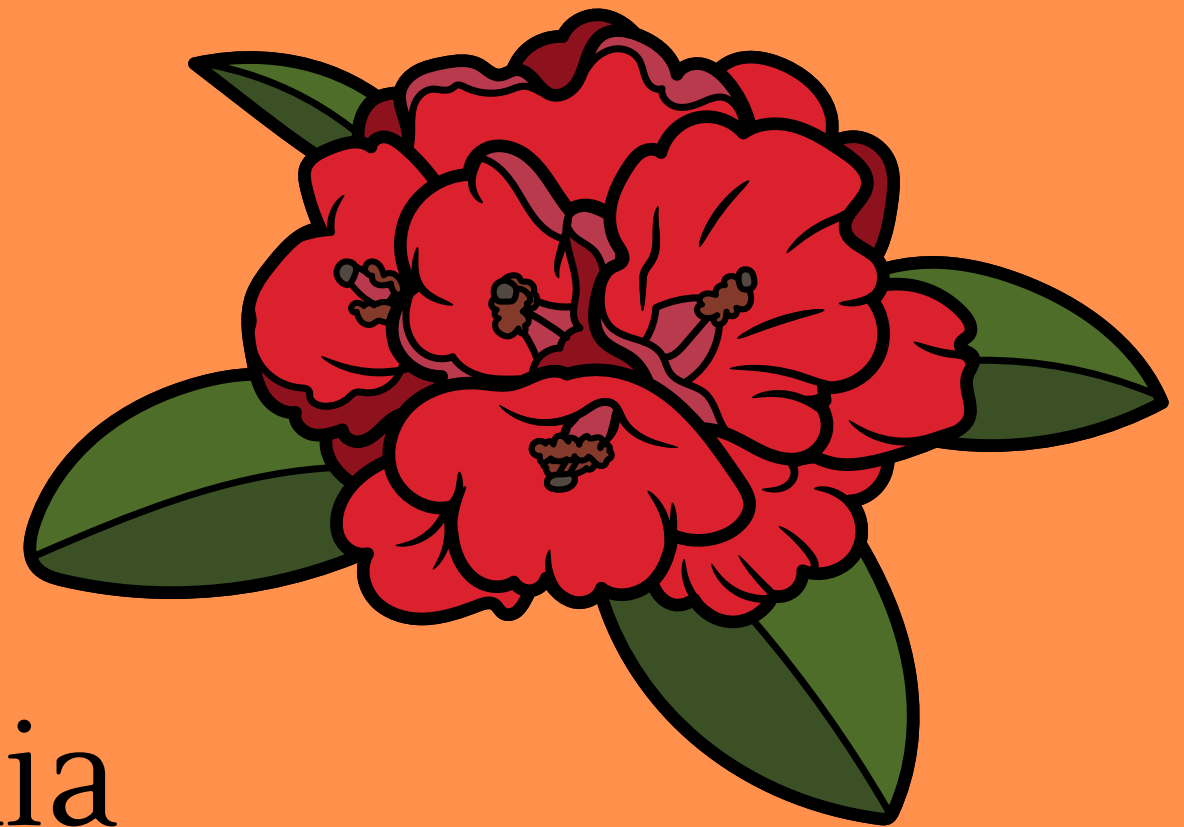


WEST VIRGINIA ACADEMY
OF FAMILY PHYSICIANS

Seventy-Second Annual
Scientific Assembly

March 21, 2024
Embassy Suites
Charleston, West Virginia



Transforming Community and Rural Health Care

HIGH ROAD STRATEGIES

for

Navigating Opportunities and Challenges

LEARNING OBJECTIVES

- Highlight Challenges of Rural Family Medicine
- The Role of the Family Medicine in Rural Healthcare
- Technology in Rural Family Medicine Practice
- Diversity, Equity, and Inclusion in Practice
- Interprofessional Collaboration with a Patient Centered Care Team
- Policy, Payment, and Reform
- Embracing Opportunities for Strategizing Change







UNBEKNOWNST
TO ALL



UNDERSTANDING THE RURAL LANDSCAPE

- Demographic challenged with chronic disease of older populations
- Higher levels of poverty, unemployment, limited access to economic opportunities
- Access to healthcare services, provider shortages, longer travel to facilities
- Fewer hospitals, emergency services, and limited specialty services
- Health behaviors and lifestyles including tobacco and alcohol use with limited recreational facilities
- Environmental hazards such as water quality and natural disasters
- Mental Health issues including depression, anxiety, and substance use disorders
- Health Disparities and inequities in care

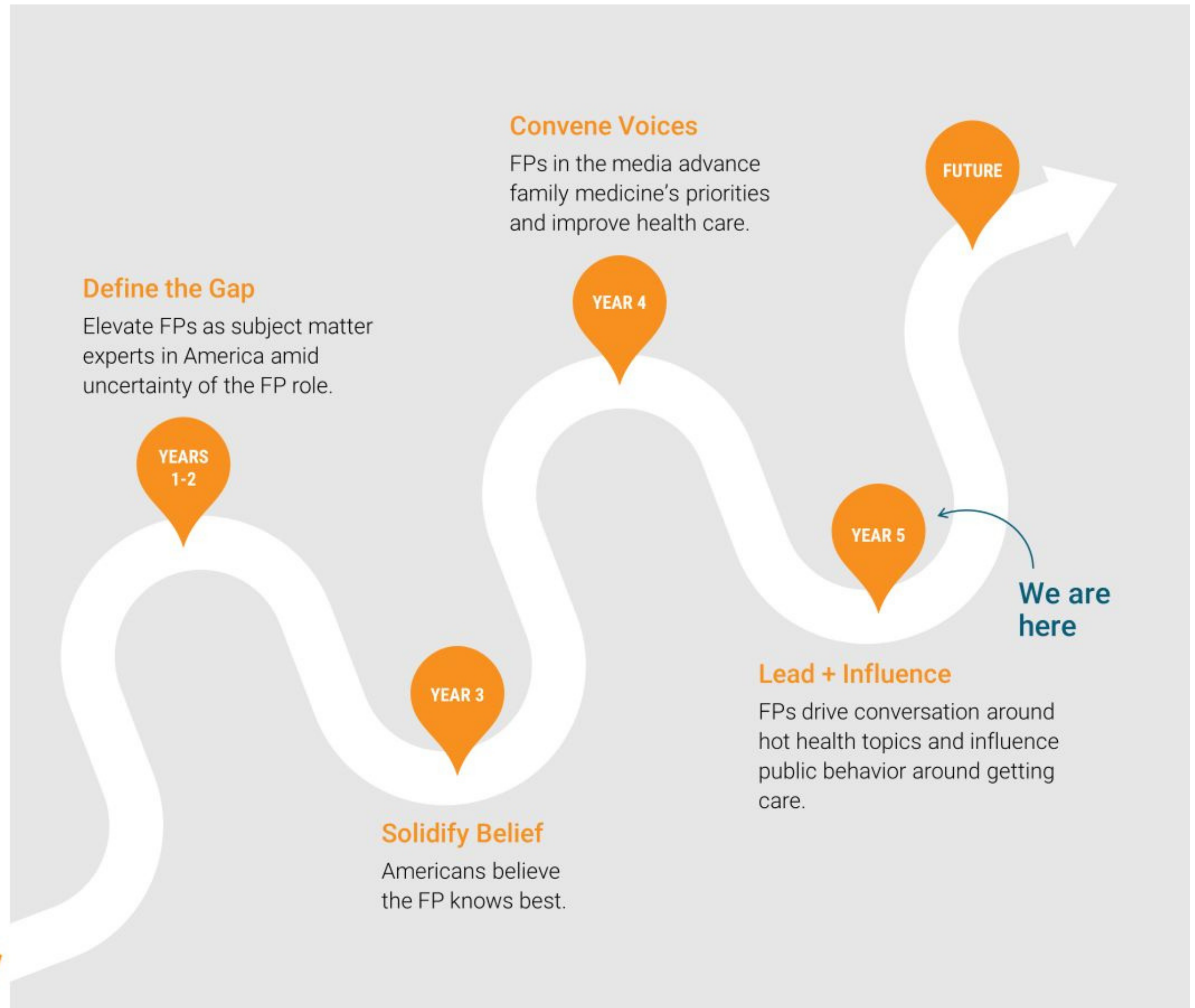
Elevate the importance of family medicine

Value of Family Medicine in Rural Health Care



Consumer PR Project Overview

Beginning in 2019, the AAFP Board of Directors approved the “PR Special Project” as an initiative to elevate the value of family medicine among consumers. It’s important to sustain the momentum, and to continue promoting and evolving the reputation of family medicine. In 2021, the Board approved two years of continued efforts with the potential for two additional years after that.

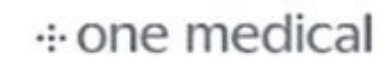




Primary Care for America

Primary Care for America is a diverse collaboration of key partners focused on educating policymakers and health policy influencers about the value of comprehensive, continuous, and coordinated primary care. PCfA uses its collective voice to focus the conversation on healthcare to demonstrate the value of primary care, drive innovation in primary care and payment design and grow the primary care workforce.

THE COLLABORATION'S FOUNDING PARTNERS:

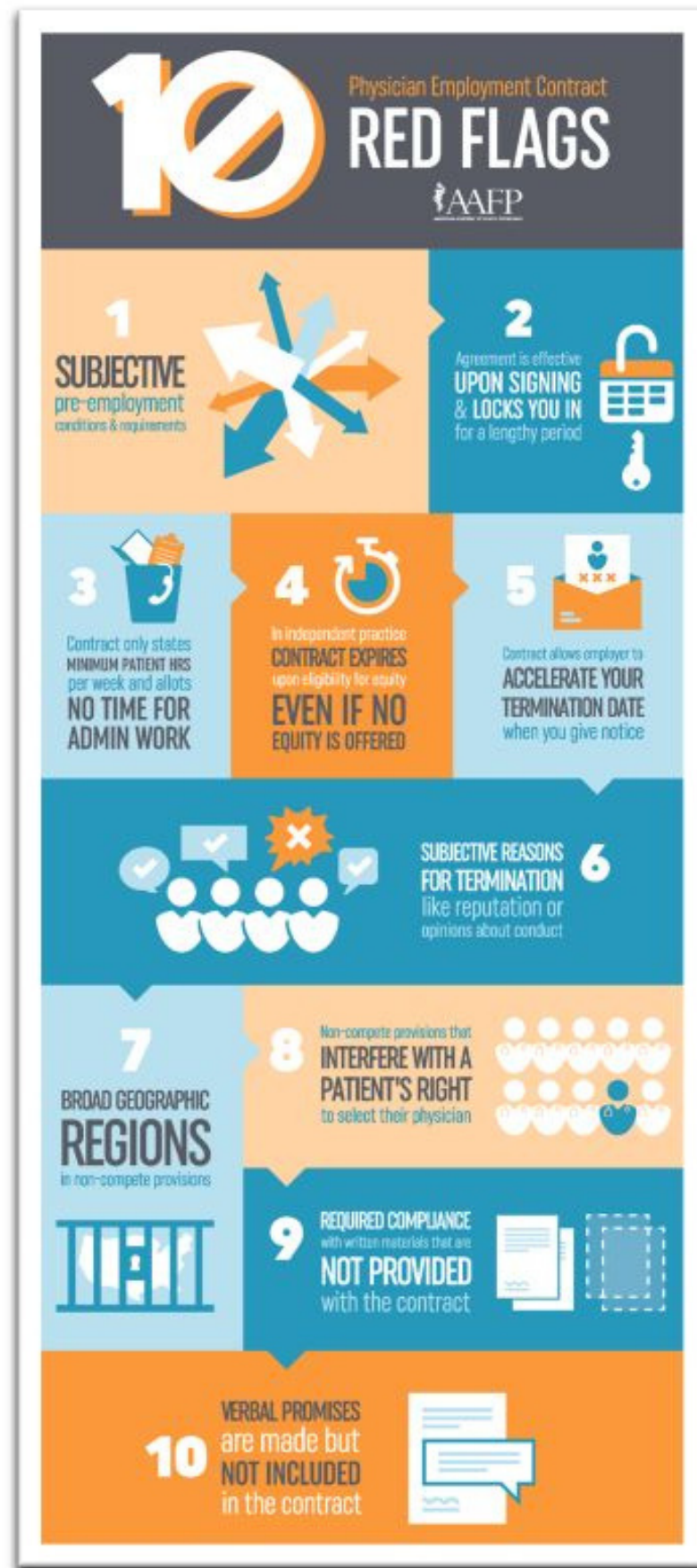


Career Benchmark Dashboard



**KNOW
YOUR
WORTH**

- Goal: provide compensation Knowledge and insights to help members negotiate contracts
- Annual survey runs through November 10, 2023
- Dashboard launches December 2023



Expanded Career Resources

Expanded aafp.org/career

- Updated and expanded employment contracting content
- New Member Advantage partner, RESOLVE, provides contract review and negotiation support at a discount.
- Career Coaches and job placement available through CareerLink
- New position paper: *Principles to Optimize Family Physician Employment*
- **FMX Career Pavilion and Theater**
 - 1:1 consultations -- coaching, financial planning, and job placement
 - Non-CME sessions

Foster a Competitive Practice Environment



- Member education focused on key contract provisions, such as restrictive covenants and scope issues
- Updated and strengthened AAFP policies related to scope of practice, credentialing, and privileging
- Provide resources and content to equip members to evaluate potential employment opportunities more effectively

Workforce Development and Recruitment

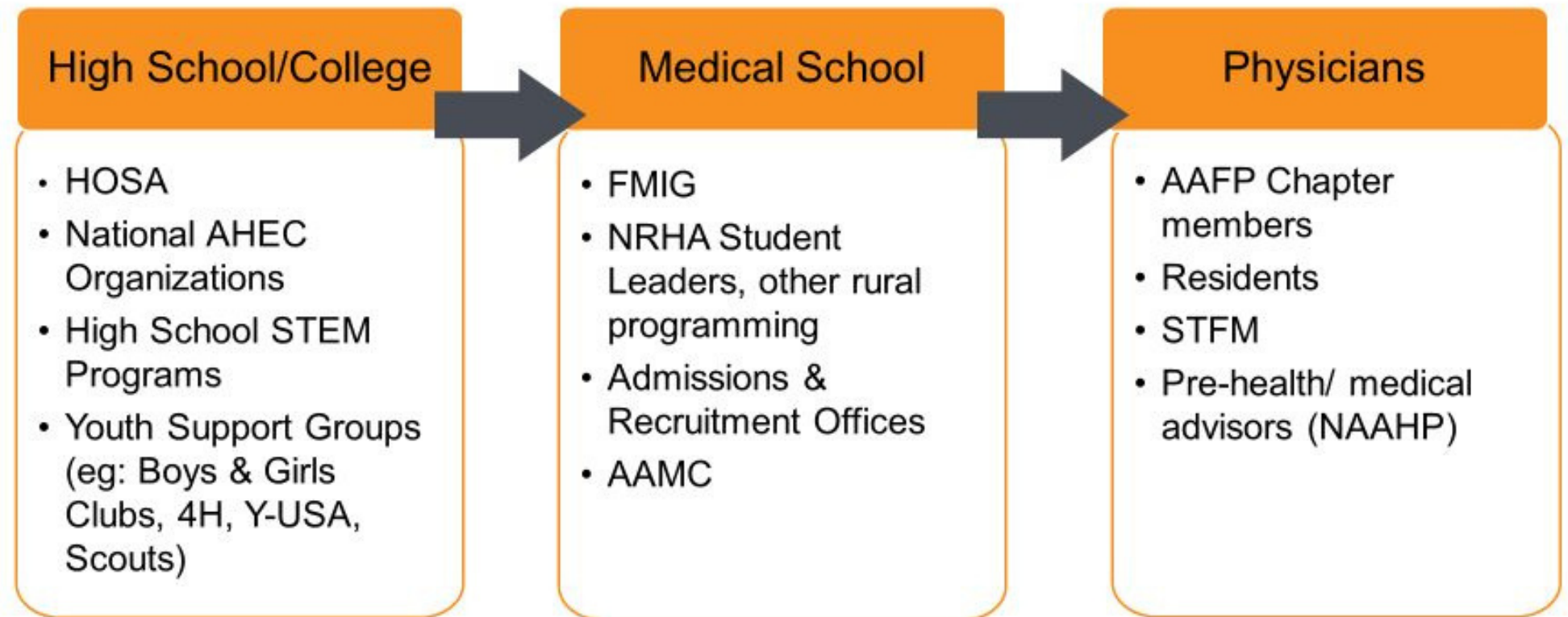


**Ensure family physicians
can practice
comprehensively and to the
full extent of their training**

Becoming a Champion for Family Medicine: Activating a pathway to family medicine

Goal: Position Family Medicine Champions as guides along the pathway and process of medical education, providing information, tools, and support to enable the next generation of leaders to recruit a diverse workforce and champion a positive vision for the future of family medicine.

- Program participants are AAFP members (students, residents, practicing physicians) and others who are interested in learning more so they can be more effective FM champions to early pathway students.



Three cohorts will make up inaugural class of Family Medicine Champions: one premed cohort (HOSA advisors), one medical school cohort (FMIG student and faculty leaders), and one chapter leaders cohort.

What We Want Students to Believe: Top Ten FMAQ statements

- Phillips, J. Fam Med. 2019
- 14 validated questions; 5-point Likert scale (agreement/disagreement with attitude statements)
- The only validated student choice instrument
- Score of 56 or higher (of 70 points) indicates high likelihood of choosing family medicine
 - 78.1 Sensitive; 65.3 Specific

The Family Medicine Attitudes Questionnaire

- ✓ FPs provide a large portion of health care delivered in the U.S.
- ✓ FPs can usually decide how much they want to work
- ✓ The U.S. would provide better for its people if more medical students chose primary care
- ✓ To give good care, it is important to consider each patient in the context of their family
- ✓ FM requires knowledge that a subspecialist practice may not
- ✓ The U.S. has a very serious shortage of primary care physicians
- ✓ Research-oriented students should consider family medicine careers
- ✓ FM provides a physician with enough income to live well
- ✓ The U.S. health care system can only work well with FPs playing an integral part
- ✓ Family medicine has a bright future

Expand and Support High-Quality Family Medicine GME Positions

- GME funding advocacy
- Program Resources:
 - Residency Program Solutions and *Criteria for Excellence*
 - Residency Leadership Summit
 - Curriculum Guidelines
- Resident Resources for Programs:
 - Chief Resident Leadership
 - Career, practice, leadership and well-being resources
 - Board preparation



Telehealth, AI, and Optimize Technology Adoption



Innovation and Technology

- Evaluate administrative simplification solutions being used by members and share positive innovations with membership
- Educate on technology implementation and optimization



Member Communications

Key goal: Equip members with tools and resources to alleviate administrative complexity.

Accomplishing this by:

- Updating members regularly on new tools, resources and advocacy work through a variety of communication channels
 - Launched a key initiatives [page](#) on administrative simplification
 - Launched a member [resource library](#) in June, which is organized by pain point, featuring techniques, technologies and ways to transform the practice environment

Administrative Simplification

Take Back Your Time

Administrative tasks steal clinical time and contribute to burnout. The AAFP offers resources to help you take back that time and safeguard your well-being. Learn the latest ways to help your practice evolve and follow the Academy's progress in achieving administrative simplification through federal and state advocacy.



Learn how the AAFP can help ease these common pain points



Documentation Burden

Continuous process improvements such as these can help you spend more time with patients and less time with paperwork.

[REDUCE DOCUMENTATION BURDEN >](#)



Prior Authorization

Complementing the AAFP's advocacy for prior authorization reform: guidance to help your practice streamline the PA process.

[REDUCE PRIOR AUTHORIZATION BURDEN >](#)



EHR Inbox

Ahead of essential systemic changes the Academy is pushing to realize: key ways to reduce time spent on inbox management.

[REDUCE EHR INBOX BURDEN >](#)



SIMPLIFICATION
AHEAD



Visual "identifiers" highlighting this work throughout the web and other channels

Develop & diversify family physician leadership

Impact of Social Drivers of Health



Adoption of Patient Centered Care Team Approach



Interprofessional Collaboration



Public health

FY23	FY24	FY25
Teaming Up with Public Health Primer	Community Collaboration Guide	Update Disaster Preparedness Resources
	Public Health Integration Manual	Partnering for Disease Prevention and Health Promotion
	Create Public Health Online Community	Grow Connections through Online Community

| Protect the well-being of family physicians to ensure professional fulfillment

Identify Burnout Factors by Demographics, Geography, Practice Type, Patient Population

- Sustaining Women In Medicine (SWIM) Project
 - Explored factors contributing to burnout in women
 - First study to investigate potential INTERVENTIONS for female FPs
 - Major theme of "TIME"
 - Majority of reported interventions were individual level and were ineffective
- Embarking on an environmental scan to determine physician demographic and practice level factors (geography, practice type, patient populations) that contribute to burnout
- Pursuing funding to replicate SWIM study for additional physician populations

Sustaining Women in Medicine

Purpose:

Recent studies have found a high rate of burnout in family physicians, young physicians, and females in particular. Female family medicine residents are now 55% of trainees. A study of all recertifying ABFM diplomates found females more likely than males to be burned out at the beginning and ends of their careers, with the highest rates occurring in females under 40 years of age. The survey of residency graduates 3 years out showed that 44% of females met typical criteria for burnout. Other research suggests workplace factors are associated with burnout, and that younger physicians are less likely to be burned out if they practice full-scope family medicine. Many hypotheses exist regarding factors contributing to burnout in females, yet no published studies explore these hypotheses. There is similarly little known about interventions aimed at preventing burnout in women or in helping them recover. Many interventions currently focus on individual wellness, but early research and general consensus suggest that focusing on practice and health system factors.



POLICY BRIEF

Burnout Among Family Physicians by Gender and Age

Aimee R. Eden, PhD, MPH, Yalda Jabbarpour, MD, Zachary J. Morgan, MS, Elizabeth Wilbur, BA, and Lee E. Dolowitz, MD, PhD

POLICY BRIEF

Female Family Physicians Are More Racially Diverse Than Their Male Counterparts in Federal Sites

Anuradha Jetty, MPH, Yalda Jabbarpour, MD, Aimee R. Eden, PhD, MPH, and Dana R. Nguyen, MD

BRIEF REPORT

Gender Differences in Personal and Organizational Mechanisms to Address Burnout Among Family Physicians

Aimee R. Eden, PhD, MPH, Yalda Jabbarpour, MD, Zachary J. Morgan, MS, Elizabeth Wilbur, BA, and Lee E. Dolowitz, MD, PhD

Identify and Provide Leadership Education Resources

- Leading Physician Well-being Certificate Program is hosting a third cohort in 2023
- **New on demand courses:**
 - Leadership Development for Family Physicians on demand course
 - Wellness-centered Leadership for Physicians
 - Closing the Gender Gap

The image displays three course cards from the American Academy of Family Physicians. Each card features a header image, a title, a description, and key details like credits and availability. The first card, 'Physician Leadership - Closing the Gender Gap', shows a female physician and offers 1 credit. The second, 'Overcoming Imposter Syndrome', shows a male physician and offers 2 credits. The third, 'Wellness-Centered Leadership for Physicians', features a graphic header and offers 9.5 credits. Each card has a 'VIEW' button and a faint 'AIEM' watermark below it.

- Physician Leadership - Closing the Gender Gap**
Examine the factors of the gender gap, apply strategies to reduce those gaps in this free CME session for
Available to Members Only
1 Credit
Online
- Overcoming Imposter Syndrome**
Learn strategies to cope with Imposter Syndrome & reduce microaggressions & bias in this
Available to Members Only
2 Credits
Online
- Wellness-Centered Leadership for Physicians**
Wellness-Centered Leadership
Build resiliency. Reduce burnout. Strengthen your leadership and wellness skills. Earn up to 9.5 CE
9.5 Credits
Online

Policy Payment and Reform



Increase family physician payment to reflect the value of their contributions to health



Pay prospectively to support team-based care



Actively engage patients in the accountable relationship



Risk adjust payment for medical and social complexity



Evaluate what matters to patients and physicians



Equip primary care teams with timely information



Reward year-over-year improvement as well as sustained high performance



Health Equity

Strengthening Fee-for-Service

- Implementing Code G2211
- Strengthening behavioral health payment by increasing the value of CPT Code 99484
- Ensuring strong support for telehealth



Embracing Opportunities and Overcoming Challenges



AAFP Priorities in End of Year Legislation

- Mitigated 2023 Medicare payment cuts
- Extended advanced APM incentive
- Extended Medicare telehealth & audio-only services
- Guardrails for states' Medicaid eligibility redeterminations
- 1 year continuous Medicaid & CHIP coverage for children
- Permanent state option for 1 year postpartum Medicaid coverage
- CHIP funding through 2029
- Protections for pregnant & pumping workers
- Stabilized Medicaid funding for U.S. territories
- Investments in mental health, including the collaborative care model
- Improved access to SUD treatment by eliminating the x-waiver
- New Medicare GME residency slots
- Reauthorized Conrad 30 waiver program
- Enhancements to public health infrastructure & workforce
- Increased funding for HRSA, CDC, NIH & AHRQ



Realizing the Value of Primary Care

- Medicare Payment
 - 2024 Fee Schedule
 - G2211 code
 - Inflationary update
 - Payment Reform
- Competition/Consolidation
 - Non-competes
 - Site Neutrality
- Value Based Care
 - Making Primary Care (MCP)
- Telehealth



How to Engage and Stay Informed

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



A Word From 
the President



 **AAFP** Family Medicine Today
News provided exclusively for AAFP members

in affiliation with 

Integrate Voice of Family Physicians into Health Tech Development

- FMX Exhibit – Office of the Future
- Highlight members who are innovating to optimize the family medicine experience
- Advocate for family medicine needs among EHR and other technology developers



How We Advocate

- Direct advocacy with legislators/agency officials/staff
- Partnering with stakeholder coalitions
- Coordination with chapters
- Leveraging Member
 - Grassroots SpeakOuts
 - Key Contacts Program
- FamMedPAC
- PR Tactics
 - Social
 - Op-eds
 - FFFM Newsletter/FMAR Tipsheet



Family Medicine Advocacy Summit 2023

In May, **276 family physicians** came to our nation's capital to advocate for improved Medicare reimbursement, relief from administrative burden and an enhanced primary care workforce.

They met with **253 Congressional offices**, including 41 lawmakers.

Of the lawmakers advocates met with:

- **22** went on to co-sponsor one or more of the bills AAFP supports
- **51 Senators and 101 Representatives** signed a letter that urged action to reduce administrative burden.
- **20 lawmakers** who sat on the House Energy and Commerce Committee voted to send HR 3561 to the House floor, which included provisions to support the primary care workforce and ensure site neutral payments for drug administration services provided in off-campus hospital outpatient departments.



Save the Dates!

FMAS 2024

May 19 – 21, 2024

Grand Hyatt Washington

Washington, D.C.

Join us in watching family medicine flourish!



AAFP
LEADERSHIP CONFERENCE

Save the Date
for 2024

Live in Kansas City!

National Conference 2024 | Kansas City | August 1-3

We'll see you there!

SOAR

TOGETHER, WE RISE

FMX
FAMILY MEDICINE
EXPERIENCE

PHOENIX

SEPT. 24-28, 2024

Questions





AMERICAN ACADEMY OF FAMILY PHYSICIANS
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