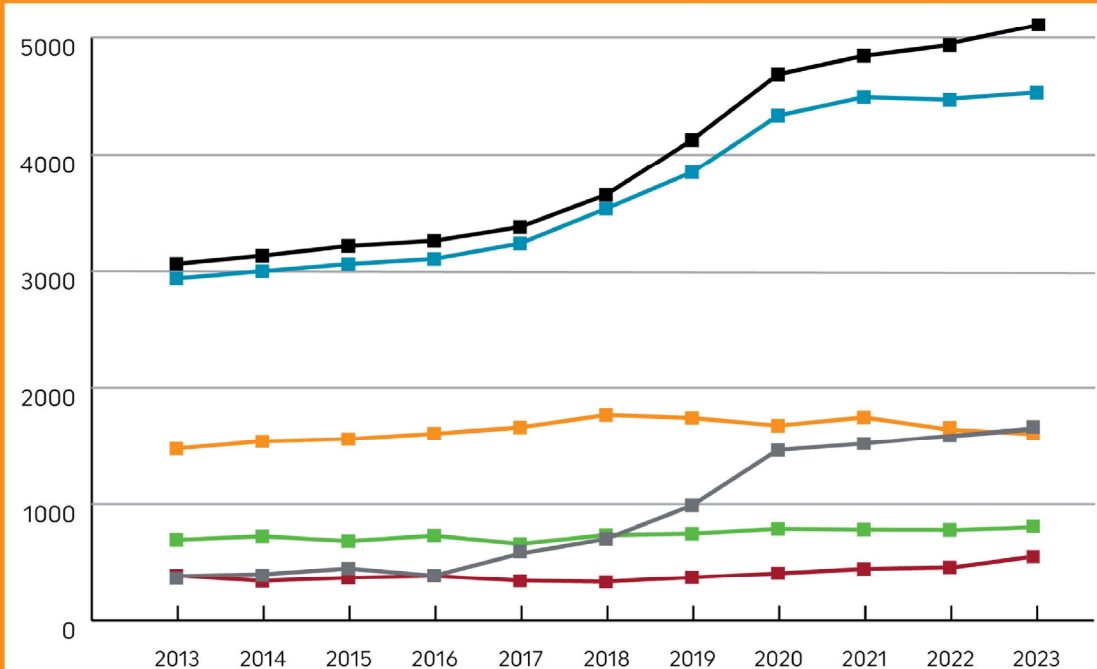
These principles are intended to be responsive and adaptable to the changing environment and settings in which family physicians work. We encourage other stakeholders to apply these principles with the understanding that they must be applied in ways that are:

- Payer Advocacy
- Purchaser Engagement
- State Chapters
 - Learning Communities
 - Toolkits for action

2023 Match – largest ever for family medicine!

- Family medicine continues to grow
 - 773 categorical family medicine residency programs offered positions, more than any other specialty
 - 5,107 positions offered, up 172 positions from 2022
 - 4,530 applicants matched into family medicine
- DO matches surpass US MD
- Family medicine represents 13% of all students or graduates who matched

Family Medicine in the NRMP Match 2013-2023
PGY-1 Residency Positions Offered and Filled by Applicant Type



■ Number of positions ■ Number filled ■ US MD ■ DO ■ US IMG ■ Foreign IMG

Graph created by the American Academy of Family Physicians | MED23011491
Data are sourced from the National Resident Matching Program as of Match Day each year and do not include positions filled in the Supplemental Offer and Acceptance Program or through the American Osteopathic Association Intern/Resident Registration Program.





Accreditation Council for
Graduate Medical Education

Major changes coming with new Program Requirement revisions

- Patient advisory panels for FMP
- Multidisciplinary team teaching and core faculty role modeling
- Resident patient panels – hours, continuity, demographics
- Two tiers of maternity care – minimum 20 deliveries, more robust requirements for comprehensive pregnancy-related care
- Less numerical, proscriptive requirements for some domains, focus on competency-based medical education (CBME) with some numerical experiences retained
- Expanded elective time with faculty guidance
- Emphasis on mission, community, service, population health

Program Resources: proposed PR for program collaboration dropped, but still strongly encouraged...

PR	Proposed ACGME Requirement
I.D.1.k)	Each FMP site must participate in ongoing performance improvement, and demonstrate use of outcome data by assessing the following: clinical quality for preventive care and chronic disease; demographics; health inequities; patient satisfaction; patient safety; continuity with a patient panel; referral and diagnostic utilization rates; and financial performance.
I.D.1.c).(1)	Each FMP must organize patients into panels that link each patient to an identifiable resident and team.
I.D.1.h) – I.D.1.h).(a)	Each FMP must have members of the community, in addition to clinical leaders, serve on an advisory committee to assess and address health needs of the community. The advisory committee should have demographic diversity and lived-experiences representative of the community

ME

Clinic Requirements: no prescribed panel size, must be of sufficient size and diversity to ensure adequate education

Requirement
IV.C.3.c).(5).(b)(i) Programs must ensure that each graduate has completed a minimum of 1,000 hours dedicated to caring for FMP patients.
IV.C.3.c).(5).(b).(ii) Annual patient-sided continuity should be at least 30 percent at the end of the PGY-2 and 40 percent at the end of the PGY-3.
IV.C.3.c).(5).(b).(iii) Annual resident-sided continuity should be at least 30 percent at the end of the PGY-2 and 40 percent at the end of the PGY-3.
IV.C.3.c).(5).(b).(iv) Panels must include a minimum of 10 percent pediatric patients (younger than 18 years of age).
IV.C.3.c).(5).(b).(v) Panels must include a minimum of 10 percent older adult patients (older than 65 years of age).
IV.C.3.c).(5).(b) (vi) Panel size and composition must be regularly assessed and rebalanced, residents must work in teams to ensure continuity
IV.C.3.c).(5).(c) Resident retains commitment to their FMP patients on rotations
IV.C.4.e) Removed – Minimum of 1650 in person patient encounters in FMP

Curricular Area	Old ACGME Requirement	New ACGME Requirement
IV.C.3.e) - IV.C.3.f).(2) Care of ill children	200 hours or 2m AND 250 encounters (min 75 inpt) 40 Newborn encounters	100 hours or 1 month (min 50 each in inpt and ED). Must have experience with well and ill newborns.
IV.C.3.h) Women's Health	100hrs or 1m or 125 encounters	100 hrs or 1 m
IV.C.3.i) – IV.C.3.i).(1).(d) Maternity Care: Foundational	200hrs or 2m	200 hrs or 2 m and min 20 vag del
IV.C.3.i).(2) Maternity Care: Comprehensive	NA	400 hrs or 4 months and 80 deliveries
IV.C.3.j).(1) Critical Care	100 hrs or 1m or 15 encounters	Must participate in care
IV.C.3.k) Emergency Care	200 hrs or 2m or 250 encounters	100 hrs <u>AND</u> 125 encounters
IV.C.3.l) Older adults/Geriatrics	100 hrs or 1m or 125 encounters	100 hrs or 1m <u>AND</u> 125 encounters
IV.C.3.m)(1) Surgery	100hrs or 1m	Experience should include pre-op assessment, post-op care coord, and ID the need for surgery
IV.C.3.n) (1-3) Ortho/Sports Medicine	200hrs or 2m	Experience with MSK prob, including: ortho and rheum; structured sports med experience; and, common outpt MSK procedures
IV.C.3.p) - IV.C.p).(2).(a) Behavioral Health	Exposure	Dedicated interprof experience including CBT, and psychopharm & Addiction
IV.C.3.q) - IV.C.3.q).(3) Pop health/Community Medicine	Exposure	Specific requirements on content including experience in underserved setting
IV.C.3.r).(1) - IV.C.3.r).(2) Subspecialty curriculum	Exposure	Same – but must address gaps and occur throughout program
IV.C.3.s) - 2 IV.C.3.s).(4).(a) Health System Mgmt	100hrs or 1m	Experience with specific reporting requirements
IV.C.3.t) - IV.C.3.t).(1) Electives	3m	6m

New Emphasis on Competency

Example: Newborn care - Current

Resources Patient Population:

- I.D.4.a).(2) (Core) The patient population must include **a sufficient number** of patients of both genders, with a broad range of ages, from newborns to the aged.

Patient Care and Procedural Skills:

- IV.B.1.b.(1).(a).(i) (Core) Residents must demonstrate **competence** to independently: diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP site and home environment

Curriculum Organization and Resident Experiences:

- IV.C.4.b) (Core) **Experiences** in the FMP must include acute care, chronic care, and wellness care for patients of all ages.
- IV.C.10 (Core) Residents must have **at least 40 newborn** patient encounters, including well and ill newborns.

New Emphasis on Competency

Example: Newborn care – New PR's

Patient Care and Procedural Skills:

- IV.B.1.b).(1).(a).(x) (Core) Residents must demonstrate **competence** to independently deliver preventative health care to children, including for development nutrition exercise immunization and addressing social determinants of health.
- IV.B.1.b).(1).(a).(ix) (Core) Residents must demonstrate **competence** to independently provide routine newborn care, including neonatal care following birth. (Core)

Curriculum Organization and Resident Experiences:

- IV.C.3.c).(4) (Core) FMP **Experience** must include acute care, chronic care, and Wellness care for patients of all ages.
- IV.C.3.e) (Core) Residents must have **Experience** dedicated to the care of newborns, including well and ill newborns.

Update on program leadership and core faculty time requirements

- Program leadership – PD admin time plus additional time for APD if delegated and in aggregate
- Core faculty time (proposed change in CPR???)
- Admin time = non-clinical/non-revenue generating activity
- Expected core faculty duties (see background and intent)

Program Staffing Requirements

Role	Current Requirement	New Requirement
II.A.2.a) Program Director	<h2>Program Staffing Requirements</h2>	
II.A.2.a) Program Director	Admin FTE % (Resident FTE) 50% (<13) 60% (13-24) 70% (25-49) 80% (>49)	See chart
II.A.2.a) APD (Program Leadership)	40% per APD, # APDs depends on program size: 1 (<25), 2 (25-49), 3 (50+)	No APD required, see chart for additional time >PD minimum
II.B.1.d) - II.B.1.d) Faculty Role Modeling	Faculty modeling Maternity, inpatient adult and peds care	Role modeling in respective scope of practice but must incl adult inpt, and OB (if training for independent pract)
II.B.2.g) Faculty F	II.B.2.g) Faculty Pt. care time	FMP must have FM physician faculty members from program who see patients in FMP
II.B.3.e) Non-physician fac	II.B.3.e) Non-physician faculty members	Should integrate into teams and incl behavioral health
II.B.4.a) - II.B.4.d) Core Faculty Adm	II.B.4.a) - II.B.4.d) Core Faculty Admin Time	10% Admin/FTE (in aggregate) UNDER REVIEW PENDING CPR CHANGES
II.B.4.c) Core Faculty Rati	II.B.4.c) Core Faculty Ratio (Core Faculty: Residents)	1:6 (<13 FTE) 1:4 (>12 FTE)
II.C. - II.C.2.a) Program Coordin	II.C. - II.C.2.a) Program Coordinator	See chart
II.C. - II.C.2.a) Program Admin S	II.C. - II.C.2.a) Program Admin Staffing	See chart
FMP	FMP	B&I: Available at each FMP for residents
Administrative Support – PR removed	Administrative Support – PR removed	

Update on next steps – Web ADS, FAQ's, surveys, etc.

- With new PR's, all supporting documents/systems need to be updated
- Web ADS – gradual roll out of changes – likely 2024
- FAQ's – in process of development, target 7/1/23
- Resident survey, specialty specific questions – will change to address experience with key resident outcomes
- New program applications – revised to eliminate old PR's
- Case logs? – stay tuned

AAFP Support for New ACGME Guidelines

- **Criteria for Excellence**, published by AAFP Residency Program Solution consultants.
- **Residency Leadership Summit** annual meeting for residency leaders.
- **Learning collaborative opportunity around resident well-being**, funded by the Health Resources and Services Administration. A pilot using the Project ECHO (Extension for Community Healthcare Outcomes) videoconferencing format is underway.

Strengthen the narrative of family medicine

- Create a positive family medicine image and expose myths
 - Career options
 - Financial considerations
- Target messages to students when/where they need them
- Education and resources
- FMIG network
- FM residency application and Match support
 - Strolling Through the Match
 - Residency Directory
- National Conference



Assist chapters in efforts to advocate for family physicians & fight scope of practice threats

- Actively monitor scope activity playing out across state legislatures
- Adding and updating content in chapter advocacy toolkit to reflect current advocacy activities
- Enabling cross-state collaboration on scope bills with similar intent and offering networking opportunities
- Helps fund advocacy campaigns to fight scope creep in state legislatures.



Create new/equal opportunities for family physicians to lead

- Commission on Diversity, Equity & Inclusiveness in Family Medicine
- Commission Structure Revision
- Health Equity Fellowship
- Leading Physician Well-being



Gain payer alignment on key functions

Implementing framework to assess payer alignment with AAFP member priorities:

- Administrative burden
- Performance measurement
- Primary care investment and progress toward value-based payment
- Scope of practice
- Support for population health capabilities

Engaging state chapters in new ways:

- Policy and Investment Learning Community (includes multi-payer alignment strategies)
- Value-Based Payment Toolkit development



FIGHTING FOR FAMILY MEDICINE

Find out how the AAFP is currently working on the Hill to protect and promote the specialty of family medicine.



IN THE TRENCHES

Washington Hears Us on Integrated Behavioral Health Care

April 14, 2022, 12:24 p.m. – It is objectively true that diagnosing and treating the behavioral health needs of the majority of Americans is among the areas in which primary care physicians have for too long been obliged to do more with less. How much more care you've delivered than in the past, with how much less support – and how best to adjust policy while improving patients' mental health – are relatively subjective matters, but legislation that would move us in the right direction already exists. And last week, with the Academy's guidance and enthusiastic support, lawmakers turned their attention to some of these bills.

We provided [detailed testimony](#) to the House Committee on Energy and Commerce's Subcommittee on Health for an April 5 hearing titled "[Communities in Need: Legislation to Support Mental Health and Well-Being](#)." Nineteen bills related to that broad topic were on the agenda that day, signaling that lawmakers could begin the markup process ahead of passing much-needed legislation – including some for which the AAFP has steadily lobbied.

The hearing itself was a strong signal that our recent [push to center primary care in behavioral health policy](#) is gaining ground. And other testimony supported our



Fighting for Family Medicine newsletter

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FIGHTING FOR FAMILY MEDICINE Find out how the AAFP is currently working on the Hill to protect and promote the specialty of family medicine.

On June 21, the AAFP called for the swift and humane **reunification of migrant families separated at the southern U.S. border**. In its statement, the Academy also said that families in U.S. custody must have access to qualified medical professionals, and the emotional well-being of detained children must be ensured.

[View the Statement](#)

As Congress prepares to address **the opioid crisis**, AAFP President Michael Munger, MD, is meeting with officials in Washington this week, alongside leaders from five peer medical organizations. The groups' agenda follows up on their recently issued "[Addressing the Opioid Epidemic: Joint Principles](#)," which offers strong policy guidance.

[Read the Joint Principles](#)

How Can Family Physicians Engage

Speak Out!

Use the AAFP's online advocacy tool to write your lawmakers.

Make Phone Calls

The AAFP's online advocacy tool can also provide you with a script and phone number so that you can call your lawmaker.

Attend a Townhall

Sign up for your lawmaker's newsletter to learn about and attend local events.

Engage on Social Media

Like or follow your lawmakers' social media accounts so that you can see what they are doing on behalf of family medicine.

Volunteer for a Campaign

Find a local candidate who is running for office and volunteer for their campaign.

Meet with Your Lawmaker Locally

Schedule an in-district meeting or invite them to your practice.

Join the AAFP in Washington, DC

Attend the Family Medicine Advocacy Summit in Washington, DC and lobby your lawmakers on the Hill!

Become a Key Contact

Work with the AAFP to build a relationship with your federal lawmaker.

Each of these fun and easy activities help drive the AAFP's legislative agenda forward!

FamMedPAC is essential to advocacy

FamMedPAC supports our government relations staff and members to build strong relationships with members of Congress. As a result:

- The AAFP can take a leadership role in shaping laws and policies affecting our profession, patients, and the overall health care system
- Congressional offices actively reach out to the AAFP as an authoritative voice on issues affecting family medicine

Who is on the FamMedPac Advisory Board?

The FamMedPAC Advisory Board is made up of AAFP members who have a history of engagement in the AAFP's advocacy efforts

They oversee the operations, fundraising and disbursement of PAC dollars to candidates and incumbents

The AAFP Board of Directors approves the appointments of members to serve on the Advisory Board and ensures geographic and political diversity

It's important to remember!

- No candidate or Member of Congress is likely to align with every AAFP policy.
- FamMedPAC's role in the legislative process is to help educate members of Congress about how their decisions impact patients and the practice of Family Medicine.
- Some larger bills may include things we are for and things we are against.

FamMedPAC's Strategic, Bipartisan Support Ensures that AAFP is Well-Positioned to Influence the Outcome of Public Policies.

Public Relations at the AAFP

Public relations is a strategic communication process that builds mutually beneficial relationships between organizations and their publics.

Reactive

- Respond to media inquiries
- Monitor and respond to social media engagement
- Issue and crisis communication planning and response

Proactive

- Pitch stories to media
- Develop talking points and prepping spokespeople
- Write and place Op-Eds
- Develop and execute PR strategy for AAFP initiatives

Consumer

- Leverage family physicians in the media to address topics of interest to the general public
- Position family physicians as trusted experts
- Three key areas: vaccinations, mental health, preventive care

AAFP Foundation

AAFP Foundation programs are focused on the following signature program areas:

- Humanitarian (Family Medicine Cares)
- Education (Family Medicine Leads)
- Scientific (Family Medicine Discovers)
- Historical (Center for the History of Family Medicine)

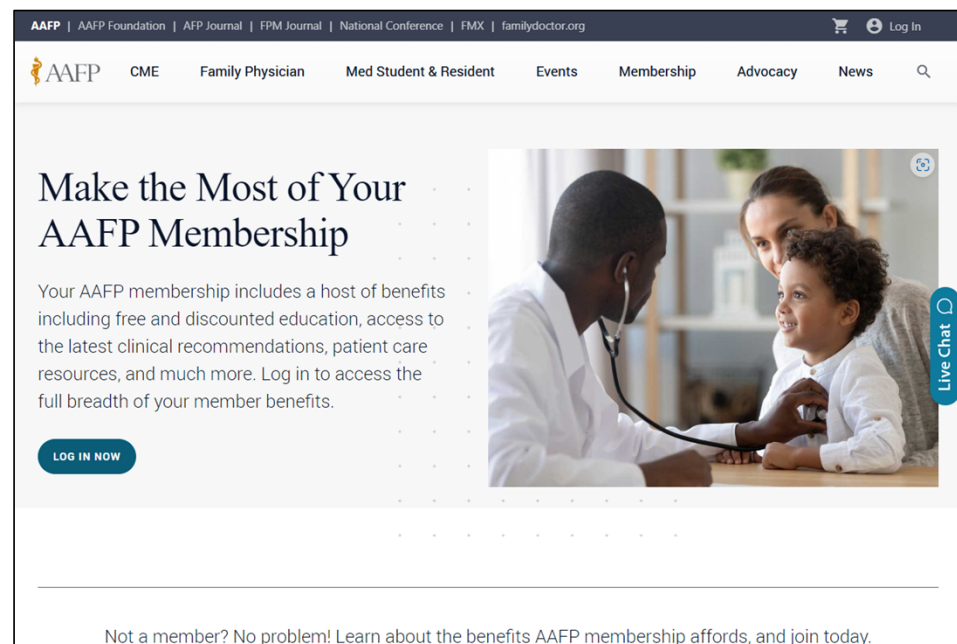


Better Together

♥ UNITED FOR FAMILY MEDICINE

How to Engage and Stay Informed

- AAFP.org
- *AAFP News*
- Fighting for Family Medicine newsletter
- AAFP blogs
- Family Medicine Today
- Conferences and CME



The screenshot shows the AAFP website homepage. The top navigation bar includes links for AAFP, AAFP Foundation, AAFP Journal, FPM Journal, National Conference, FMX, and familydoctor.org. Below the navigation bar, there are menu items for CME, Family Physician, Med Student & Resident, Events, Membership, Advocacy, and News. The main content area features a large banner with the heading "Make the Most of Your AAFP Membership" and a sub-headline: "Your AAFP membership includes a host of benefits including free and discounted education, access to the latest clinical recommendations, patient care resources, and much more. Log in to access the full breadth of your member benefits." A "LOG IN NOW" button is visible. To the right of the text is an image of a doctor examining a child with a woman standing behind them. A "Live Chat" button is on the right edge. At the bottom of the banner, it says "Not a member? No problem! Learn about the benefits AAFP membership affords, and join today."





May 9-11, 2023



Family Medicine Advocacy Summit
Mon, May 22—Tues, May 23, 2023
Hyatt Regency Washington on
Capitol Hill; Washington, DC

Join us!



July 27-29, 2023



WED Oct 25- FRI Oct 27, 2023
McCormick Place Convention Center
Chicago, IL



FMX is **THURSDAY** Oct. 26- **MONDAY** Oct. 30, 2023

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Q. Name one current strategic objective of the AAFP to fulfill our mission.

(Hint PPPLEWAAT)



livebetter

do
better

be better.



Mission:

Improve the health of patients,
families, & communities

Member Value Statement:

Advance the specialty of family
medicine, enhance health,
strengthen member voices

Thank You!!!

Questions



@tilimd
#YouveGotThis

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