KANSAS ACADEMY OF FAMILY PHYSICIANS
CARING FOR KANSANS

November 2018 Membership Satisfaction Survey Executive Summary

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Membership & Member Services Committee
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Contents

Introduction

The Membership & Member Services (MMS) Committee began discussing plans for a Membership Satisfaction Survey in July 2018. Between then and October they reviewed the most recent (2014) KAFP Membership Satisfaction Survey and surveys from other chapters. Members of the MMS Committee provided input and feedback on the survey throughout the development process.

The questions included in the survey fell into these categories:

1. Overall membership satisfaction
2. Publications & communications
3. Education
4. Advocacy
5. Practice demographics
6. Member demographics

Thank you to the members of the MMS Committee for their leadership in developing this survey: Melissa Rosso, MD (chair); John Feehan, MD, FAAFP; Patricia Fitzgibbons, MD; Courtney Huhn, MD; Rick Kellerman, MD, FAAFP; Kelsie Kelly, MD; Jessica Kieffer, MD; Emily Lenherr, medical student; Sabrina Markese, MD; Cooper Nickel, MD; Jessica Paxson, MD; Keith Ratzlaff, MD; Kendra Reith, MD; Tessa Rohrberg, MD and Marissa Weaver, medical student.

Implementation

The survey went live and KAFP began promoting it to members November 6, 2018. Members were notified and reminded of the survey many times before its closure on Nov. 30. KAFP staff developed and implemented this communications timeline:

- November 6: KAFP Weekly e-newsletter article announced the survey would launch the following day, arriving via email.
- November 7: Direct email to members, introduced the survey and asked members to take the survey.
- November 13: KAFP Weekly e-newsletter article, reminded members to take the survey.
- November 21: Direct email to members, reminded members to take the survey.
- November 27: KAFP Weekly e-newsletter article, reminded members to take the survey.
- November 28: Direct email to members, video from President reminded members to take the survey.
- November 30: Survey closed at 11:59 p.m.

Data for Comparison

The MMS Committee and KAFP staff compared the results of the 2018 Membership Satisfaction Survey to AAFP's member census data (as of 1/2/2019).

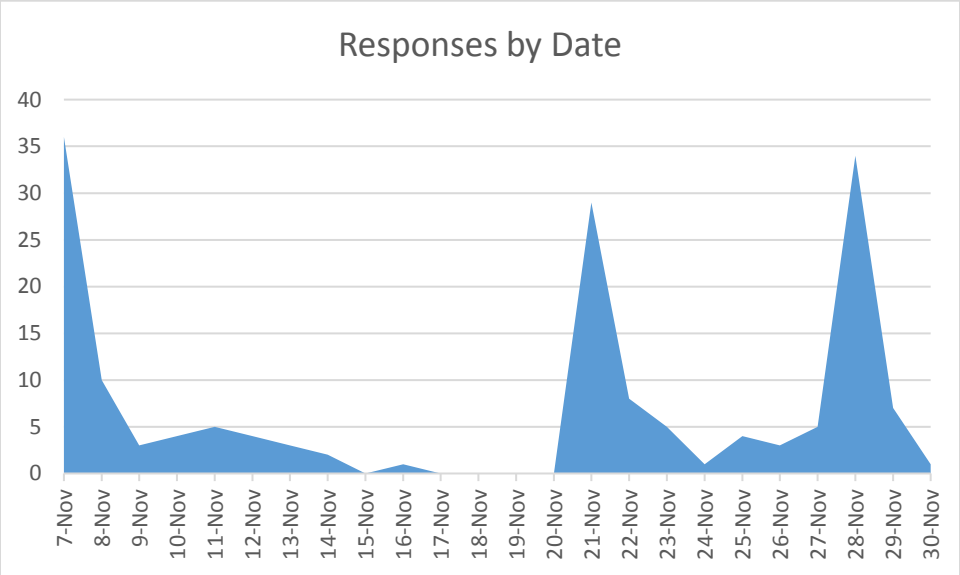
Executive Summary

Survey Performance

KAFP's 2018 membership benchmark numbers show 1,760 total active, resident, student and life members for the chapter. Of the total number of members, KAFP has email addresses for 1,534 members (87% of total membership), henceforth referred to as recipients.

Number	% of Respondents	
165	100%	Total Responses – referred to as participants
159	9.6%	Number of participants qualified, identified as KAFP members
6	3.6%	Number of participants identified as non-member and therefore disqualified
78	47%	Number of participants who completed the entire survey, i.e. answered every question
81	49%	Number of participants who only completed part of the survey, i.e. did not answer every question

Responses by Date, Compared to Reminders



Date	Responses	Running Total	Specific Activity (if any)
Day 1, November 7	36	36	Initial launch of survey. Direct email to members, introducing the survey and asking members to take the survey.
Days 2 - 6	26	62	
Day 7, November 13	3	65	KAFP Weekly e-newsletter article, reminding members to take the survey.
Days 8 – 14	3	68	
Day 15, November 21	29	97	Direct email to members, reminding members to take the survey.
Days 16 – 20	21	118	

Day 21, November 27	5	123	KAFP Weekly e-newsletter article, reminding members to take the survey.
Day 22, November 28	34	157	Direct email to members, video from President reminding members to take the survey.
Day 23	7	164	
Day 24	1	165	Survey closed at 11:59 p.m.

Take the Temperature

It is important to take the temperature or understand the environment in which a survey is launched to have an understanding of the perceptions stated about the organization. This analysis identifies a key issue happening concurrently with the survey launch and completion.

In October 2018 the AAFP Congress of Delegates considered and ultimately adopted Resolution 402 on Medical Aid in Dying. Resolution 402 as adopted by AAFP reads:

> *RESOLVED, that the American Academy of Family Physicians adopt a position of engaged neutrality toward medical-aid-in-dying as a personal end-of-life decision in the context of the physician-patient relationship, and be it further*
>
> *RESOLVED, that the American Academy of Family Physicians reject the use of the phrase "assisted suicide" or "physician-assisted-suicide" in formal statements or documents and direct the AAFP's American Medical Association (AMA) delegation to promote the same in the AMA House of Delegates.*

After this action by the Congress of Delegates 33 Kansas members reached out to KAFP expressing dissatisfaction and opposition to this action. KAFP leadership communicated directly with each member regarding their concerns and informed them of the means by which they can take action to counter the action. KAFP President Jeremy Presley, MD, FAAFP hosted a video conference with concerned members on November 5 to listen and discuss next steps.

The Membership Satisfaction Survey launched the day after the video conference, on November 6. Awareness of that issue provides the context in which the survey was considered by a significant portion of the participants.

Summary of Surveyed Categories

The initial qualifying question asked of all participants was: "Are you a member of the Kansas Academy of Family Physicians?" Using skip logic, this question allowed members to proceed to further questions, while disqualifying those who marked "no." Of the 165 responses to this question, 159 were KAFP members (96% of total survey responses, 9% of total membership).

Overall Membership Satisfaction

Questions 2-6 gathered information on members' overall satisfaction with KAFP. 92% of participants completed questions in this section.

An overwhelming majority of participants report they are satisfied or extremely satisfied with their membership in KAFP (71.14%), agree that KAFP effectively represents the specialty of family medicine (75.86%) and would encourage family physicians to join KAFP (73.97%).

While the majority of participants have not recently contacted the KAFP office (62.59%), of those who have done so report prompt, timely, knowledgeable, and professional interactions with the staff.

Participants rank these as their top three membership benefits:

- Representing family medicine with state medical society and other organizations
- Advocating for family medicine in Topeka
- Providing CME by family physicians for family physicians

Participants rank these as their least important membership benefits:

- Tracking CME credits
- Promoting family medicine to the media
- Networking with other family physicians

Of those not satisfied, and even a few who report being satisfied or neutral, most identify their opposition to Resolution 402 as their primary source of dissatisfaction. Likewise, members overwhelmingly agree that KAFP effectively represents the specialty of family medicine (75.68%).

Key Takeaways

- **Members are overwhelmingly satisfied with KAFP**
- **Members feel KAFP staff is knowledgeable and timely in responses to inquiries**
- **Members place the highest value upon representation across the state and in Topeka**

KAFP Publications & Communication

Questions 7 and 8 gauged member satisfaction with various KAFP publications and communication. 87% of participants completed questions in this section.

The majority of participants report being very satisfied or somewhat satisfied with KAFP publications: KAFP Weekly E-Newsletter (57.63%), Quarterly Kansas Family Physician journal (70.55%), and the website www.kafponline.org (56.95%); while more than 75.94% of participants are neutral regarding the physician wellness initiative RISE.

When asked what types of articles participants would like to see more of in KAFP publications, participants rank options in the following order:

1. Physician viewpoint (by members)
2. State medical political information
3. Practice management
4. CME accredited clinical information
5. Physician Wellness / Burnout Prevention
6. Human interest
7. Resident Activities
8. Student Activities
9. Committee reports
10. Officer reports

Open ended responses to this same question reflect participants want to see more than "the same 20 docs" in the magazine and that they appreciate the legislative updates from KAFP's Legislative Liaison during the legislative session.

Key Takeaways

- **Members value hearing from other members**
- **Majority of KAFP publications are connecting with readers**

Education

Questions 9-14 addressed KAFP's various educational offerings and gathered information for future educational opportunities members would be interested in. 77% of participants completed questions in this section.

Participants were satisfied or very satisfied with the Annual Meeting (69.07%), overwhelmingly citing CME as the main reason they attend the Annual Meeting, followed by networking. Participants who do not attend the Annual Meeting report that the meeting is not relevant or valuable to them, or that they can't get the time off work as their top two reasons for not attending. Interestingly, two participants report that they do not attend the Annual Meeting because they stay behind to work while the rest of their practice attends the Annual Meeting.

However, participant's satisfaction with Knowledge-Self Assessment (KSA) Group Learning Sessions was less favorable (42.96%), with lower satisfaction rates and 51.8% of participants reporting they did not value KSA's as a KAFP educational offering.

A low percentage of participants express satisfaction with online CME (21.49%), with the majority feeling neutral on this topic (75.21%). Participants's satisfaction with the RISE Wellness Webinar Series is 23.78%. On the flip side, when asked what types of formats they would like to see KAFP use for CME, there was a strong 2/3 majority for Online CME (67.23%).

When asked what topics participants would like to see KAFP offer in the future, dermatology, pain management, and procedural workshops were the top three selections, with obstetric life support courses, environmental health, and direct primary care being the least popular. Conveniently, several topics participants listed in the open ended response section will be covered in the 2019 Annual Meeting CME.

Key Takeaways

- **Members top priority at the Annual Meeting is CME**
- **Participants were not as familiar with the RISE wellness initiative as staff had thought**
- **Professional Development Committee is on track to meet member CME topic preferences**
- **KSA's are not as valuable to members as previously expected**

Advocacy

Questions 15-18 focused on KAFP's advocacy efforts. 92% of participants completed these questions.

Participants rank the following issues as their most important legislative priorities, with their current KAFP Legislative Priority number provided for reference:

- Working to reduce administrative and regulatory burden (KAFP Legislative Priority #9)
- Advocating for payment reform for family physicians (KAFP Legislative Priority #3)
- Attracting medical students to primary care (KAFP Legislative Priority #4)

Participants rank the following issues as their least important legislative priorities, with their current KAFP Legislative Priority number provided for reference:

- Promoting widespan adoption of Direct Primary Care (not a current KAFP Legislative Priority)
- Providing tools, education, and advocacy on health of the public issues (tobacco, immunizations, etc) (KAFP Legislative Priority #5)
- Addressing opioid abuse (KAFP Legislative Priority #6)

The Governmental Advocacy Committee (GAC) meets annually to develop KAFP's Legislative Priorities. These priorities guide leadership, staff, and KAFP's Government Liaison as they work with legislators to advance the health of Kansans. View full list of KAFP's 2019 Legislative Priorities.

Participants indicate they are most satisfied with the following aspects of KAFP's advocacy efforts on reducing smoking and tobacco use, retaining the use of the word "physician" for only doctors of allopathic and osteopathic medicine, encouraging physicians to practice in rural/underserved areas and Medicaid Expansion. With KAFP's advocacy efforts on reducing administrative delays and redundancy, scope of practice issues (i.e. APRNs, Pharmacists, PAS, etc.) and adequate payment for primary care services receiving the lowest satisfactory rates.

Most participants agree with statements that KFP's government advocacy efforts are important to them (88.55%) and that they receive information about KAFP's advocacy efforts (75.57%); with only 8.40% and 11% of participants providing neutral responses respectively. Fewer participants agreed with statements that KAFP's is doing a good job advocating for issues they believe in (58.02%) and that those advocacy efforts have been effective (48.84%). It is important to note that over 25% of participants were neutral on both of those statements; far more than the other two statements, which resulted in the lower rates of agreement.

When asked what issues KAFP can bring to the table with insurance payers, participants provided 45 open ended responses, the most frequent responses were in regards to decreasing administrative burden and reducing the hassle for prior authorizations, with pay parity and increased reimbursement as other leading responses.

Key Takeaways

- **Participants are most concerned with reducing administrative burden.**
- **Participants are not satisfied with KAFP's efforts in reducing administrative burden.**
- **KAFP's 2019 Legislative Priorities are important to members, and participant's rankings of priorities will be instrumental to the Governmental Advocacy Committee.**

Practice Demographics

Questions 19-30 collected practice demographics from participants. 78% of participants completed questions in this section.

Of KAFP members who participated in the survey, more than half report practicing in communities with populations over 100,000 (52.76%).

Results show a 10 point spread between participants working for a private hospital or health setting, university-owned hospital, single specialty group, multiple specialty group and solo practice. There is a significant drop off for participants working for federal, state or local government and locum tenens. Of note, 7.81% of participants report no longer being in practice (i.e. retired). While there was a spread of practice types, 59.85% of participants report having no official ownership in their practice. In step with these trends, 35.11% of participants report that there are more than 10 physicians in their practice, with 6-10 physicians trailing by 19 points.

In regards to Physician's Assistants (PA), more than half of participants report they do not use PA's in their practice (57.94%.) However, only a third of participants report that they do not use Advanced Practice Registered Nurse (APRN) in their practice (33.33%.) Of the two-thirds of participants who do utilize APRNs in practice, the majority report using nurse practitioners (64.34%).

Just shy of a quarter of participants report that their practice is already recognized as a Patient Centered Medical Home (24.41%), while 17.32% indicated they are interested and 40.16% not interested.

41.22% of participants report that their practice is a member of an Accountable Care Organization (ACO), with 36.64% not a member and another 14.50% unsure.

When participants were asked what the single greatest challenge their patients face regarding social determinants of health is, two-thirds identify "poverty" and other financial burdens as the greatest challenge. Access to care, education, health literacy, and lack of support system are other frequent responses.

Regarding the services participants practice, the most frequent services selected are: Everything except OB, full scope practice (including OB), and ER/Urgent Care. Military, Locum Tenens (primarily and on the side) and Mission work are the least frequent services participants report practicing.

Over half of participants report that they do not provide maternity care in their practices (59.06%). Of those who do provide maternity care, the majority provide prenatal and postnatal care as well as vaginal deliveries. Less than 15% report that they provide C-section or TOLAC deliveries.

Key Takeaways

- **Social determinants of health focus on poverty will be a focus at the 2019 Annual Meeting.**
- **More members work for larger organizations, rather than own their own practice.**
- **More members utilize nurse practitioners than Physicians Assistants.**

Member Demographics

Questions 31-40 focused on member demographics. We are able to cross analyze these results with AAFP member census data to compare the population of members that completed the survey to actual member demographics. 69% of participants completed questions in this section.

The geographic spread of participants generally reflects the spread of population across the state of Kansas; with the highest participant populations living in south central and north east Kansas (Wichita and Kansas City metro areas respectively).

While the majority of participants report paying dues is not a problem (paid by their employer or themselves) (82.26%,) 12.10% of participants indicated that they pay their own dues and it is a struggle to afford them. Of open ended responses regarding this question, multiple participants shared that payment of their dues comes out of their employers CME allowance.

Of options given, participants rank the reasons to belong to KAFP in the order below. These are their top three reasons to belong to KAFP:

1. To demonstrate support for family medicine
2. For continuing medical education resources
3. To support KAFP's government advocacy efforts
4. To support KAFP's health of the public initiatives
5. To network and build relationships with family medicine colleagues
6. To support KAFP's resources for students and residents
7. For practice enhancement resources

Many member demographics collected in this survey can be compared to AAFP's member census data.

- 87.69% of participants identified their membership type as "Active," while member census data specific to Kansas reflects 60.48% of Kansas memberships types are "Active."
- The gender divide between male and female participants was within 0.05% of AAFP member census data.
- The majority of KAFP's members are under 30 years old according to AAFP member census data, while this was the lowest population to complete the survey (3.13%).
- Members age 50-59 were most likely to complete the survey (25.78%), with members in age groups 30-39 and 40-49 tied for next most likely age groups (21.09% each).

One-fifth of participants indicate they are planning to retire in the next five years.

When asked "What would you like to communicate to the KAFP that hasn't been addressed elsewhere?" some participants re-emphasized open ended feedback given elsewhere in the survey. The following responses were new perspectives not already heard:

- The public should learn more about family physicians being multi-specialist.
- This survey is too long.
- Where would the state be without the KAFP? Think about it.
- I think it is important for members to understand all of the things that the KAFP does on behalf of our members behind the scenes.

- Don't give up the fight. Our specialty is NECESSARY and APRNs and PAs are not our equals or replacements.
- I continue to be impressed by the selfless commitment of my colleagues to the Academy, and the continued belief in our movement.
- Emphasize that having a family physician is the best form of healthcare for the entire nation.
- Thanks for listening.

The final question of the survey asked participants "How can KAFP best meet your needs as a member?" The most frequently echoed response centered on advocacy for family medicine. The next most common response expresses support of continuing the good work KAFP already does. Another frequent response was in regards to dissatisfaction with Resolution 402 as mentioned earlier in this summary. Other unique responses address recruiting rural physicians, modeling more after AAFP and support for medical students.

Key Takeaways

- **Member geographic compliments the population spread of the state.**
- **Demographics of participants do not closely mirror member demographics.**
- **Overall members are satisfied with KAFP, and encourage keeping up the good work.**
- **Advocacy for family medicine is highly important to members.**

Full Survey Results

Member Satisfaction Survey – Kansas Academy of Family Physicians

Qualifying question:

1. Are you a member of the Kansas Academy of Family Physicians?

Answer Choices	Response	%
Yes	159	96.36%
No	6	3.64%
TOTAL	165	

Overall KAFP Membership Satisfaction

2. Overall, how satisfied are you with your membership in KAFP?

Answer Choices	Response	%
Extremely satisfied	45	30.20%
Satisfied	61	40.94%
Neutral	31	20.81%
Dissatisfied	8	5.37%
Very Dissatisfied	4	2.68%
TOTAL	149	

3. I believe KAFP effectively represents the specialty of family medicine.

Answer Choices	Response	%
Strongly Agree	72	48.65%
Agree	40	27.03%
Neutral	26	17.57%
Disagree	3	2.03%
Strongly Disagree	7	4.73%
TOTAL	148	

4. I would encourage other family physicians to join KAFP.

Answer Choices	Response	%
Strongly Agree	77	52.74%
Agree	31	21.23%
Neutral	28	19.18%
Disagree	7	4.79%
Strongly Disagree	3	2.05%

TOTAL	146	

5. Have you ever contacted the KAFP office for assistance?

Answer Choices	Response	%
No	92	62.29%
Yes (If yes, tell us how satisfied you were with the assistance you received from KAFP staff in the comments below.)	55	37.41%
TOTAL	147	

Comments:

- Administration has always been pleasing. Jury is still out now that there is a real issue, will it be politically safe or respond in representation?
- Although it has been a while since I needed to contact the office, the staff and leadership have always been responsive to the need.
- ALWAYS WELL SATISFIED
- Carolyn, Marina and Michelle were all exceptionally knowledgeable and helpful.
- Contacted about physician aid in dying issue and was pleased with the prompt response
- Don't really know how.
- Excellent help Very professional
- Excellent staff - they are knowledgeable, professional and clearly well-trained.
- Extremely satisfied since 1953
- Extremely satisfied
- Getting me all set up for the annual meeting was superb. Carolyn's personal note in the packet was precious.
- good response to complaint, but poor response led to the complaint
- Great
- Great help!
- Have been able to access information I need on the website.
- Helpful
- I was having difficulty getting registered for a SAM session a few years ago, and Carolyn Gaughan was most helpful.
- In 1972, when I was President of the Kansas Medical Society, and a member of the Kansas Academy of General/Family Practice (since about 1944) I worked closely with KAFP and have been to several meetings for several years until around 1999 - retired after 22 years of working in 9 different states as a loving tenens - last worked in 2017 in Hanover KS
- KAFP staff have always been very prompt and helpful.
- Minimal help
- My problems of always been addressed with 1 or 2 emails, and are always per addressed in a prompt fashion.
- My world is dictated by my employer. They are a large organization with layers of decision making, mostly by men with a very transactional approach to their business. I am just not interested in getting tied up in that arena, as likelihood of having any impact is small. Will simply till my little garden.
- Nothing changed!

- On average more than satisfied
- Prompt and timely responses and excellent access and availability to leadership.
- quick response, accurate information, polite and friendly
- Quick response/feedback regarding issue in #2. Satisfied with those who assisted in this, including the online conference call, but still very dissatisfied that it had to come to this.
- Quite satisfied
- the staff is always helpful and professional
- They have been helpful every time that I contacted them.
- Various questions and/or needs from general info to making suggestions. The Executive Director and staff are priceless.
- Very
- Very appreciative of the help of the responsiveness of KAFP staff.
- Very good
- Very satisfied
- very satisfied
- Very satisfied
- Very satisfied
- Very satisfied
- very satisfied, they were able to answer my questions
- Very satisfied.
- When I was President of the Kansas Medical Society in 1972
- Years ago. Not able to help me at the time
- YES CONTACTED CAROLYN MULTIPLE TIMES IN PAST TEN YEARS AND SHE IS ALWAYS VERY HELPFUL

6. How important are the following KAFP membership benefits to you and your practice? (choose all that apply)

Answer Choices	Response	%
Representing family medicine with state medical society and other organizations	99	70.71%
Advocating for family physicians in Topeka	97	69.29%
Providing CME by family physicians for family physicians	90	64.29%
Attracting students to family medicine	89	63.57%
Keeping me informed on current affairs concerning family medicine	84	60.00%
Advocating for better health care access for Kansans	78	55.71%
Promoting family medicine to the public	75	53.57%
Networking with other family physicians	73	52.14%
Promoting family medicine to the media	68	48.57%
Tracking CME credits	61	43.57%
Providing leadership opportunities	41	29.29%
Providing RISE Physician Wellness initiative	15	10.71%
TOTAL	140	

Other Comments:

- All of them
- Dr of the Day Program is Important and special
- I don't feel like I get many tangible benefits from KAFP.
- I haven't been involved in RISE so I cannot comment. Promotion of family medicine to patients and the media is appreciated, but I am not immediately aware of any advertising/marketing campaigns, so maybe I don't understand the question. Nevertheless, it is important to me.
- I think the AAFP CME is a lot higher quality, so I don't use CME from KAFP
- I think the physician wellness initiative is a good thing, but a drop in a big ocean of other cultural factors both in the profession, and nationally, and internationally. Can we put the internet back in the box? (Of course, not. Pandora, I feel your pain!).
- Political advocacy is critical, especially advocating or access to health care for all the people of Kansas. IE advocate for MEDICAID expansion
- Press Ganey scores are poor gauge (I.e. Patient dependent on opioids who requests and correctly doesn't get them will rate provider very poorly) and frequently used for salary/continued employment decisions
- Retired with exempt license this year

KAFP Publications & Communications

7. What publications are you satisfied with? (choose all that apply)

Answer Choices	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied	TOTAL
KAFP Weekly E-Newsletter	46 31.94%	37 25.69%	58 40.28%	2 1.39%	1 0.69%	144
Quarterly Kansas Family Physician Journal	60 41.10%	43 29.45%	39 26.71%	4 2.74%	0 0.00%	146
Website www.kafponline.org	47 32.64%	35 24.31%	60 41.67%	1 0.69%	1 0.69%	144
Weekly RISE Physician Wellness Facebook posts (#RISE)	13 9.77%	14 10.53%	101 75.94%	3 2.26%	2 1.50%	133
TOTAL PARTICIPANTS: 147						

8. What types of articles or features would you like to see more of in the KAFP publications? (choose all that apply)

Answer Choices	Response	%
Physician viewpoint (by members)	72	55.38%
State medical political information	70	53.85%
Practice management	59	45.38%
CME accredited clinical information	50	38.46%
Physician Wellness / Burnout Prevention	45	34.62%
Human interest	31	23.65%
Resident Activities	30	23.08%
Student Activities	24	18.46%

Committee reports	20	15.38%
Officer reports	15	11.54%
TOTAL PARTICIPANTS: 130		

Other Comments:

- All
- Honesty. The national academy hides results of its surveys. KAFP?
- I think the KFP is probably best at what is going on in the state. I can get practice management information through other venues, unless something specifically relates to Kansas. I like the President's report but reports of other officers is not necessary; We can get CME through many other venues.
- Just do not have time to take it all in. Long ago stopped Facebook. Limit my news to just 30" at the end of the day, mostly on an aggregate site where I can see which way the winds are blowing back and forth. Otherwise it is all about my patients. (I still LOVE science and figuring things out, and getting to know each person I encounter.). I try to read totally OUTSIDE medicine when I have time.
- Knowing two members of Kansas just decided to vote to essentially support physician assisted suicide without letting anyone know really disturbs me.
- More emphasis on frontier (extremely rural) needs.
- Much less on Physician Burnout.
- The regular updates during the legislative session are invaluable and is a great example of the value in KAFP membership.
- There are the same 20 docs in the entire magazine doing the same thing. I don't even read it any more.

Education

9. How satisfied are you with these educational offerings by KAFP?

Answer Choices	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied	TOTAL
Annual Meeting	60 43.17%	36 25.90%	36 25.90%	6 4.32%	1 0.72%	139
Knowledge Self-Assessment (KSA) Group Learning Sessions (various ABFM modules)	32 23.70%	26 19.26%	70 51.85%	2 1.48%	5 3.70%	135
Online Courses to Prepare for National Registry for Certified Medical Examiners Federal Motor Carrier Safety Administration (FMCSA) examination	14 11.57%	12 9.92%	91 75.21%	2 1.65%	2 1.65%	121
RISE Wellness Webinar Series	14 11.48%	15 12.30%	86 70.49%	5 4.10%	2 1.65%	122
Regional CME	35	30	54	6	3	128

	27.34%	23.44%	42.19%	4.69%	2.34%	
TOTAL PARTICIPANTS: 143						

10. If you attend the KAFP Annual Meeting, what is the main reason you attend (i.e. Month of year, number of days, CME, networking, etc.)

- attend sessions or assist with workshop as a medical student
- clinical practice updates and networking
- CME and networking.
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- CME
- CME, networking, business
- CME and networking
- CME and networking
- CME and networking opportunities.
- CME and resident education
- CME hours; see friends and colleagues; it is the happening place to be once-a-year for family physicians!
- CME, KAFP foundation and seeing old friends
- CME, convenience
- CME, COST, NETWORKING
- CME, networking
- CME, networking
- CME, networking
- CME, networking, presentation
- CME, networking, recharging the battery

- CME, networking, stay up to date
- CME. Close location
- CME; Networking helps to reinvigorate me
- Convenience when it is in KC area
- Day of week
- Don’t attend
- Don’t attending know what Rise is Don’t know about weekly newsletter
- education, contacts, closeness of venue
- for CME that is close to home
- Great CME
- Have not attended for several years
- Haven't recently
- I attend the Missouri meeting because better CME
- I gave a lecture and it’s easy to connect with local physicians and get CME. As a note for those things I’m neutral in, that’s because I don’t know about them.
- I haven’t
- I quit going to Kansas Meetings because Colorado Meetings are more pleasant, more pertinent, and closer.
- Last one was probably 10 years ago. Since I was solo until 2 yrs ago, I only took time off for CME once a year and that meeting did not make it on the list, esp if in Wichita.
- Learning from other excellent Family Physicians, CME, networking, working with others to support Family Medicine, interaction with the administration.
- Live CME requirement.
- Local CME, networking. It is a morale boost to be around such enthusiastic and down to earth family physicians.
- Location
- Long time ago
- Meeting with friends
- Month and CME
- Month is not good for my hobby-farming. Great CME, network with other members esp guests from other states,
- NETWORKING
- networking
- Networking
- Networking
- Networking and CME
- Networking and CME
- Networking and CME
- Networking and CME
- Networking, CME
- Networking, CME, month of the year
- Networking, CME, student interaction, advocacy preparation
- Networking, etc.
- Networking, knowledge and training, the KAFP Foundation tee shirt

- networking, learning, board meeting
- Opportunity for fellowship with old friends and learn something as a bonus.
- Schedule, CME
- Seeing friends and foundation board meeting. Will have softball this year and likely unable to attend
- Seeing other family docs
- speakers
- STORM, networking
- timing - just a bad week this year
- To network. CME
- Yes—-has been/Past President

11. If you have never attended a KAFP educational offering, what prevented you? (choose all that apply)

Answer Choices	Response	%
N/A, I have attended a KAFP event	75	66.96%
I can't get the time off from work	17	15.18%
They never seem relevant or valuable to me	16	14.29%
They are too far away from me	10	8.93%
I've never heard about them	6	5.36%
They are too expensive	1	0.89%
TOTAL PARTICIPANTS: 112		

Other Comments:

- Busy time of year personally
- Don't because of the time of year (family vacation) and the rest of my group is always gone attending.
- I have attended KAFP educational offerings and regional offerings, but they have not been as relevant or valuable to me. Doesn't mean the KAFP shouldn't do them; maybe I should get it together and attend. I don't know of any in my area recently other than the Annual Meeting.
- Lazy
- Many years since those days
- n/a
- Too many colleagues go/present. I usually cover.
- went to other meetings

12. Besides live in-person courses, what other types of formats would you like to see KAFP use to offer CME?

Answer Choices	Response	%
Live streaming	17	14.29%
Online CME	80	67.23
Written CME (i.e. journal)	22	18.49%
TOTAL	119	

Other Comments:

- For me, there are many other options for CME, so it isn't very valuable for me.
- I do not feel we need any other CME offerings by KAFP other than live events. We all have a variety of educational options online and live.
- I do not use KAFP as a source of CME
- I liked the AFP audio- sorry it is no longer available
- I would benefit from very practical medical information in caring for the broad needs of Kansans, including inner city and rural.
- Only if it registers automatically into the AAFP database. I will often read the AAFP journal and either take the test online or using the app. The credit then automatically registers and I do not have to go back and do that.
- Qbank for board recertification
- Retired
- Something similar to the ECHO program
- Stay away from live streaming. It takes away from the KAFP and would eventually create new revenue problems.
- This has become the preferred way for me to do CME. I do better reading than listening and always have.
- Would rather get CME from the AAFP.
- Zoom group interactive sessions - a "community of practice" type model

13. What topics would you like to see KAFP offer in future CME programs? (chose all that apply)

Answer Choices	Response	%
Dermatology	75	56.39%
Pain Management	61	45.86%
Procedural Workshops	60	45.11%
Pediatric Topics	58	43.61%
Substance abuse	56	42.11%
Nutrition	52	39.10%
Practice Management	51	38.35%
Women's Health	47	35.34%
Wellness Topics	45	33.83%
Social Determinants of Health	39	29.32%
Direct Primary Care (DPC)	37	28.72%
Obstetric Life Support Courses	28	21.05%
Environmental Health	28	21.05%
TOTAL PARTICIPANTS: 133		

Other Comments:

- A review of new medicines
- all
- Allergy testing

- Critical care Orthopedics/ fracture management Regular update on advances in oncology Nutrition and weight loss program
- diabetes, COPD, hospitalist, ER care
- Dr Saxer offers to help with procedural workshops
- Hospital Medicine and rural ER tips
- How to practice with paper instead of EMR. 10 % of physicians are still using paper rather than EMR.
- How to supervise mid-levels, both NP's and PA's: what works, what doesn't, pitfalls to avoid, benefits to you and your patients
- More and more I am spending time on nutrition, sleep (!), physical activity that is practical (dance party with toddlers is a hit and no sitter required) and emotional health beyond medications. It seems to be where my patients need someone the most. Especially young people. My practice is relational, not transactional.
- N/A. I do not use KAFP for CME
- NA
- Nexplannon insertion!
- Point of care ultrasound.
- Political advocacy for health impacts of gun violence and climate change, etc.
- Wound care, including treating venous and arterial ulcers.

14. KAFP currently offers Knowledge Self-Assessment Modules (KSA) for ABFM Maintenance of Certification. Is this an educational offering you would utilize?

Answer Choices	Response	%
Yes	65	48.15%
No	70	51.85%
TOTAL	135	

Advocacy

15. What issues should be priorities for KAFP in 2019 and beyond? (Choose 3)

Answer Choices	Response	%
Working to reduce administrative and regulatory burden	100	75.76%
Advocating for payment reform for family physicians	66	50.00%
Attracting medical students to primary care	61	46.21%
Protecting family physicians interests with regards to non-physician providers (nurse practitioners, physician assistants)	55	41.67%
Improving access to health care in rural and/or underserved communities	54	40.91%
Addressing physician health and well-being/burnout prevention	54	40.91%
Advocating for Medicaid/Medicare payment parity	50	37.88%
Preserving the full scope of practice for family physicians	49	37.12%
Providing high quality continuing medical education (CME) opportunities	43	32.58%
Advocating on behalf of national healthcare issues	40	30.30%

Helping family physicians with practice management	37	28.03%
Addressing opioid abuse	33	25.00%
Providing tools, education, and advocacy on health of the public issues (tobacco, immunizations, etc.)	27	20.45%
Promoting widespan adoption of Direct Primary Care	10	7.58%
TOTAL PARTICIPANTS: 132		

Other Comments:

- All
- Attracting primary care residents to practices
- Can we inject some rationality to the gun laws and more importantly, the toxic attitudes about killing someone? Every life is a sacred expression of God, not worth snuffing out over a material possession, or pride. It's not about owning a gun, it's about your attitude toward other humans.
- Family medicine will struggle without dealing with encroachment by nurse practitioners, PA and others in primary care.
- Honestly admit the problems with the EMR.
- I have problems with all this burnout talk. I graduated in 1974 and still excited about being a physician. I am 'addicted' to medicine. It is fun and fulfilling. I think docs have gotten themselves in to bad business models that affect this more than the taking care of patients.
- MAINTAINING SEPARATION BETWEEN MODERN WESTERN MEDICINE AND ASCIENTIFIC "ALTERNATIVE" QUACKERY
- Not supporting physician assisted suicide
- PAS issues (euthanasia)
- Providing interest groups to help support new physicians in Kansas
- Really seeing what provider's views are on physician assisted suicide and how it erodes who we are as providers and people
- Reversing AAFP and KAFP positions on physician -assisted suicide. Condemning any further attempts by the AAFP to remove rights of conscience for health care workers and businesses.
- Reversing the dangerous slippery slope decision to ratify the AAFP's movement away from opposing PAS. A referendum of constituent members and reversal of this year's vote, if majority opposed, should be a priority of this administration in 2019
- Simplifying payment models. One payer, etc. DPC, etc. Changing the mess that is insurance currently. This should be priority number 1.
- Some of the issues are provided in concern with the AAFP which may be in a better position to offer help in some of these areas. The KAFP needs to help with AAFP with some national issues. I am not convinced the KAFP is as good at practice management issues, unless they are specific to Kansas.
- Work to lower costs with group purchasing of vaccines, insurance, legal services, etc.

16. How satisfied are you with KAFP's advocacy efforts of the following issues?

Answer Choices	Very	Satisfied	Neutral	Somewhat	Dissatisfied	N/A	TOTAL

	Satisfied			Dissatisfied			
Medicaid Expansion	44 34.92%	27 21.43%	34 26.98%	4 3.17%	7 5.56%	10 7.94%	126
Scope of practice issues (i.e. APRNs, Pharmacists, Pas, etc.)	41 31.78%	34 26.36%	28 21.71%	11 8.53%	7 5.43%	8 6.20%	129
Adequate payment for primary care services	38 29.23%	44 33.85%	30 23.08%	8 6.15%	4 3.08%	6 4.62%	130
Adequate funding for graduate and undergraduate medical education for family medicine	34 26.56%	42 32.81%	38 29.69%	3 2.34%	0 0.00%	11 8.59%	128
Increasing immunization rates	42 32.31%	47 36.15%	30 23.08%	2 1.54%	1 0.77%	8 6.15%	130
Reducing smoking and tobacco use	64 48.85%	39 29.77%	19 14.50%	2 1.53%	1 0.76%	6 4.59%	130
Addressing opioid abuse	30 23.08%	50 38.46%	35 26.92%	4 3.08%	3 2.31%	8 6.15%	130
Encouraging physicians to practice in rural/underserved areas	46 35.94%	40 31.25%	30 23.44%	4 3.13%	1 0.78%	7 5.47%	128
Addressing access to affordable health care for all Kansans	41 31.51%	37 28.46%	34 26.15%	4 3.08%	6 4.62%	8 6.15%	130
Reducing administrative delays and redundancy	24 8.46%	32 24.62%	41 31.51%	14 10.7%	11 8.46%	8 6.15%	130
Retaining the use of the word "physician" for only doctors of allopathic and osteopathic medicine	48 37.21%	29 22.48%	34 26.36%	3 2.33%	10 7.75%	5 3.88%	129
Total Participants: 131							

17. The KAFP's government advocacy efforts are important to me.

Answer Choices	Agree	Disagree	Neither Agree nor Disagree	TOTAL

KAFP's government advocacy efforts are important to me.	116 88.55%	4 3.05%	11 8.40%	131
I receive information about the advocacy efforts of KAFP	99 75.57%	17 12.98%	15 11.45%	131
KAFP is doing a good job of advocating for issues I believe in.	76 58.02%	21 16.06%	34 25.95%	131
KAFP's advocacy efforts have been effective.	63 48.84%	15 11.63%	51 39.53%	129
Total Participants: 132				

18. KAFP has met periodically with insurance payers to promote improved reimbursement. What other issues would you like KAFP to bring to the table?

- Advocating for the "big payers" to coordinate with small hospitals to help fund charity care.
- Aetna, quit promoting tele-doc and NP use. Walgreens and CVS quit competing directly with FP's
- Against euthanasia, and abortion!
- Already expressed
- Burden of PA's, especially with imaging when they never say no...why make us ask.
- Cover the medicines that we need to care for our patients in the current fashion. Publish their formularies.
- Decrease admin burden
- Decrease need for prior authorizations or at least a way to decrease the time it takes to get them
- Decrease unnecessary reporting measures
- Decreased administrative burden
- Decreased administrative burden - prior authorizations, etc.
- Direct primary care
- Direct Primary care
- Ease of use of formularies where applicable. Decreasing the administrative burden. Decreasing outrageous health insurance premiums
- Expand graduate family medicine spots for Kansas residents. Expect family medicine residents to practice in Kansas
- Failure of insurers to pay for acute and procedural services on same day as General medical exam-- they only get away with it because we don't want to upset our patients by making them return for those services. Yes insurers know it, they bank on it!
- I would like to see dental coverage as part of medical insurance
- I'm not sure
- Immigration
- Many family docs find the ABFM MOC and recertification exam to be inefficient use of their time and CME dollars. Having the KAFP maintain an understanding of how the practicing family doc views this process would be useful for communication with the ABFM.
- Maybe more on pain control and management.

- Medicare gives incentive payments for their quality care initiatives. Blue Cross essentially doesn't; it requires the physician to increase his/her charges, which get passed on to the patient, whom already has ridiculously high deductibles
- No Prior authorizations for diagnostic tests unless the insurer is going to accept the liability of a missed diagnosis. No PA's for a drug that does not have a therapeutic equivalent
- Only MD/DO are doctors
- Pay parity for all forms of Telehealth
- Paying for viscosupplementation for knee osteoarthritis
- Pharmaceutical cost
- Physician assisted suicide and working to reverse the position change on taking a "neutral" stance on this very important topic.
- Practice management
- Prescription drug prices.
- Prior authorizations on procedures
- Reduce paperwork and obstacles to fair, timely payment
- Reducing administrative burden - prior authorizations, paperwork
- Reducing documentation burden.
- reduction in computer workload - use a standard for 1 or 2 only)
- Regulatory burdens of practice sucking joy out of medicine.
- Retired and believe any method to increase reimbursement for MD/DOs
- Streamlined and fast track patient services and med reviews/approval
- The corporatization of medicine is a huge problem, but unsure of how the KAFP can advocate in this space because many members are employed. Think of this: why should corporate employers pay for family physician dues to the AAFP/KAFP? What does the KAFP offer these large groups that employ family physicians? I think we need to answer that question: I can see the KAFP playing a role in helping employed family physicians avoid burnout; socializing with like-minded physicians, networking, etc. . . . but will employers value that. The KAFP is vital for rural physicians; no one else speaks for rural physicians. It is a little different for employed urban physicians, in my estimation.
- The main issue is the separation of Hippocratic Medicine from non-Hippocratic models, where autonomy trumps. This doesn't go here but we need to promote and teach authentic palliative care and hospice, End of Life discussions, how to teach medical students how to navigate end of life issues.
- The reality is, the current system works for a lot of people who are making a lot of money. Health care has become a mechanism to make money, and is not an end in itself -not really about fulfilling the Christian duty to care for each other in the name of Jesus. When there is tension between the interests of maximizing profit, or delivering the very best care, the profits win out. So easy to slip into this mode, and blame the patients for not taking care of themselves and requiring care in the first place (This blame is masked as "personal responsibility". Do not recall Jesus blaming the stupid sheep that ran off.). We are in need of an ethical renaissance. Why are we getting up in the morning, what meaning is there to our existence besides our material wealth? (Sorry, got off on a rant.)
- Time and cost involved in recertification, given that studies don't support it...
- Too many to list. Medicine is broken!

- transitioning to value based care; using clinical data instead of claims data for quality measures
- Transparency on how they calculate the efficiencies of physicians
- Uncertain
- Work on reducing prior authorization and quality measure reporting that consumes physician time away from patient care.

Practice Demographics

19. What is the population of the community in which you practice?

Answer Choices	Response	%
0-6,999	26	20.47%
7,000 – 24,999	20	15.75%
25,000 – 99,000	14	11.02%
100,000+	67	52.76%
TOTAL	127	

20. Who do you primarily work for?

Answer Choices	Response	%
Myself	24	18.75%
Single specialty physician group	19	14.84%
Multi-specialty physician group	15	11.72%
University-owned or hospital	25	19.53%
Private hospital or health system	28	21.88%
Managed care organization or insurance company	0	0.00%
Federal, state or local government (not including universities)	5	3.91%
Locum tenens group / staffing organization	2	1.56%
Not in practice	10	7.81%
TOTAL	128	

Other Comments:

- Also an employee health group
- FQHC
- FQHC
- In transition
- My solo practice was not sustainable with all the economic changes and an unreliable insurance system. The coming election in 2016 and an expiring office lease triggered a change to employment. Do not blame my employers- rather thankful for them. But forever thankful I got to practice with intellect and heart for 10 years. It did not pay well, but was invaluable in the meaning it gave to my life.
- Retired
- self-employed member of a single specialty group
- We are a pure production formula clinic. ' Eat what you kill'

21. How would you describe your practice type?

Answer Choices	Response	%
I am the sole owner of my practice	21	15.91%
I am a partial owner or shareholder in my practice	21	15.91%
I have no official ownership in my practice	79	59.85%
I am not in clinical practice	11	8.33%
TOTAL	132	

22. How many physicians are in your practice?

Answer Choices	Response	%
Solo family physician	12	9.16%
2-3 physicians	20	15.27%
4-5 physicians	19	14.0%
6-10 physicians	22	16.79%
More than 10 physicians	46	35.11%
Not in practice	12	9.16%
TOTAL	132	

23. What is your primary patient care location?

Answer Choices	Response	%
Privately owned practice	47	39.83%
Federally qualified community health center	8	6.78%
Rural Health Clinic	16	13.56%
Hospital (not emergency department)	17	14.41%
Hospital emergency department	3	2.54%
Urgent care center	6	5.08%
Institutional facility (i.e. student health, prison or nursing home)	2	1.69%
Not applicable	19	16.10%
TOTAL	118	

Other Comments:

- But we have RHC status.
- Clinic
- Clinic owned by major health system in academic center
- Department based
- Faculty at residency program
- health system owned free standing community primary care office
- hospital owned free standing family physician office
- Hospital owned suburban
- Long term care
- Non-profit hospital-owned clinic.
- Residency
- Residency clinic
- Residency clinic/hospital

- small hospital with physician office in it
- VA outpatient clinic

24. Do you use a Physician's Assistant (PA) in your practice?

Answer Choices	Response	%
Yes	53	42.06%
No	73	57.94%
TOTAL	126	

25. Do you use an Advanced Practice Registered Nurse (APRN) in your practice? Choose all that apply.

Answer Choices	Response	%
No	43	33.33%
Yes, certified nurse anesthetist (CRNA)	13	10.08%
Yes, certified nurse midwife (CNM)	2	1.55%
Yes, clinical nurse specialist (CNS)	3	2.33%
Yes, nurse practitioner (NP)	83	64.34%
TOTAL	127	

26. Are you in the process of preparation to apply for recognition of your practice as a Patient-Centered Medical Home?

Answer Choices	Response	%
Yes	8	6.30%
No, but I am interested	22	17.32%
No, and I am not interested	51	40.16%
Practice is already recognized as a PCMH	31	24.41%
Not in practice	15	11.81%
TOTAL	127	

27. Are you a member of an Accountable Care Organization (ACO)

Answer Choices	Response	%
Yes	54	41.22%
No	48	36.64%
Don't know	19	14.50%
Not in practice	10	7.63%
TOTAL	131	

28. Thinking in terms of the social determinants of health (i.e. poverty, education, food access, housing, etc.) what would you say is the single greatest challenge your patients face?

- Ability to pay for health care
- Absurdly high medication costs, insurance premiums and deductibles
- Access
- Access

- Access at affordable cost
- Access due to rural location
- Access to affordable care
- Access to care (cost)
- Access to payer source
- Affordable housing
- Affording health care (office visits, medications)
- affording health care and their medications
- Conflicting advice from social media eg vaccines, guns, universal health care
- Cost and financial resource
- Cost of basic needs.
- Cost of care
- COST OF HEALTH CARE
- Cost of medication & Insurance
- cost of medications
- Cost of their meds
- cultural breakdown and dissolution of the family structure and abandonment
- Dependency
- Deteriorating family and social support leading to all of the above
- Dug costs
- Education
- Education
- Education
- Education about alternatives to traditional health insurance.
- Education and access to healthy food that is affordable
- Education and language barriers.
- Empowerment
- Expense
- Finances
- Financial issues from deductibles to meds
- For a portion of my patients it is poverty
- Generational Poverty and dependency on government program. Breakdown of family structure.
- Gorilla health insurance companies
- Health literacy.
- High premiums
- I do not believe in social determinants of health. Health is overwhelmingly personal choice. KAFP has been coopted by a false philosophy.
- I practice in a pretty affluent area so not that many issues, high insurance deductibles only one I can think of
- Insurance doesn't cover testing/meds
- Interestingly enough, we survey our patients each year and have found that abuse (verbal often) is the number one SDOH they face
- Lack of community to support them

- Lack of education and how this leads to drugs, poverty and illness
- Low education means poor paying jobs which limits access to meds and care. Obesity is the greatest risk to our society.
- Medicare pts trying to afford meds
- Medication costs
- Mental health, transportation
- Money
- Not enough primary care access
- Overall cost of healthcare. Everything from insurance costs to medications to any procedure are simply exorbitantly expensive, leading me to spend a large percentage of my day working around cost rather than simple patient care.
- Paying for their medicine
- Payment for medications and medical services.
- Poor social examples/ expectations
- Poverty
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- Poverty, Access to appropriate transportation, Access to healthy food
- Poverty and cost of meds
- Poverty and lack of access to care
- Poverty and mental health
- Poverty, because it covers all the others, and is not just economic, but a culture. I am VERY concerned about the polarization of wealth in our economic system. If there are too many

losers in a game, they naturally become resentful. Good will is lost and the only way to keep order is by force, and authoritarianism. Democracy needs a more equitable system to thrive. And the culture of poverty is creeping into the lower middle class. It is not all about income.

- Poverty, having someone to help them navigate the available government and charitable resources
- Poverty; socioeconomic level; lack of education; all of the above. Hospitals and large health systems are playing an increasing role in medical education and practice; the large hospitals do not seem to understand or have an interest in social determinants of health. Social determinants of health are very important, especially to family physicians; at the same time, I sometimes think "I am a physician, not a social worker. I can't get fairly reimbursed for my work as a family physicians; how will I get reimbursed as a social worker?".
- Poverty-access to care and meds
- Price of meds
- The high cost of insurance and medical care
- The uncertainty and fragility of their medical insurance
- Their own human nature.
- Time management
- Trust in their physicians.
- Unemployment
- Unemployment
- Uninsured

29. What services do you practice? (choose all that apply)

Answer Choices	Response	%
Everything except OB	61	49.59%
Full Scope practice (including OB)	41	33.33%
ER/Urgent Care	30	24.39%
Hospitalist	20	16.26%
Academic	18	14.63%
Hospice/Palliative Care	13	10.57%
Pain Management	10	8.13%
Mission Work	8	6.50%
Locum Tenens (on the side)	7	5.69%
Locum Tenens (primary)	3	2.44%
Military	0	0.00%
TOTAL PARTICIPANTS: 123		

30. Do you provide Maternity Care? (choose all that apply)

Answer Choices	Response	%
No, I do not provide any maternity care	75	59.06%
Prenatal Care	45	35.43%
Postnatal Care	43	33.86%
Vaginal Delivery	39	30.71%

C-Section Delivery	19	14.96%
TOLAC	17	13.39%
TOTAL PARTICIPANTS: 127		

Member Demographics

31. What part of the state do you live in?

Answer Choices	Response	%
South central	53	41.73%
North east	36	28.35%
North central	15	11.81%
South west	10	7.87%
North west	7	5.51%
South east	6	4.72%
TOTAL	127	

32. Who pays your KAFP/AAFP dues?

Answer Choices	Response	%
My employer pays my dues, and it is not a problem	53	42.%7
I pay my own dues, and it is not a struggle to afford them	49	39.52%
I pay my own dues, and it is a struggle to afford them	15	12.10%
My employer pays my dues, but it is difficult to get them to do so	5	4.03%
Unsure	2	1.61%
TOTAL	124	

Other Comments:

- Comes out of CME allowance
- I am allowed to use CME funds from my employer.
- I pay my own dues through my CME money
- I wish I could just pay my KAFP dues and not my AAFP dues.
- It comes out of an allowance. It IS hard to justify the amount when there are competing interests, such as quality CME trips, or belonging to Up-to-date.
- no payment at this time - am 92 years of age
- Part of my CNE allowance
- Retired
- Retired
- Retired life member This survey needs a category for “retired”
- The struggle is the increasing cost and lack of perceived benefit.
- They keep increasing but my patient reimbursement does not

33. Why do you belong to KAFP? (choose all that apply)

Answer Choices	Response	%
To demonstrate support for family medicine	100	81.97%

For continuing medical education resources	81	66.39%
To support KAFP's government advocacy efforts	69	56.56%
To support KAFP's health of the public initiatives	65	53.28%
To network and build relationships with family medicine colleagues	57	46.72%
To support KAFP's resources for students and residents	55	45.08%
For practice enhancement resources	27	22.13%
TOTAL PARTICIPANTS: 122		

Other Comments:

- As a member of the AAFP, I am also required to be a member of a chapter
- Because Doug Gruenbacher was my roommate in med school. ;)
- I belong to the AAFP for practice enhancement resources.
- I DON'T KNOW. I JUST FEEL LIKE I OUGHT TO BELONG TO SOMETHING.
- I've been questioning that for a long time
- My insurance requires it
- Required by AAFP membership.
- Retired
- To belong to the AAFP
- To get malpractice

34. What is your current membership status in AAFP/KAFP?

Answer Choices	Response	%	AAFP*
Active	114	87.69%	60.48%
Life	9	6.92%	8.10%
Resident	5	3.85%	7.18%
Student	1	0.77%	5.97%
Don't know	1	0.77%	18.27%
TOTAL	130		

35. How many years ago did you complete residency?

Answer Choices	Response	%
0 – 7 years	26	20.00
8 – 14 years	23	17.69
15 – 21 years	23	17.69
22+ years	58	44.62
TOTAL	130	

36. What is your gender?

Answer Choices	Response	%	AAFP*
Male	75	58.59%	58.53%
Female	53	41.41%	41.47%
TOTAL	128		

37. Please indicate your age

Answer Choices	Response	%	AAFP*
Under 30	4	3.13%	21.96%
30 – 39	27	21.09%	21.15%
40 – 49	27	21.09%	18.05%
50 – 59	33	25.78%	15.26%
60 – 69	25	19.53%	14.89%
70 or over	12	9.38%	8.06%
TOTAL	128		

38. Do you plan to retire in the next five years?

Answer Choices	Response	%
Yes	24	19.20%
No	101	80.80%
TOTAL	125	

39. What would you like to communicate to the KAFP that hasn't been addressed elsewhere?

- Already addressed
- better magazine please
- Don't give up the fight. Our specialty is NECESSARY and APRNs and PAs are not our equals or replacements.
- Emphasize that having a family physician is the best form of healthcare for the entire nation.
- Focus on us still in private practice
- Gratitude.
- I again would just like to voice my displeasure with the way the KAFP recently handled the AAFP change in physician assisted suicide / medical aid in dying and hope the KAFP can help and support a process to reverse or voice opposition to this change even after voting in favor of it at the Congress of Delegates.
- I am considering dropping out, the way the assisted suicide issue is handled in regards to transparency and advocacy will determine whether I feel this organization serves itself or those who practice medicine.
- I continue to be impressed by the selfless commitment of my colleagues to the academy , and the continued belief in our movement
- I did not answer some questions, not really knowing enough to provide useful input.
- I do not support physician assisted suicide and I want KAFP to maintain support AGAINST it.
- I have been very proud of the efforts of the KAFP and feel that the KAFP does an outstanding job of advocating for and supporting family physicians and patients through policy and education. In an organization as large as this one, though, there are bound to be differing opinions on topics, especially those which are more controversial. I am very concerned that the AAFP and KAFP have progressively become more 'leftward leaning,' resulting in many members, including myself, feeling alienated. I urge you to remember that the organization is supposed to be 'purple,' not 'red' or 'blue.' The AAFP and KAFP's stances on topics such as abortion, gun control and physician-assisted suicide are different than my own, and truthfully I do not feel that the

organizations do a good job of acknowledging/affirming that there are many members who hold differing opinions from the 'official positions.' The recent decision of the AAFP/KAFP to move towards 'engaged neutrality' with regards to physician-assisted suicide was ground shaking for many members, including myself. Thank you for the platform to share this concern- I know there are many, many other members who have similar feelings and hope that they speak up as well. Thank you again for all of your hard work.

- I have nothing to communicate. This was a good survey.
- I probably got off topic a bit, but thanks for listening. My sanity is preserved when I try to look at the BIG picture of who I am and what role I play in this place and time in history. And also, I make it a practice to think more about what goes on between me and the patient when I close the door on the rest of the world. We are all struggling to find meaning in our lives and in the world. The number of people (young people!). Coming in with anxiety, depression, loneliness just astounds me, compared with 30 years ago. It affects everything- and every aspect of their lives and health. Every diabetic, obese patient has a mountain to climb, and the first step is in the emotional brain.
- I think it is important for members to understand all of the things that the KAFP does on behalf of our members behind the scenes.
- I will be leaving private/solo practice in 3 weeks, mostly as a result of the incessant weakness of physician organizations and their inability to effectively advocate for their members
- If the AAFP remains neutral to assisted suicide, I simply won't be able to pay money to support them. I will give my best shot to get it reversed but morally I cannot give to support something that is clearly trying to advocate to help us kill our patients. While it sounds altruistic at first, it is fundamentally incompatible with our profession. I suspect many others will leave too. The abortion support that is flying wildly through the AAFP is crazy enough, trying to reduce any possible barriers to kill babies. We will soon be champions for mutilating the bodies of children rather than the watchful waiting that results in more than 85% of children becoming comfortable in their own bodies, now that the AAP is charging ahead. Assisting suicide is a step too far, a bridge I cannot cross, knowing where the path goes. Can the KAFP separate from the AAFP? Can we formulate our own stance or must be locked into their false ethics? Can we break from the AAFP altogether? These are the questions I have.
- Keep up the good work.
- Long since time to quit beating the drum about NPs - I've become as puzzled as our Nebraska neighbors and other states that are more focused on working together
- Mentorship for residents and new physicians
- our health delivery system is broken. At age 75, I see no immediate remedy to a dysfunctional health care system.
- Physician burnout
- Please reverse your position on physician assisted suicide and oppose it.
- Press Ganey scores can be used to withhold salary or employment and are not an accurate measure
- Thank you
- Thank you for the continued hardwork given by all.
- Thank you!
- Thanks to Carolyn for all the years of AMAZING service to family physicians in Kansas!!!!!!!

- The public should learn more about family physicians being multi-Specialist
- This survey too long. Going to lose FPs with amount of time/effort it takes to practice for reimbursement value. Everyone will be owned or Direct care concept
- What I would like to do is communicate with family physicians in Kansas. Where would the state be without the KAFP? Think about it. You may not see the KAFP impact something new and different each and every day, but the impact on medical education, medical liability insurance, legislative influence, and patient care is definite. The KAFP is the only organization that can bring us all together. Help us all if we don't all rally around the KAFP . . . especially in these times of chaos in the health care industry. I applaud those who take a leadership role in the KAFP. They are volunteers and give up their time to help us . . . and sometimes take some abuse that is unfair and misguided. It is much easier to be cynical and sarcastic and negative than to show leadership and push health care forward in a positive manner. Thank you to all the KAFP leaders, past and present.
- If the KAFP did not exist, we would need to invent it.

40. How can KAFP best meet your needs as a member?

- Advance support of students- inspire and support them
- Advocacy for family med interests
- Advocate advocate
- Already addressed
- Be there when we call on you
- By continued growth and adaptation to the growing changes in healthcare delivery. Support and advocate for increase primary care reimbursement.
- Communicate
- Continue the endless advocacy that you do for FP
- Continue to advocate for family medicine
- continuing advocacy efforts to recruit more to family medicine and to help support those already in practice through the things you already do
- Doing well now
- Expand to other members. Literally the same 20 doctors are all I hear about. Really need to get some new docs involved.
- I am a fan of the KAFP in almost every way. You do a good job
- I think you are doing well
- It is already meeting my needs.
- Just continue. Preserve good reimbursement.
- Just keep doing the best you can, and keep your sense of purpose in line.
- Keep doing what you already do!
- Keep doing what you are doing; I do not agree with all the efforts eg concierge medicine and direct care, but I understand the need to experiment with the best models for care in an ever-changing environment.
- Keep doing what you've been doing. I'm satisfied.
- Keep getting us together and rally around issues of importance to the state: Medicaid expansion; physician burnout; corporatization of medicine; the influence of major nationally owned hospitals that are more interested in paying the administrators than patient care.

Provide some common-sense in the chaotic health care world. Promote the role of family medicine in the healthcare system.

- Keep showing up and fighting for me and my beliefs about good medicine.
- keep up the good work!
- Met
- model the AAFP
- More help recruiting doctors to rural areas.
- More opportunities for interaction- they need to have meetings at different venues in different parts of Kansas
- No changes needed
- no changes needed
- Not required for malpractice
- Not supporting physician assisted suicide
- Overall, stay the course.
- see #2 and #3
- Thanks
- This is an awesome organization. Keep up the efforts for FM and for Kansas!
- Try to remind doctors that we are PROFESSIONALS, not opportunistic businesspersons.
- You are doing fine!
- You've addressed that with 24 years of failure

Thank You

41. Thank you for taking the time to complete the KAFP Member Satisfaction Survey. We appreciate your membership and value your input. Survey results will be reviewed by the Membership and Member Services committee and the Board of Directors.