2019 AAFP Update
Kansas Academy of Family Physicians
June 6-8, 2019

Russell Kohl, MD, FAAFP
Vice Speaker
AAFP Board of Directors
Russell Kohl, MD, FAAFP

• Russell Kohl, MD, FAAFP is chief medical officer at TMF Health Quality Institute, the Medicare Quality Improvement Network Quality Improvement Organization (QIN-QIO) responsible for health care quality improvement in Arkansas, Missouri, Oklahoma, Texas and Puerto Rico. In his role, Dr. Kohl works across the organization to lead its Innovation and Analytics Team, and serves as a subject matter expert on two of TMF's federally-contracted tasks to assist physicians with the Medicare Quality Payment Program and the Comprehensive Primary Care Plus Initiative.

• He is a graduate of the University of Oklahoma College of Medicine, where he also completed his residency, served on faculty after 7 years in rural/solo practice, and remains on the adjunct faculty. He is a family physician who strives to identify what is truly important to and for patients, identifying how to measure those things and improve them in collaboration with health professionals from solo primary care offices to academic health care systems.
Consistent Membership Growth Trend!
## Breaking Down the Membership

### Member Profile

<table>
<thead>
<tr>
<th></th>
<th>Active</th>
<th>Female</th>
<th>Employed</th>
<th>New FP</th>
<th>DO</th>
<th>IMG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>44%</td>
<td>--</td>
<td>48%</td>
<td>57%</td>
<td>49%</td>
<td>48%</td>
</tr>
<tr>
<td>Employed</td>
<td>71%</td>
<td>73%</td>
<td>--</td>
<td>90%</td>
<td>69%</td>
<td>67%</td>
</tr>
<tr>
<td>New FP</td>
<td>25%</td>
<td>32%</td>
<td>30%</td>
<td>--</td>
<td>43%</td>
<td>38%</td>
</tr>
<tr>
<td>DO</td>
<td>13%</td>
<td>14%</td>
<td>11%</td>
<td>22%</td>
<td>--</td>
<td>0%</td>
</tr>
<tr>
<td>IMG</td>
<td>20%</td>
<td>22%</td>
<td>18%</td>
<td>31%</td>
<td>0%</td>
<td>--</td>
</tr>
</tbody>
</table>

Source: 2017 Year-end Membership Data Member Census
Employment Profile

- Employed 71%
- Partial Owner 15%
- Sole Owner 11%
- Not in clinical practice 3%

Employer

- Hospital or health system 49%
- Physician Group 17%
- Government 15%
- University-owned 11%
- Other 8%

Source: 2017 Year-end Membership Data Member Census
Overall Satisfaction With Membership

Top Two-Box Scores Combined

Very Satisfied Only


Overall Satisfaction With Membership:
- 83% in 2008
- 78% in 2009
- 74% in 2010
- 74% in 2011
- 78% in 2012
- 77% in 2013
- 78% in 2014
- 75% in 2015
- 78% in 2016
- 75% in 2017
- 79% in 2018

Very Satisfied Only:
- 31% in 2008
- 25% in 2009
- 23% in 2010
- 22% in 2011
- 24% in 2012
- 25% in 2013
- 26% in 2014
- 25% in 2015
- 28% in 2016
- 24% in 2017
- 25% in 2018
Greatest Issues/Challenges Faced in Daily Practice

- Administrative burden/paperwork: 44%
- Reimbursement & payment: 33%
- EHR/EMR: 30%
- Burnout/physician well-being: 21%
- Government/other regulations: 20%
- Insurance issues: 20%
- Workload: 12%
- Access to healthcare: 11%
- Prior authorization: 10%
- Nurse practitioners/PAs/Mid-levels: 10%
- MOC: 10%
- Time with patients: 9%
- Other: 3%
Member Priorities for the AAFP

- Reduce administrative and regulatory burden (59%)
- Increase overall payment (34%)
- Helping maintain Board certification (32%)
- Protecting FP’s interests w/ non-physician providers (28%)
- Perserving the full scope of practice (22%)
- Affordable health insurance for all (20%)
- Resources for physician well-being (16%)
- Attracting medical students to the specialty (15%)
- Meaningful medical liability reform (15%)
- Population health and health equity issues (12%)
- Resources for the different practice models (11%)
- Improve access in rural/underserved areas (10%)
- Shifting from fee-for-service to VBP (9%)
- Challenges posed by technology (8%)
- Resources to combat opioid addiction (5%)

- Payment Reform
- Clinical expertise
- Workforce
- Practice Transformation
- Workforce
- Payment Reform
- Workforce
- Payment Reform
- Workforce
- Payment Reform

Survey responses from 2017-2018.
## Strategic Plan 2018-2019

### Advance the specialty of family medicine
- Strengthen members’ collective voice
- Provide solutions to enhance patient care

<table>
<thead>
<tr>
<th>Payment Reform</th>
<th>Practice Transformation</th>
<th>Workforce</th>
<th>Clinical Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position members to be successful in a value-based payment environment, including MACRA.</td>
<td>Advocate for the widespread adoption and implementation of the five advanced primary care functions in family medicine practices.</td>
<td>Raise the awareness, understanding and the confidence of medical students to choose family medicine.</td>
<td>Facilitate active members’ lifelong learning.</td>
</tr>
<tr>
<td>Advocate for models of payment reform that result in family medicine and primary care being a greater portion of the overall spend on health care.</td>
<td>Assist family physicians in using technology as a tool to expand access to quality, affordable health care for their patients.</td>
<td>Advance GME funding reform based on the nation’s physician workforce needs.</td>
<td>Take a leadership role in addressing diversity and social determinants of health as they impact individuals, families and communities across the lifespan and to strive for health equity.</td>
</tr>
<tr>
<td>Reduce the administrative complexity of modern medical practice.</td>
<td>Advocate for the development and implementation of quality and practice improvement metrics that deliver on the quadruple aim.</td>
<td>Assist members in achieving well-being in order to enjoy a sustained career in family medicine.</td>
<td>Accelerate the generation and implementation of new knowledge and research to improve population and community health.</td>
</tr>
</tbody>
</table>
The AAFP Has a Great Washington Policy Brand

Out of 48 other associations, the AAFP is ranked:

• 3rd for RESPECT
• 3rd for INFLUENCE
• Reaching Dems and Reps almost EQUALLY
• One of the MOST BIPARTISAN

Influence
Comparison to All Associations Studied

AAFP
2nd out of 48
Find out how the AAFP is currently working on the Hill to protect and promote the specialty of family medicine.
This AAFP grassroots program unites family physicians under one goal: advancing family medicine.

- Join the Family Medicine Action Network.
- Track legislation.
- Learn how to connect with legislators.
- Support FamMedPac.
- Attend an advocacy conference.
What’s Trending on the Hill

• AAFP Details Spending Priorities for Fiscal Year 2020 in House Testimony

• House Takes Meaningful Steps to Strengthen ACA and Lower Drug Prices

• Letter to HHS on Grandfathered Health Plans

• Comments Filed on the Veterans Community Care Program

• In The States
Find Solutions to Fix CC

• Advocate to ABFM for Improvements
• Submitted testimony to the ABMS Vision Commission
• Advocate for Appropriate Use of Board Certification Status
• Implemented Task Force on Board Certification in family medicine
• Developed family-medicine specific board review and other CBC materials
• Participate in staff dyad meetings on behalf of shared stakeholders

We are optimistic about the pilot program ABFM announced at COD that will provide diplomates with a longitudinal assessment option to the 10-year certification exam.
## Strategic Plan 2018-2019

### Advance the specialty of family medicine
- Position members to be successful in a value-based payment environment, including MACRA.
- Advocate for models of payment reform that result in family medicine and primary care being a greater portion of the overall spend on health care.
- Reduce the administrative complexity of modern medical practice.

### Strengthen members’ collective voice
- Advocate for the widespread adoption and implementation of the five advanced primary care functions in family medicine practices.
- Assist family physicians in using technology as a tool to expand access to quality, affordable health care for their patients.
- Advocate for the development and implementation of quality and practice improvement metrics that deliver on the quadruple aim.

### Provide solutions to enhance patient care
- Raise the awareness, understanding and the confidence of medical students to choose family medicine.
- Advance GME funding reform based on the nation’s physician workforce needs.
- Assist members in achieving well-being in order to enjoy a sustained career in family medicine.

### Payment Reform
- Practice Transformation
- Workforce
- Clinical Expertise

- Facilitate active members’ lifelong learning.
- Take a leadership role in addressing diversity and social determinants of health as they impact individuals, families and communities across the lifespan and to strive for health equity.
- Accelerate the generation and implementation of new knowledge and research to improve population and community health.
Payment Reform

Strategy: Reduce the **administrative complexity** of modern medical practice.
Strategy: Advocate for **models of payment reform** that result in family medicine and primary care being a greater portion of the overall spend on health care.
Strategy: Position members to be successful in a value-based payment environment, including MACRA.
**Strategy:** Advocate for the widespread adoption and implementation of the **five advanced primary care functions** in family medicine practices.
Practice Transformation

**Strategy:** Assist family physicians in using technology as a tool to expand access to quality, affordable health care for their patients.
Strategy: Advocate for the development and implementation of quality and practice improvement metrics that deliver on the quadruple aim (better care, better health, smarter spend, family physician satisfaction).
Strategy: Advance **GME funding reform** based on the nation’s physician workforce needs.
Strategy: Raise the awareness, understanding and the confidence of medical students to choose family medicine.
Workforce

Strategy: Assist members in achieving well-being in order to enjoy a sustained career in family medicine.

• **Burnout** is the problem.
• The **system** is the cause.
• **We** are the answer.
• **Well-being** is the outcome.
**Strategy:** Take a leadership role in addressing **diversity and social determinants of health** as they impact individuals, families and communities across the lifespan and to strive for health equity.

*The EveryONE Project™*

Advancing health equity in every community
**Strategy:** Facilitate active members’ **lifelong learning**, including assessment and improvement of their knowledge, skills, practice performance, and patient health outcomes.
Clinical Expertise

**Strategy**: Accelerate the generation and implementation of new knowledge and research to **improve population and community health**.

- Online mapping tool permits members to review vaccine coverage and exemptions by state, allowing them to better advocate for immunizations in their communities.
ALSO Update

• AAFP saw a need for stronger oversight of and an additional role in the ALSO program.
  • Changes were needed to drive growth, including application of content standards and a streamlined organizational process.
  • The new Advisory Board and Advisory Group will continue to have strong family physician leadership, representation and involvement.
The AAFP remains committed to ALSO program growth. We continue to invest in ALSO products, listen to feedback from participants and respond with changes:

- Spanish translations
- New one-day blended course model
- Updated Provider and Instructor Manual in 2019
- Three-year recertification cycle

With these changes, the ALSO program is well-positioned for continued success and growth.
How to Engage and Stay Informed

• AAFP News
• Fighting for Family Medicine newsletter
• AAFP blogs and social media channels
• Family Medicine SmartBrief
• AAFP.org
• Conferences and CME
All 20 programs are focused in one of the following areas:
- Humanitarian
- Education
- Scientific
AAFP Foundation

Family Medicine Leads Scholarships and Family Medicine Leads Emerging Leader Institute

2015-2018 ELI Scholars
n=120

[Map showing distribution of scholars across the United States]
AAFP Foundation

Direct Funding and Other Support of Chapters:

• Funding Support
  – Family Medicine Philanthropic Consortium Grant Awards
    (40% of dues check-off)
  – Student Externship Matching Grants
  – Chapter Executive Leadership Program
  – Disaster Assistance Program
  – Special grant opportunities

• Other Forms of Support
  – Planned giving options for split charitable gift annuities or
    charitable remainder trusts
  – Potential asset management for smaller chapters
Join us!
Questions