

- # Working Party Updates
- GME Funding Principles
 - AAFP Physician Health First

-

August 17, 2018



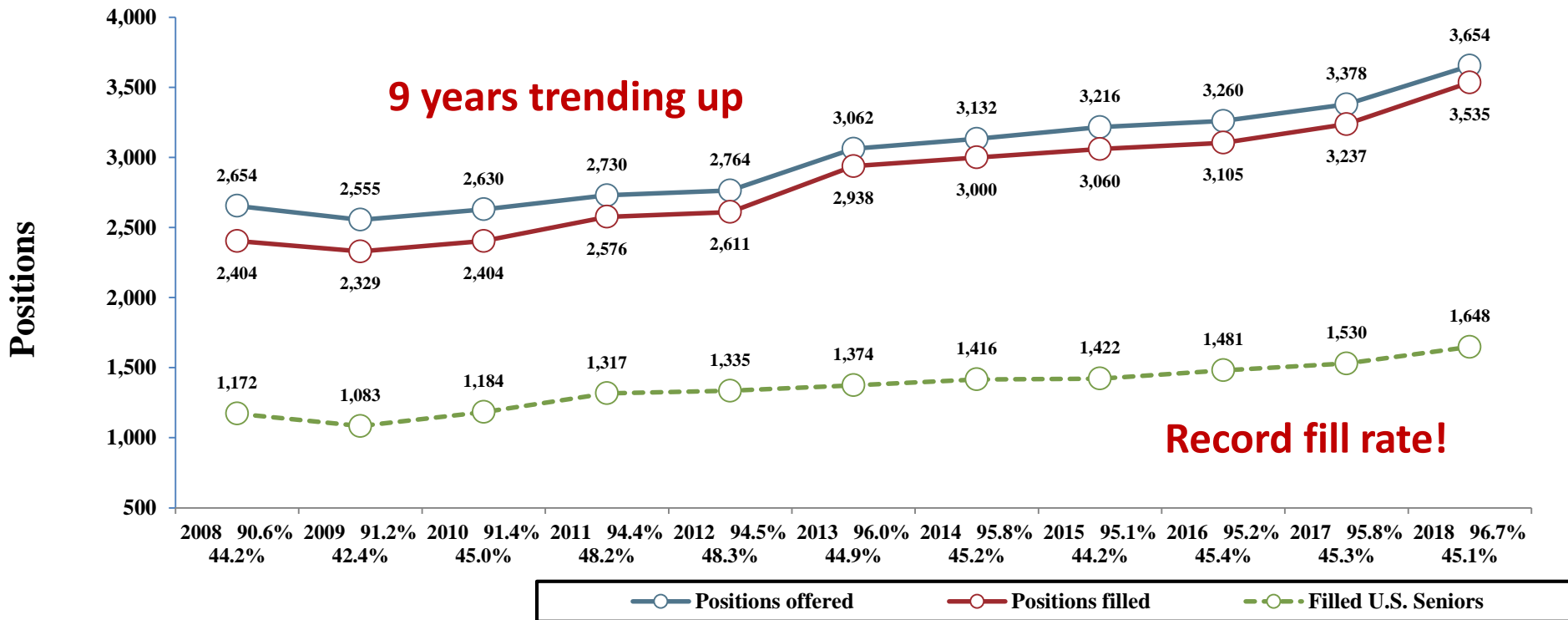
AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Medical Education Update and GME Principles



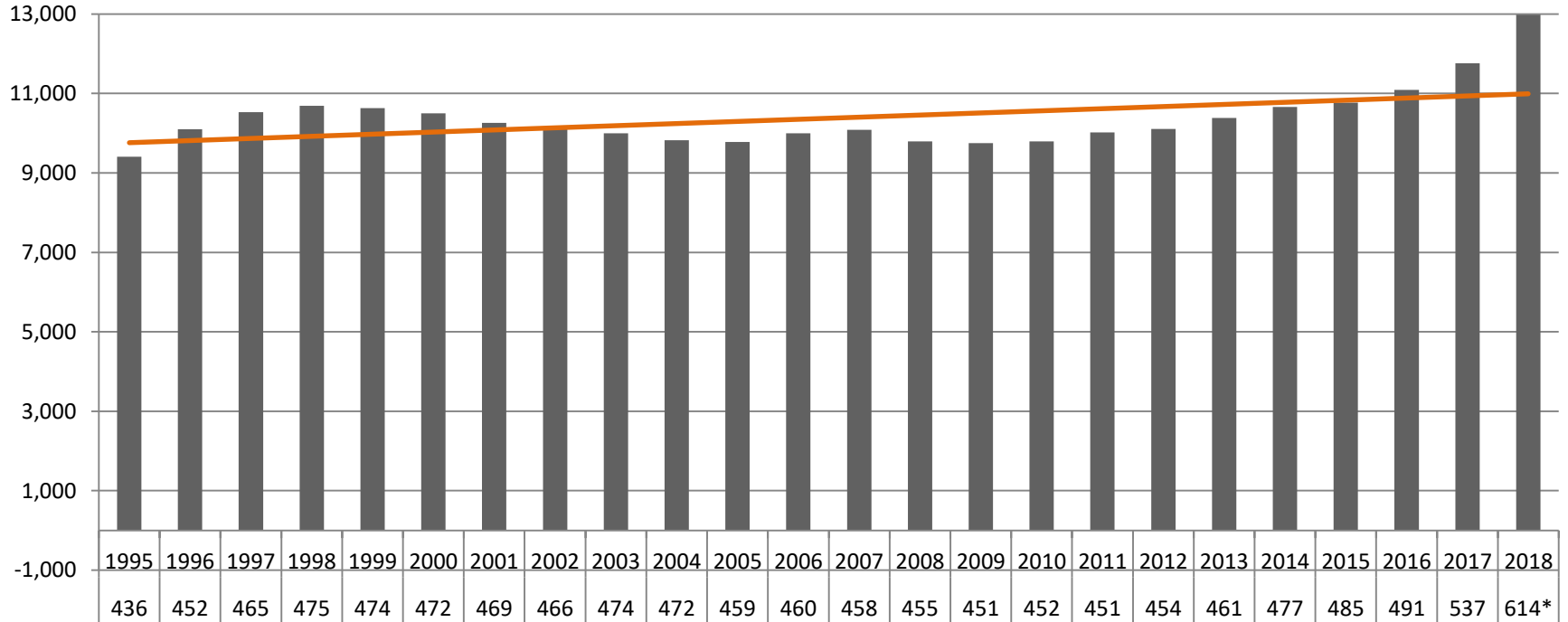
AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Family Medicine Positions Offered, Filled, and Filled with U.S. Seniors: March 2008-2018



Graph created by the American Academy of Family Physicians
 Data source: National Resident Matching Program® Advance Data Tables 2018

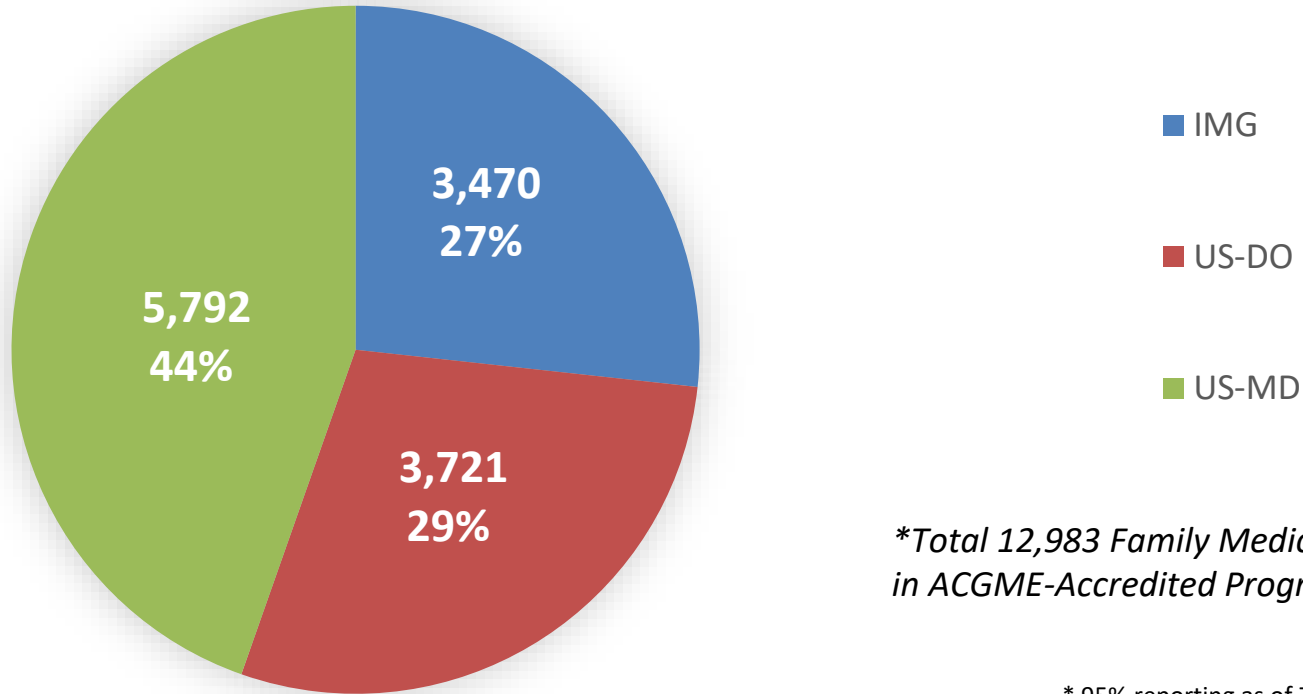
Number of Residents in Family Medicine Programs



Number of ACGME-Accredited Family Medicine Residencies by Year

* 95% reporting as of 7/18/18
 + Includes programs approved through single accreditation

2018 Number of Family Medicine Residents by Source Medical School



**Total 12,983 Family Medicine Residents in ACGME-Accredited Programs*

** 95% reporting as of 7/18/18*

New AAFP GME Funding Policy

Purpose:

This policy statement is to be used for public and private advocacy. The intentions of the policy are to convey the AAFP position on principles that:

- **Grow** the number of family medicine residency positions to meet the physician workforce needs of the United States
- **Align** health care, graduate medical education financing, and workforce policy to enhance patient care and health outcomes
- **Sustain and fully fund** the current family medicine residency positions
- **Guide future reforms and innovations** in financing graduate medical education, and
- **Ensure** rational, efficient, and effective use of public funds for graduate medical education (GME).

New AAFP GME Funding Policy

Principle 1: Provide an adequate number of family medicine residency positions to **allow capacity for meeting the "25% by 2030"** goal for U.S. medical school graduates making a career choice of FM. This results in a goal of **"10,000 by 2030"** for **PGY-1 Family Medicine GME positions** and the need for ongoing support for the duration of training for those positions. (New)

The Math (2016 Data)

21,338	AAMC matriculates
<u>+ 7,197</u>	AACOM matriculates
28,535	Total US Medical Students per Year
<u>X 0.25</u>	
7,133	Total US Grads going into FM
<u>+ 2,638</u>	IMGs (at 27%)
9,771	Total slots per year needed

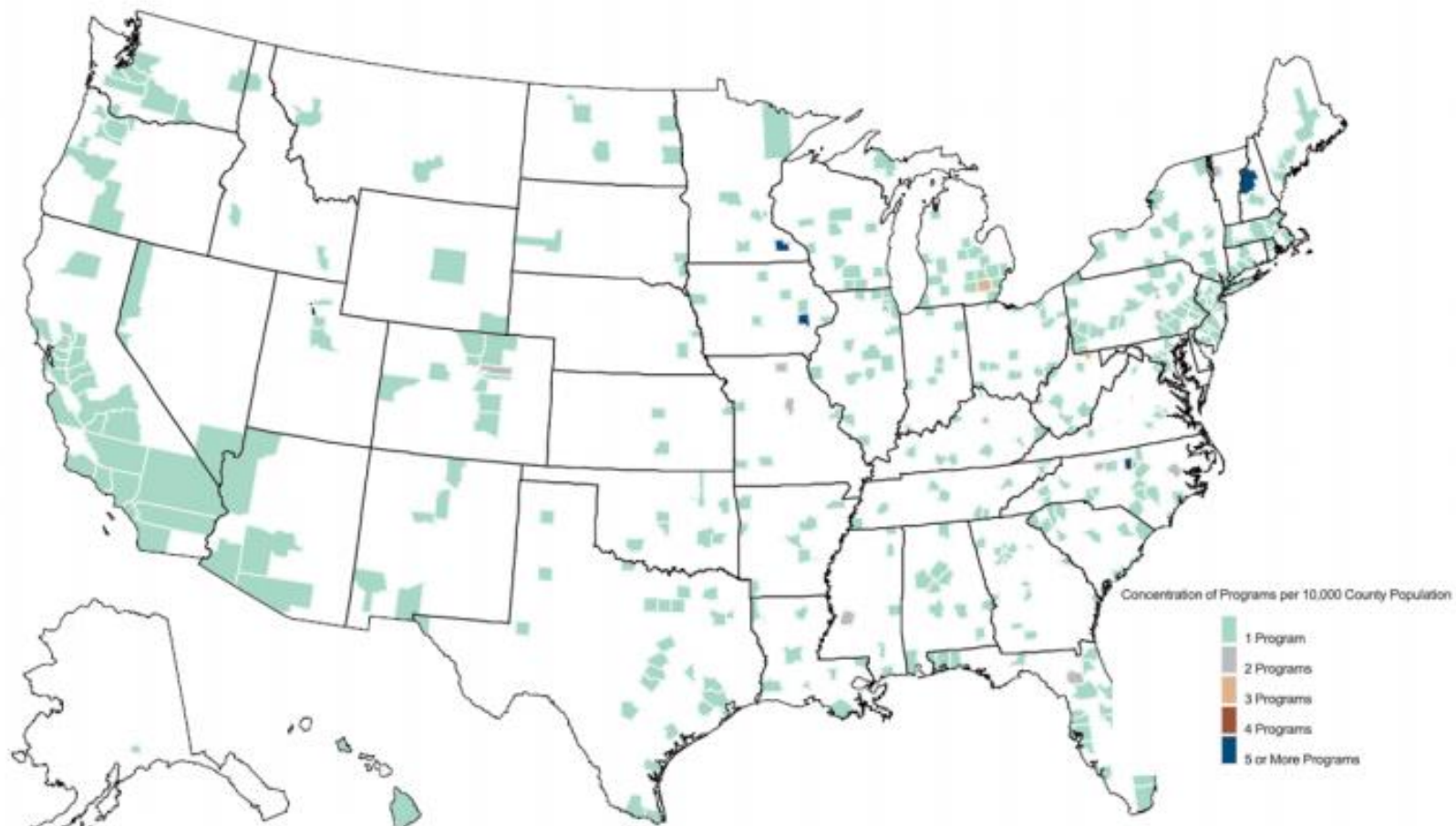
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New AAFP GME Funding Policy

Principle 2: Establish accountability for federal GME payments **to correct the historical maldistribution of federal GME financing**, by ensuring new positions are allocated to mitigate rural/urban and other geographic and specialty imbalances to reduce health professional shortage and medically underserved areas. (New)

Geographic Distribution of Programs



New AAFP GME Funding Policy

Principle 3: There should be **new funding collaborations between federal, state, and non-governmental stakeholders investing in primary care GME** to positively impact health outcomes such as health disparities, primary care access, workforce maldistribution, health equity, infant mortality, and social determinants of health. (New)

New AAFP GME Funding Policy

Principle 4: Make permanent and increase funding to the Teaching Health Center Graduate Medical Education Program (THCGME) to ensure stability, growth, and long-term sustainability of the program.
(New)

New AAFP GME Funding Policy

Principle 5: Modernize GME financing by **replacing Indirect Medical Education/Direct Medical Education payments with a per resident payment (PRP)**. (New)

New AAFP GME Funding Policy

Principle 6: Support existing and expanded funding for family medicine residencies by **re-focusing existing Medicare GME funding to first-certificate residency programs.** (Carryover)

New AAFP “Top Four” Priorities

- 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
- **Advance GME funding** reform based on the nation’s physician workforce needs
- 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**

Q&A

AAFP Physician Health First Initiative Update



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Physician Health First

- Data
- Resources and Activities
- WEL Project
- NAM Action Collaborative

“The AAFP will assist members in achieving well-being in order to enjoy a sustained career in Family Medicine”

***Executive Sponsor:
Clif Knight, MD***

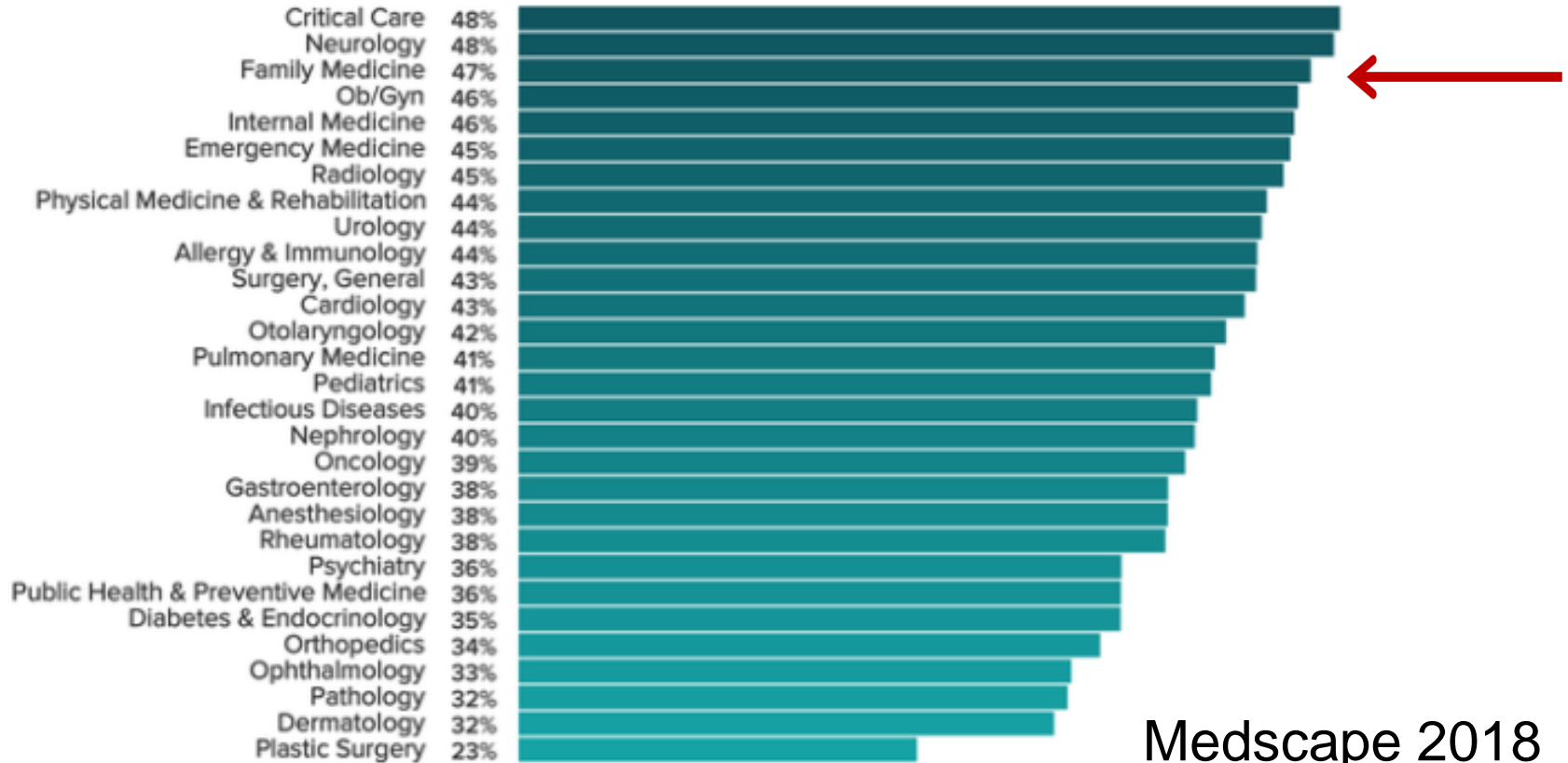
**“Don’t try to fix me,
fix the system!”**

**“This is not
what
I signed up to
do!”**

**“Help me, I’m drowning
in
this crazy system!”**

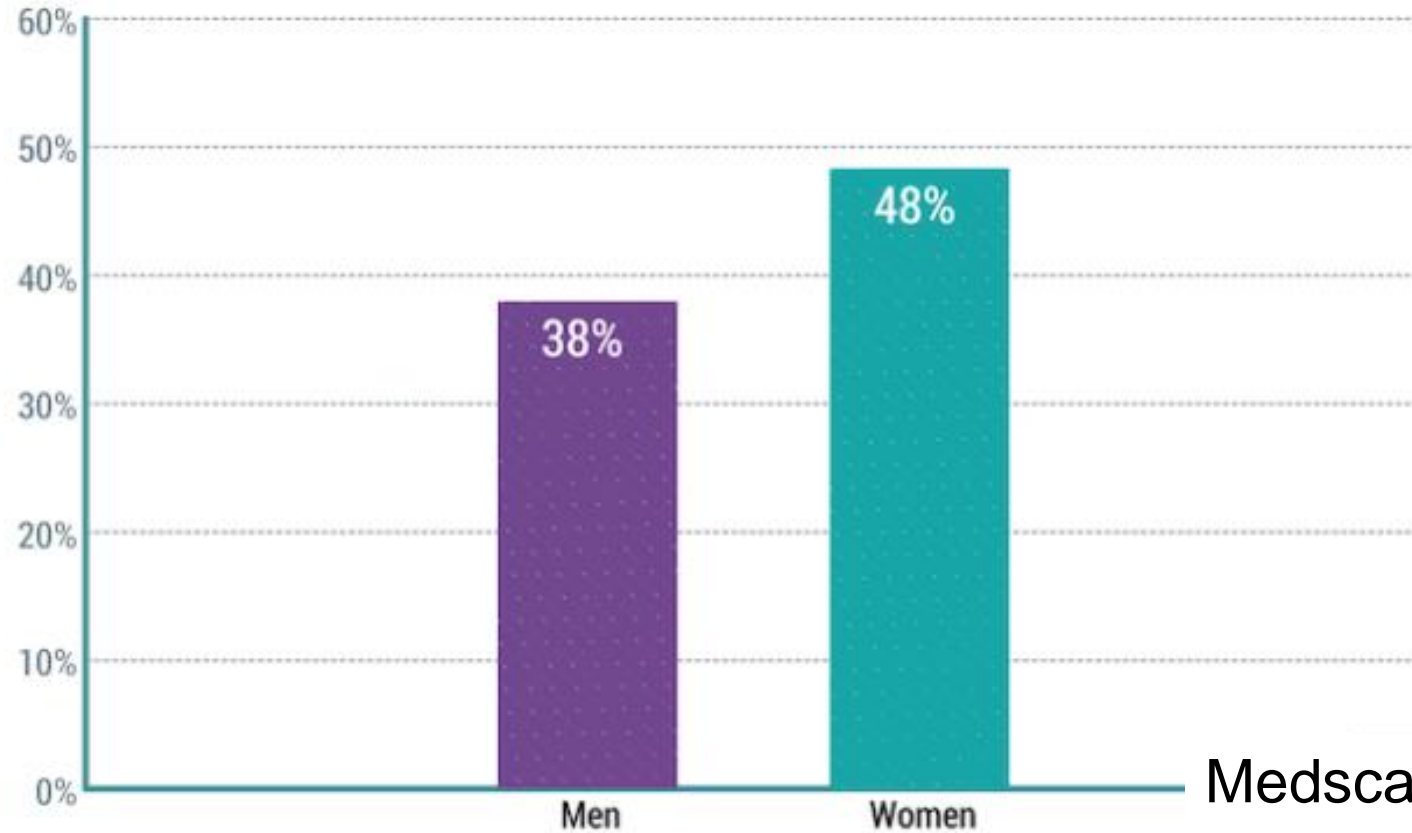
It's a System Problem, Not a People Problem

Which Physicians Are Most Burned Out?



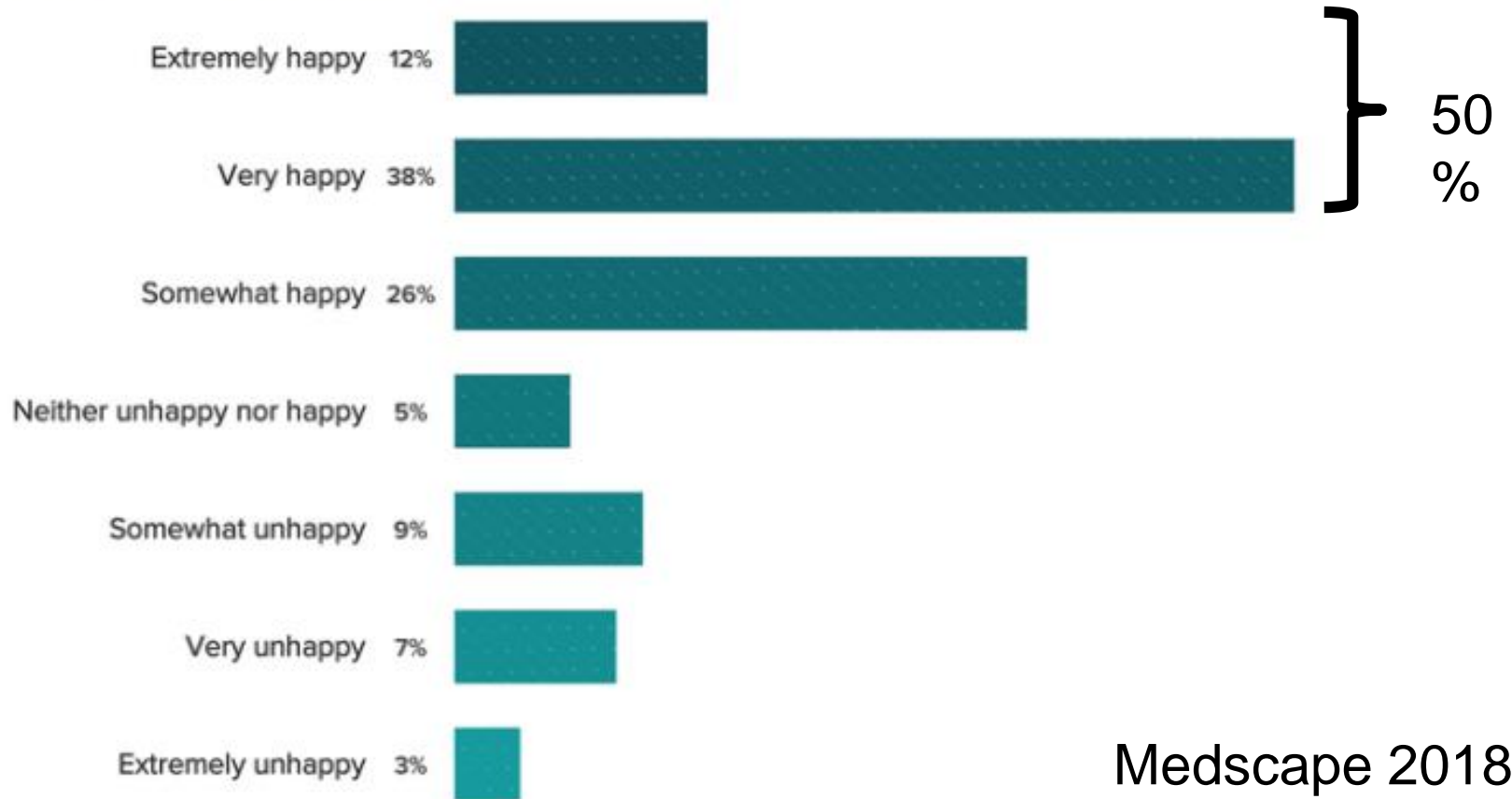
Medscape 2018

Are Male or Female Physicians More Burned Out?



Medscape 2018

Are Physicians Happy Outside of Work?



Medscape 2018

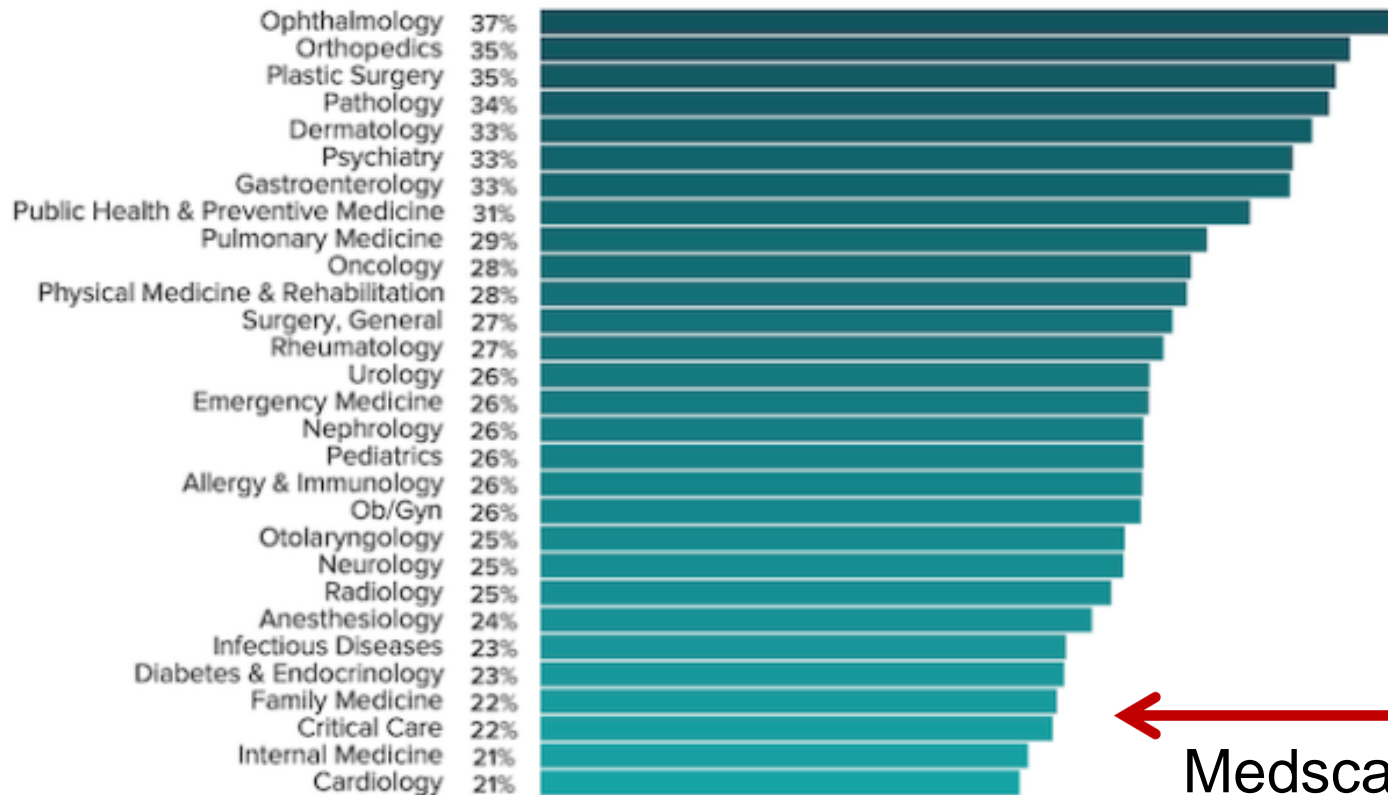
Who Is Happiest Outside of Work?

(Extremely or Very Happy)



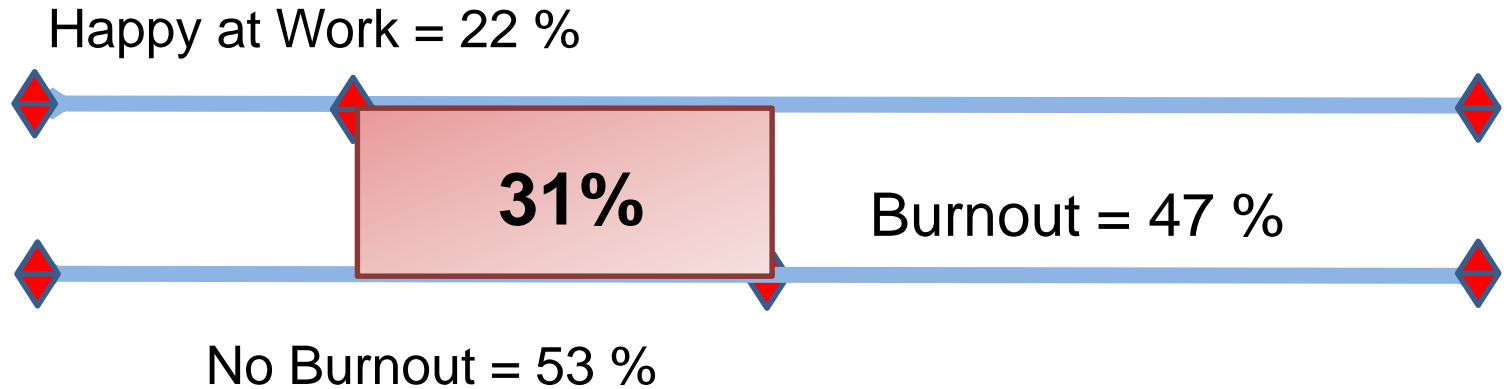
Medscape 2018

Which Physicians Are Happiest at Work? (Extremely or Very Happy)



← Medscape 2018

Family Physicians: Gaps and Overlaps



31% Not burned out, but NOT happy at work

Medscape Data
January 2018

Lack of Burnout \neq Well-being

Lack of Burnout \neq Happiness

*Let's focus on improving well-being
and professional satisfaction,
not simply decreasing burnout*

Components of Happiness

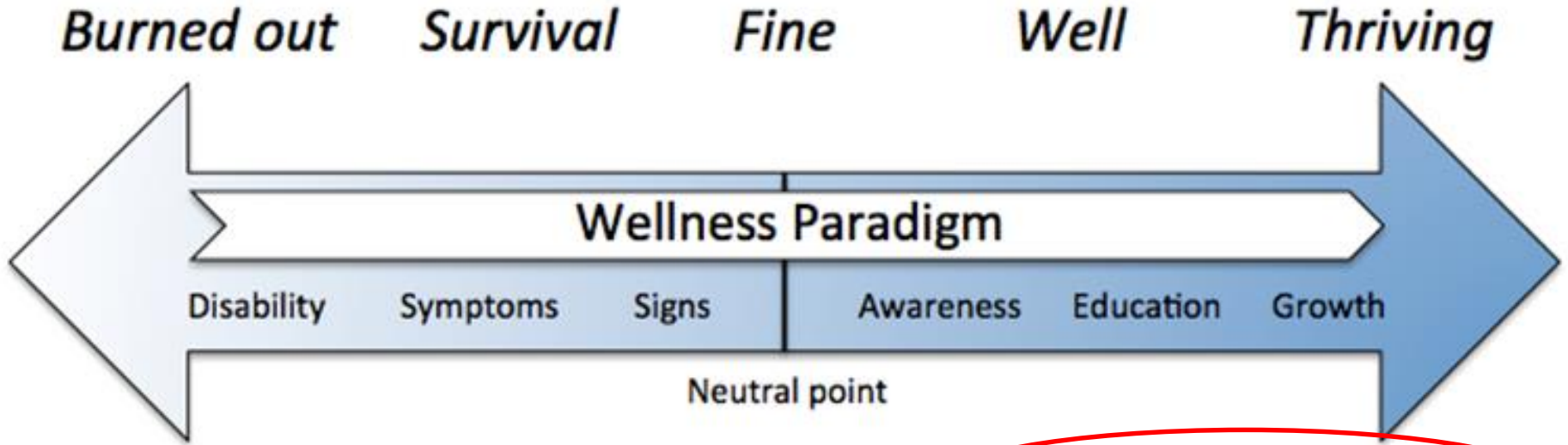
- **Pleasure (positive emotions)**
 - Eating ice cream; having a massage
- **Engagement (being absorbed)**
 - Training marathon
- **Meaning (serving something larger than self)**
 - Knowledge, goodness, family, community, justice

Seligman. Phil Trans R Soc London 359:1379 (2004)

Components of Happiness

- **Pleasure** → the pleasant life
 - **Engagement** → the good life
 - **Meaning** → the meaningful life
- 
- The full life**

Seligman. Phil Trans R Soc London 359:1379 (2004)



Source: Dr. Mark Greenawald

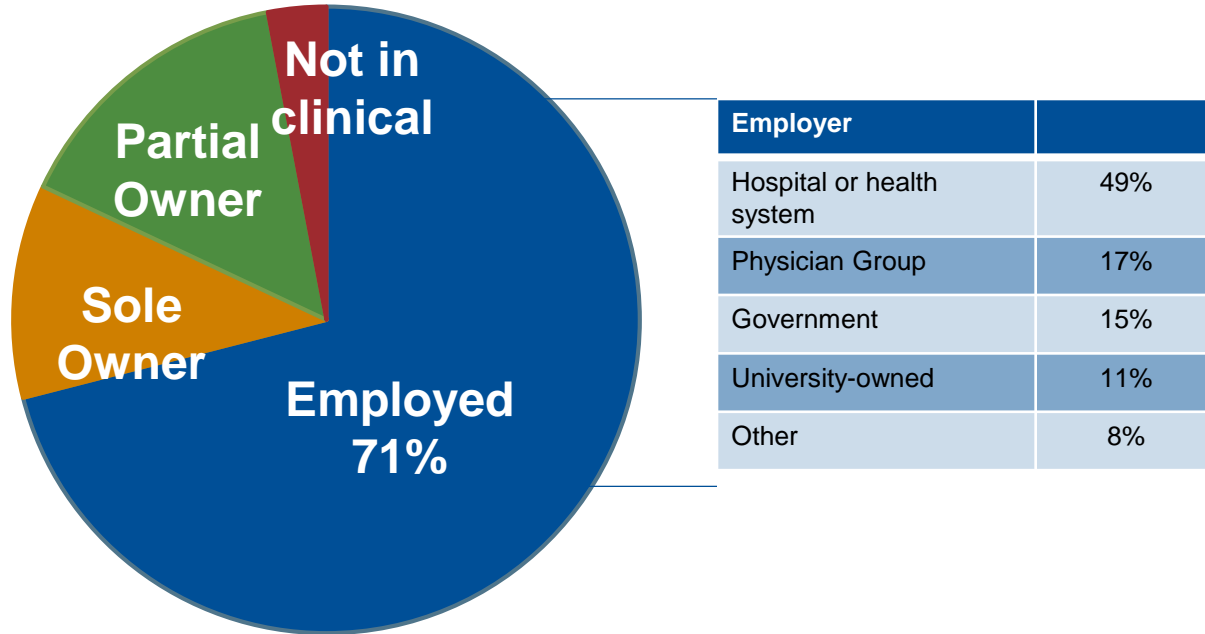
Breaking down AAFP Membership

Member Profile

	Active	Female	Employed	New FP	DO	IMG
Female	44%	--	48%	57%	49%	48%
Employed	71%	73%	--	90%	69%	67%
New FP	25%	32%	30%	--	43%	38%
DO	13%	14%	11%	22%	--	0%
IMG	20%	22%	18%	31%	0%	--

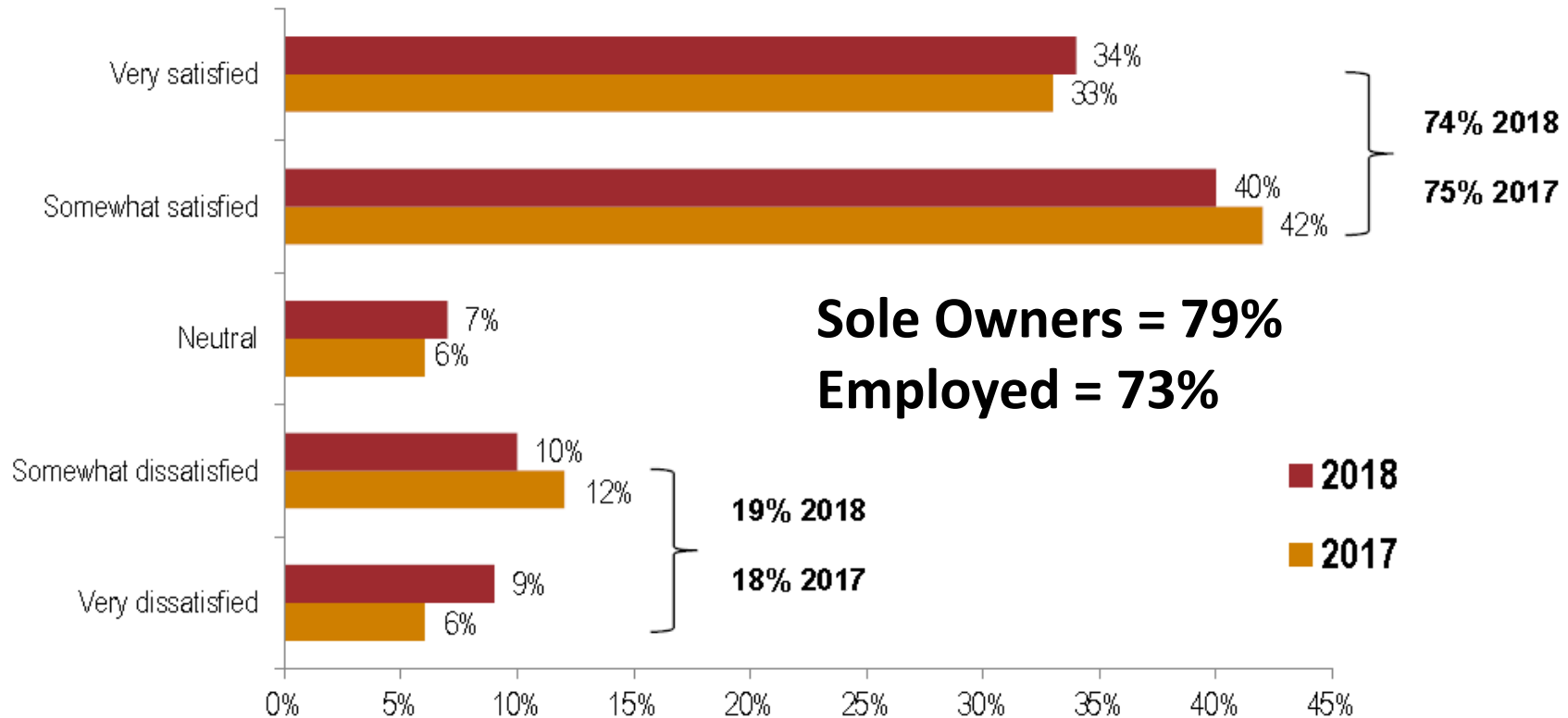
Source: 2017 Year-end Membership Data Member Census

Employment Profile



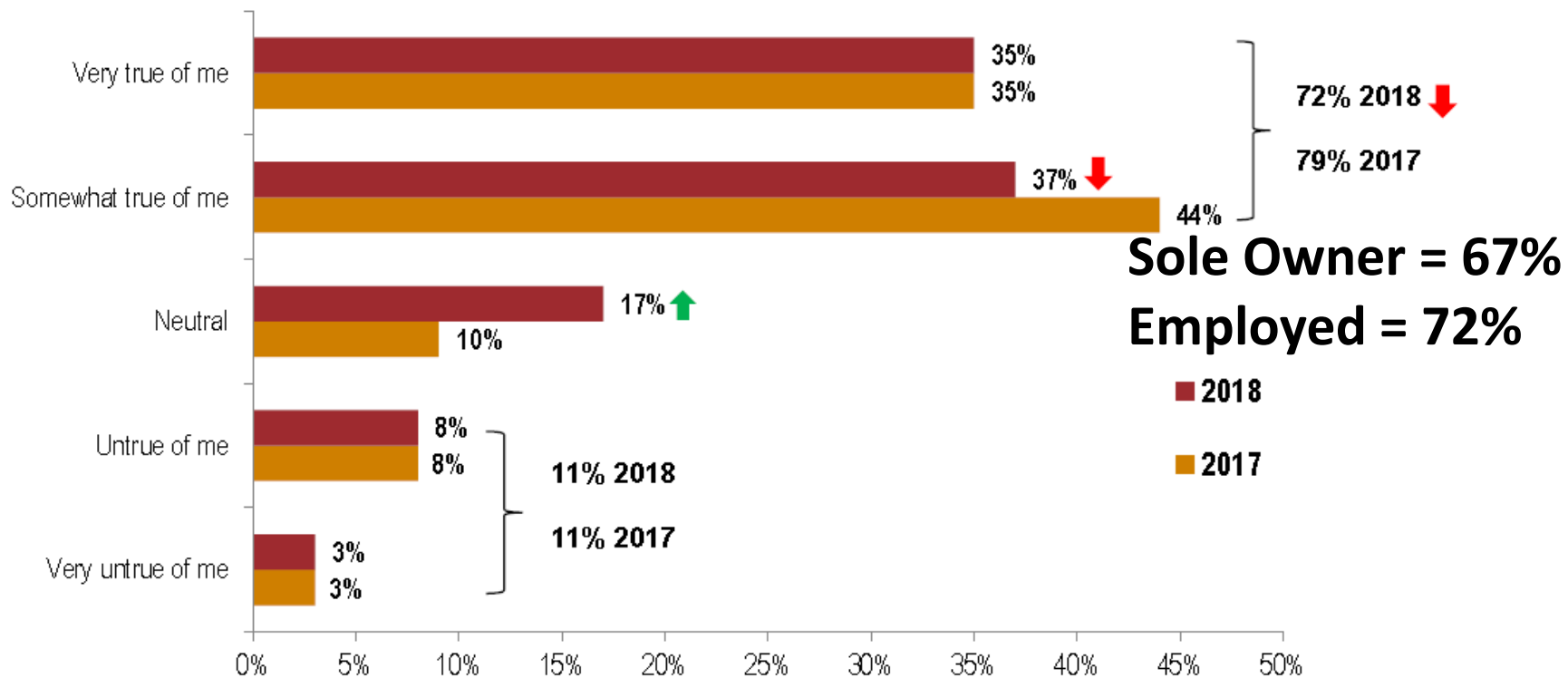
Source: 2017 Year-end Membership Data Member Census

Overall Satisfaction with Job or Practice



Q. Overall, how satisfied are you with your current job or practice?

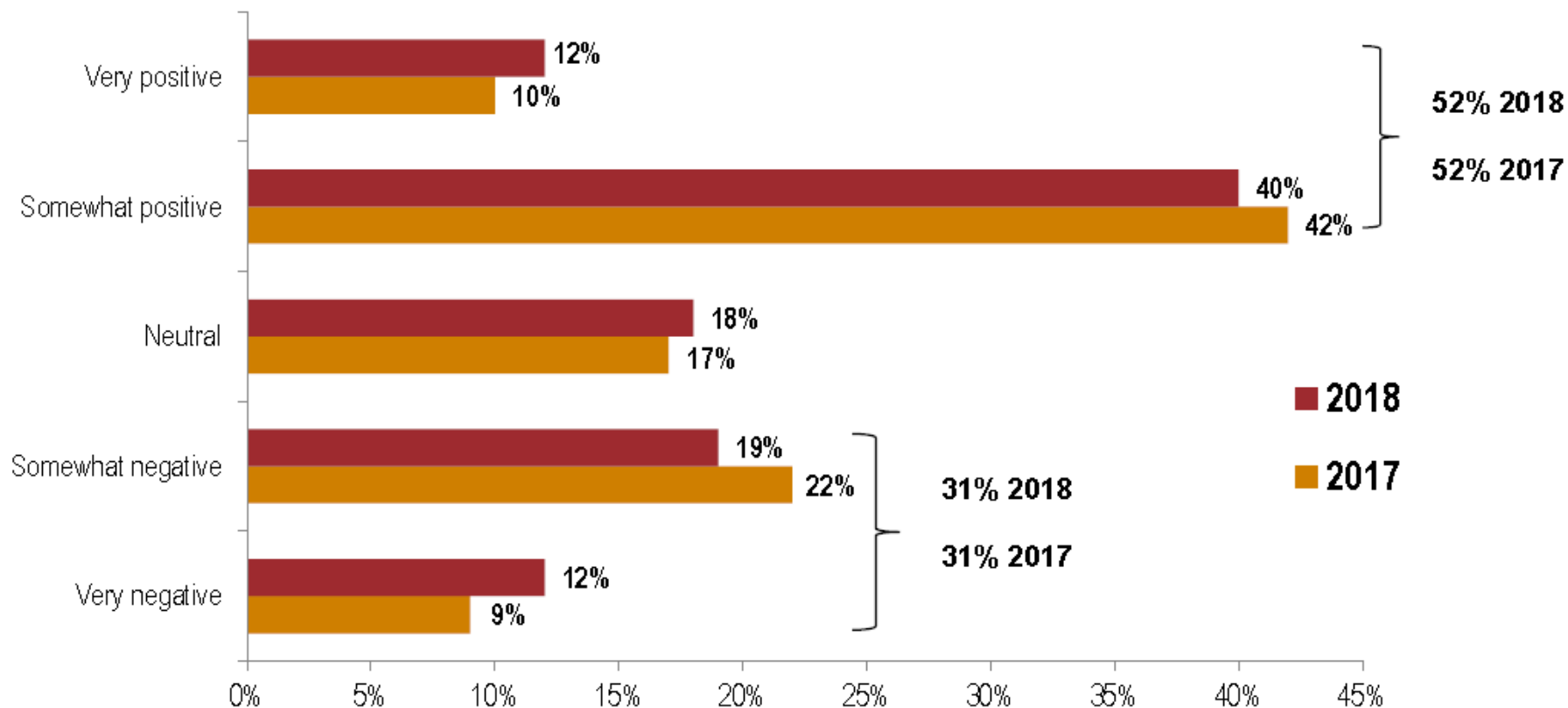
Overall, I have a Good Sense of Well-Being



Q. How does the following sentence represent your sense of well-being? – "Overall, I have a good sense of well-being"?

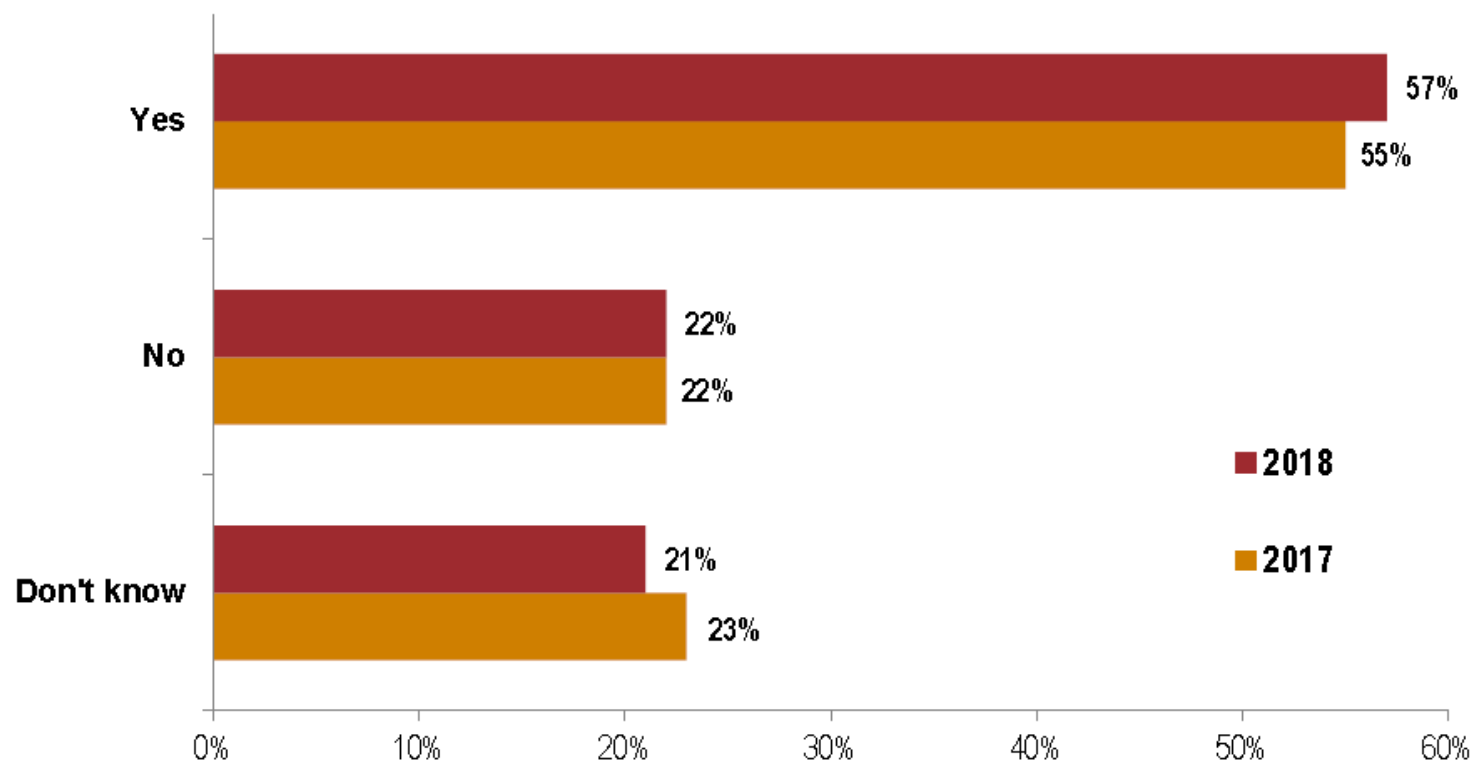
↓↑ Indicates a significant difference at the .95% confidence level.

Feelings of the Current State of Family Medicine



Q. Which of the following best describes your feelings about the current state of family medicine?

Career to Do-Over, Would Choose to be a Family Physician?

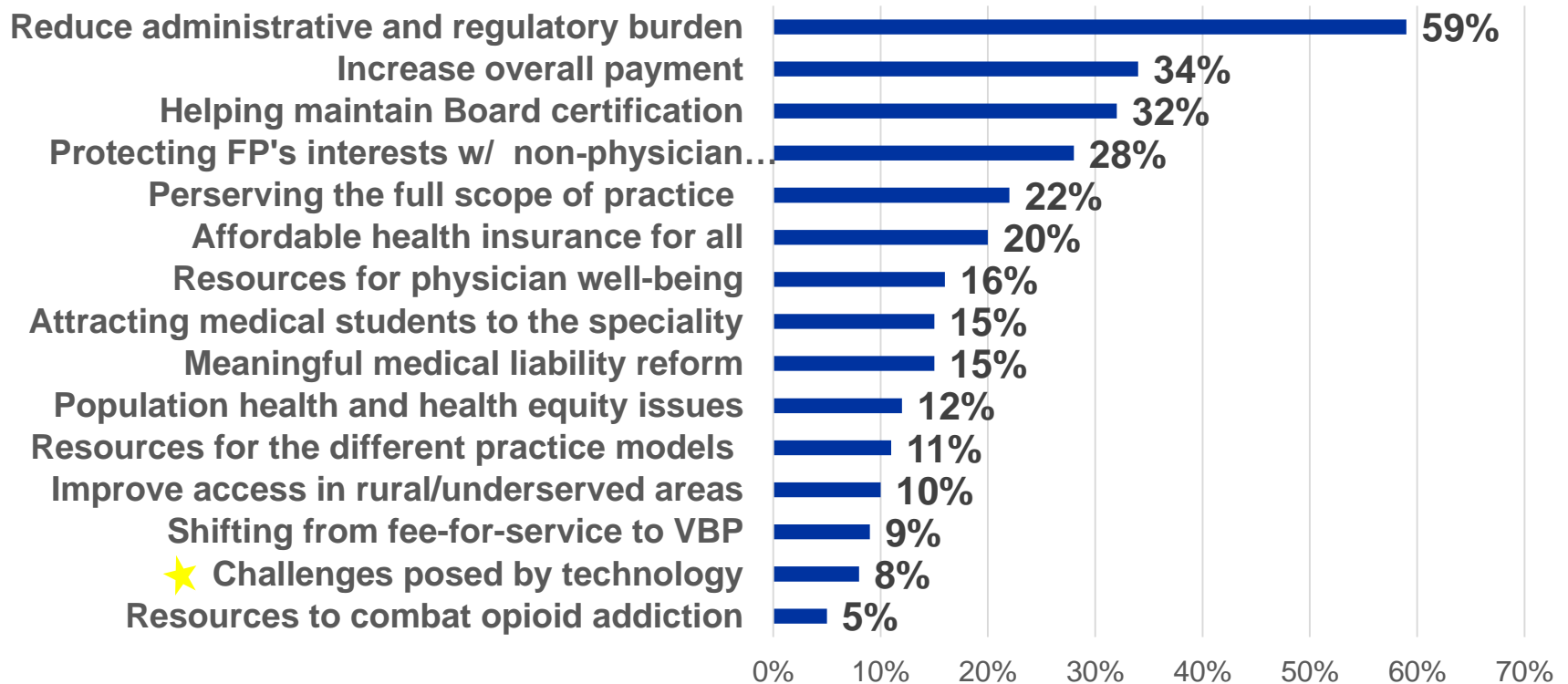


Q. If you had your career to do-over, would you choose to be a family physician?

Attitudinal Statements

	Sole Owner	Employed
My patients respect me	94%	81%
I enjoy my work	92	74
Work-life balance is comfortable	54	56
I have adequate time with patients	80	47
I participate in major decisions in my practice	93	44
Reports sense of burnout	28	46
My organization / employer has made improving physician well-being a priority		31

2018 Member Priorities for the AAFP



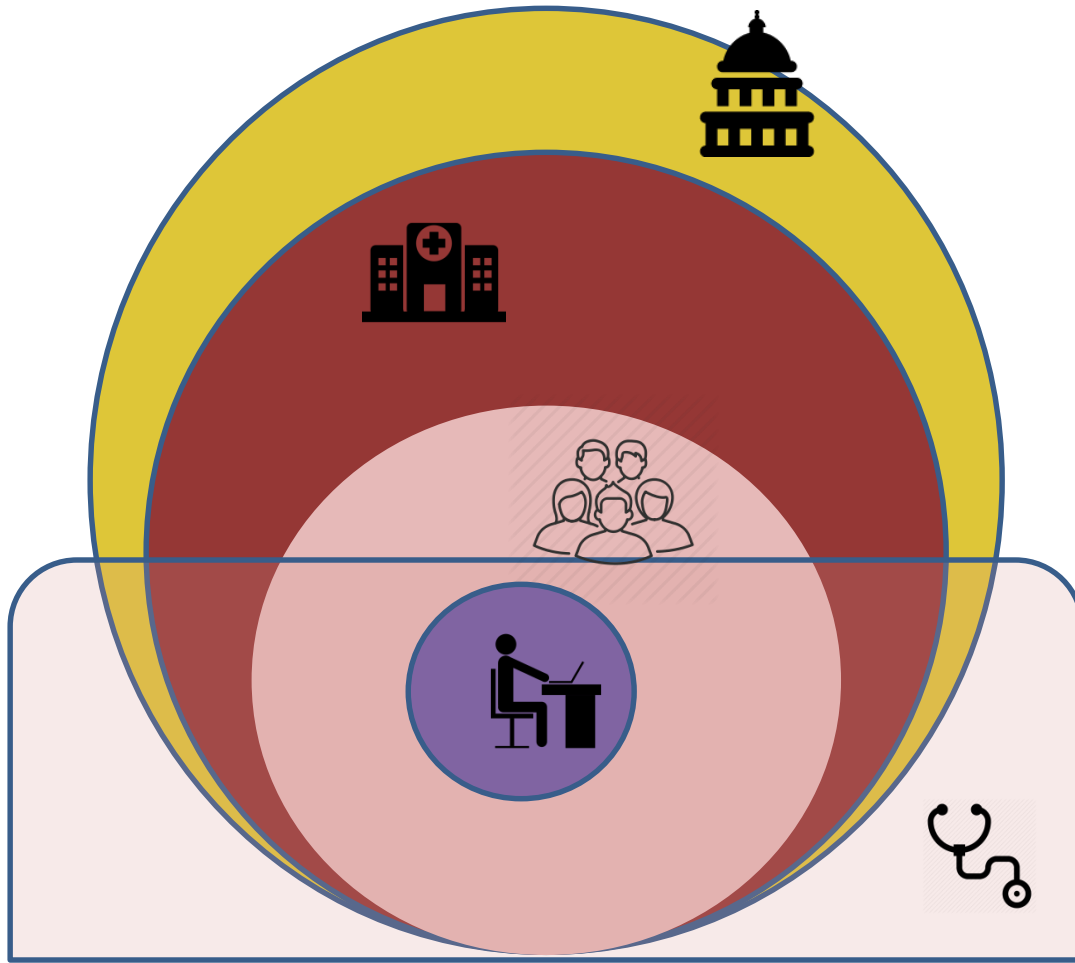
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- Take a leadership role in addressing diversity and social determinants of health as they impact individuals, families and communities across the lifespan and to **strive for health equity**

Formula for Distress

$$\begin{array}{r} \text{EMR} \\ \times \\ \text{RVU} \\ \hline \text{I AM SAD} \end{array}$$





Health System

Organization

Practice

Individual

Physician Culture

Summary Solution: Fix the Broken System

- Regulatory Relief: Cut the Red Tape
 - Decrease prior approvals
 - Simplify quality reporting
 - Ease documentation requirements (E&M Coding, etc.)
 - Improve EHR functionality
 - Invest in Primary Care: Focus on Population care and quality, not quantity
- Utilize Best Practices to Mitigate Administrative Burden

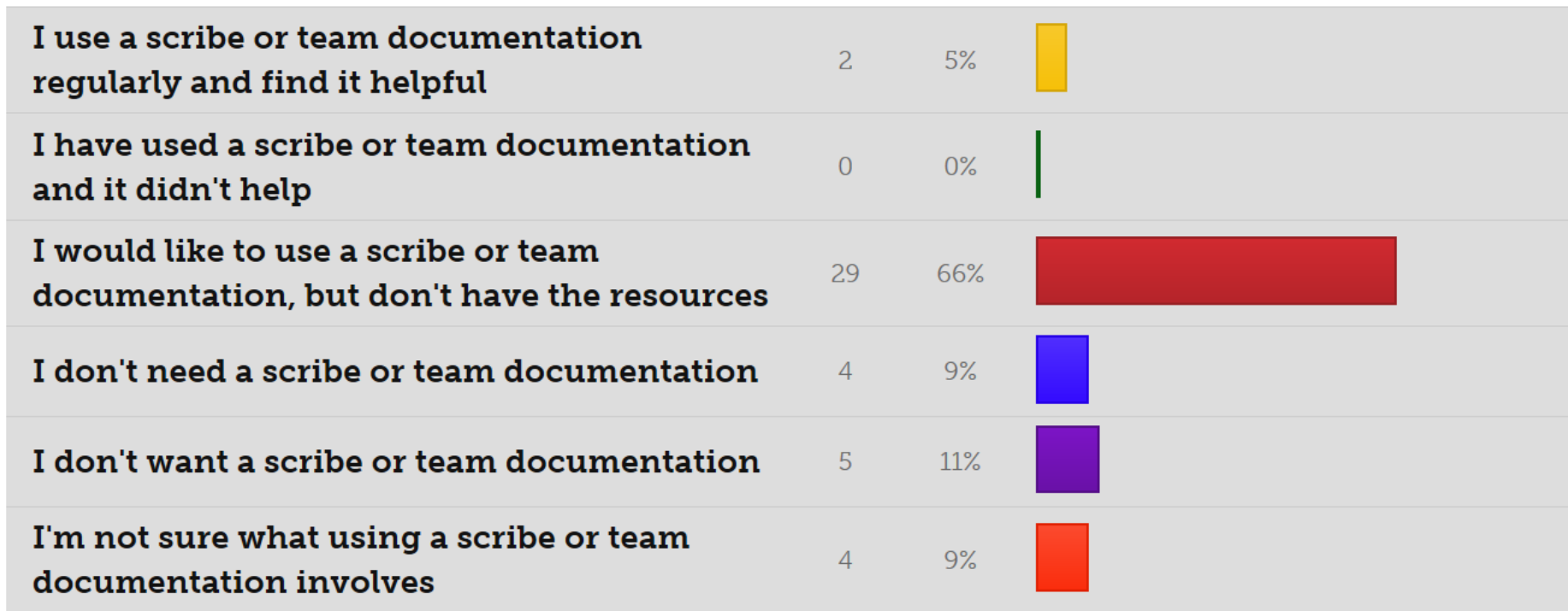


Team Documentation/ Medical Scribes



- Increased Patient Satisfaction
- Increased Physician Satisfaction
- Cost Neutral at ~2 Additional Patients per Half Day
- Decreases the W.A.C.
 - 1 to 2 hours per day

Clinicians: Regarding Use of a Scribe or Team Documentation



A Team-Based Care Model That Improves Job Satisfaction

[PRINT](#) [COMMENTS](#)SHARE [+](#) [f](#) [t](#)

Expanding the role of medical assistants to better support providers can improve not only traditional outcomes but also job satisfaction.

Corey Lyon, DO, Aimee F. English, MD, and Peter Chabot Smith, MD

Fam Pract Manag. 2018 Mar-Apr;25(2):6-11.

Author disclosures: no relevant financial affiliations disclosed.

[This content conforms to AAFP CME criteria. See FPM CME Quiz.](#)

Burnout and job dissatisfaction pose a significant threat to primary care. Less than one-third of family and internal medicine physicians report they would choose the same specialty again,¹ and one-third of health care employees report they are planning to look for another job.²

The factors contributing to burnout and dissatisfaction are many, including the use of



CME QUIZ

6.00 CME Credits Available

CME expires 04-14-2019

[Take the CME Quiz](#)

MORE IN FPM

Related Articles

[A New Approach to Making Your Doctor-Nurse Team More Productive](#)

[Using Peer Review for Self-Audits of Medical Record Documentation](#)

[22 Tips for Improving Your Practice](#)

Editor's Collections

[Documentation Guidelines](#)

[Care Team & Staffing](#)

[Quality & Safety](#)

[Physician Burnout & Work-Life Balance](#)

University of Colorado

APEX = Ambulatory Process Excellence
Awesome Patient Experience

Implemented in 2015

Expanded role of the Medical Assistant

Rooming Information, Vitals, Reason for Visit
Collect/Update Past History, Identify Prevention Gaps
Templates and Protocols
Documents the Physician Encounter
History, Physical, Assessment and Plan
After Care Instructions and Coordination of Next Steps

Early Outcomes

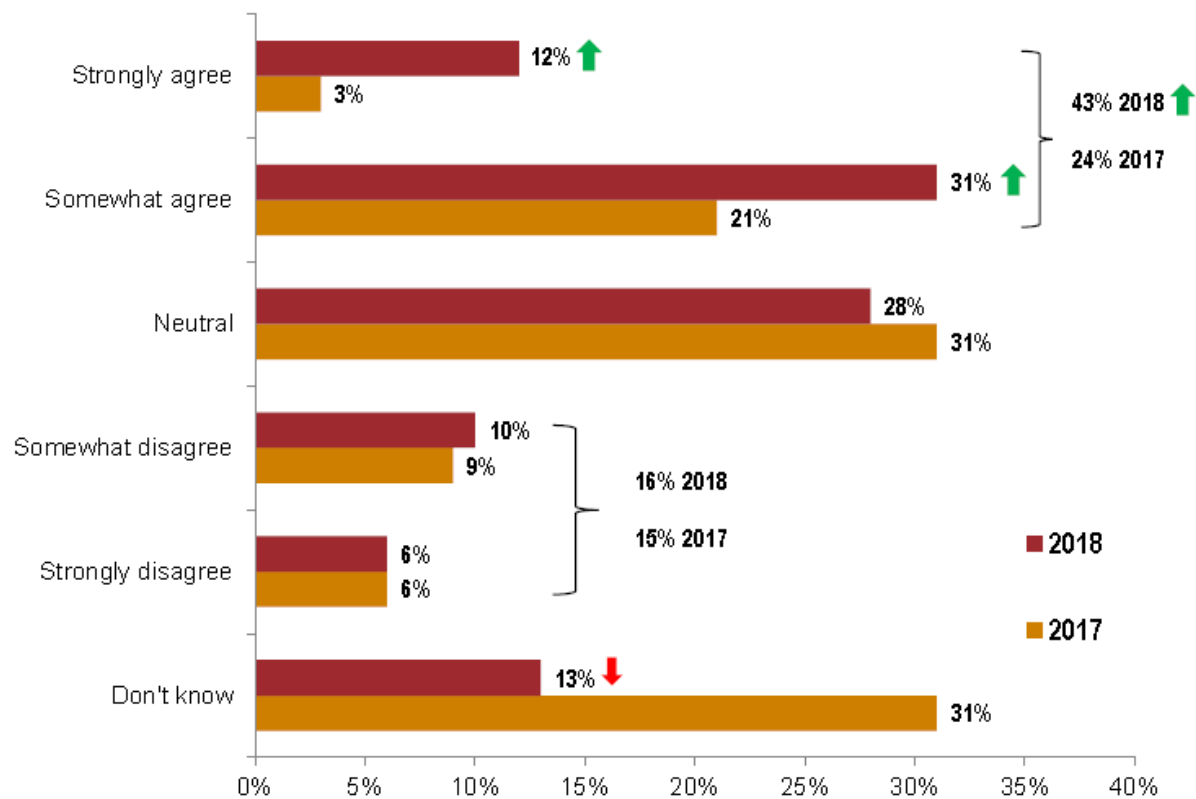
Improved Quality, Patient Satisfaction, Staff Experience
Decreased Physician Burnout (From 56 % to 28%)
Increased Patient Volume, Stable Per Visit Expenses

Spread to 6 Additional Primary Care Practices

“Primary Care Redesign”

Resources

The AAFP Provides Effective Resources to Assist Family Physicians in their Own Well-Being



Q. What is your level of agreement with the following statement? Regarding your own well-being, the AAFP provides effective resources to assist you in this area.

↑↓ indicates a significant difference at the .95 confidence level.

AAFP Resources in Development

- Physician Health First portal on AAFP.org
 - Member access to the MBI **(2017)**
- Web based well-being planning tool **(2018)**
 - Based on the 5 levels of the FP Ecosystem
- Annual FP Health and Well-being Conference **(2018, 2019)**
- State Chapter Workshop Series **(2019)**
- Articles in journals **(Ongoing)**
- CME tracks / workshops at FMX **(Ongoing – Expanded)**
- Practice improvement activity to promote FP well-being, eligible for PI-CME and MOC credit **(2019)**
- Inaugural co-sponsor of NAM Action Collaborative on Clinician Well-Being and Resiliency **(2017-2020)**

**Grant funded by the
AAFP Foundation**



FMX Discount

New Team-based Resources

With ready-to-use resources, AAFP TIPS can help you make small changes that yield big results.

[Learn More](#)

Board Review Prep

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PHYSICIAN HEALTH FIRST



The Well-being Planner: The Next Step in Your Journey

Use the Planner to access resources, save articles, and

ADVOCATE FOR FAMILY MEDICINE



2018 State Legislative Conference

Learn how to effect change where you live. Connect with health policy

PHYSICIAN PAYMENT REFORM



QPP | Get the 2018 Playbook

Our 2018 MIPS Playbook gives you a step-by-step guide to navigating reporting methods,

AAFP News

Birth, Death, Hope and Money: Stories of Family Medicine

[08/08/2018] – A diverse panel of five family physicians offered students and residents their perspectives on famil...

Residents Tackle Tough Issues to Ensure Good Patient Care

[08/08/2018] – Residents attending the AAFP's 2018 National Congress of Family Medicine Residents wrote and discuss...

Panelists Recommend Looking Back to Move Forward

[08/08/2018] – The AAFP's 2018



Search

Sign In

AAFP.org/MyWellbeing

PHYSICIAN HEALTH FIRST

My people. My practice. My profession.

Your health before all else.



Cliff Knight, MD, FAAP
AAFP Senior Vice President for Education

Caring for your patients starts with caring for yourself. Discover the **family physician ecosystem**, and learn how we are working to improve physician **well-being** and reverse the trend toward burnout.

[Learn More](#)

[Take the MBI](#)

[Create a Plan](#)

[Find Resources](#)

Self check.

Assess your level of burnout with the Maslach Burnout

Plan your path to well-being.

The AAFP's Well-being Planner helps you identify, customize, and track your well-being goals.

Stay strong in 2019.

Attend the second **Family Physician Health and**

PHYSICIAN HEALTH FIRST

Well-being Planner

Physician Health First

Get Started

Your well-being matters. When you **care for yourself**, you can be more present for your loved ones and colleagues, and **stay passionate** about your purpose: providing quality patient care.

The Well-being Planner will help you identify your goals and collect Planner resources to address the [five primary factors that affect your well-being](#) ➔ as a family physician.

The Family Physician Ecosystem



Make your health a priority with the Well-being Planner.

1 Commit

Set aside time to plan and progress toward your well-being goals.

2 Reflect

Take or revisit the [Maslach Burnout Inventory \(MBI\)](#) to assess your well-being and identify a focus for your plan.

3 Make a Plan

Add goals to your plan and customize a resource list in the Planner for support and inspiration.

4 Track & Refine

Revisit your plan to track progress, add goals, and refine existing goals.

Most Utilized Portal Resources

- ✓ MBI = 3,000+ Completed (Members Only)
- ✓ Plan Developed = 488
- ✓ PHF Website page views – 15,000+ in May
- ✓ “Simple Steps to Improving Well-Being”
- ✓ “Find Your Inner Balance”
- ✓ “Mindfulness”

As of May / June, 2018



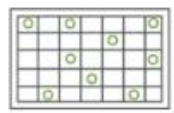
AAFP TIPS™
TRANSFORMATION
IN PRACTICE SERIES

Transform Your Practice With AAFP TIPS

With these ready-to-use resources, you can make small changes that yield big results.

Whether you are trying to implement medical home functions, streamline processes, or enhance the patient experience, AAFP TIPS resources make practice improvement faster and easier.

Our team-based tools are designed specifically for family medicine. Here's what you'll get:



Practical tools plus related instructional videos that help you grasp concepts and make improvements right away



Brief, interactive learning modules that are perfect for self-study or group use.



Customizable presentations for group discussions.

TIPS Resource Modules:

- Quality Improvement
- Empanelment
- Team Documentation (Soon)

1st AAFP Family Physician Health and Well-being
Conference April 18-21, 2018
Naples Grande Beach Resort – Naples, Florida



458 Attendees!
98% Excellent/above average rating
71% Excellent rating
50% Plan to return every year
70% Women

2nd AAFP Family Physician Health and Well-being
Conference June 5-8, 2019
Sheraton Grand at Wild Horse Pass – Phoenix, AZ



WEL Project

Women's Wellness Through Equity and Leadership

- AAP, AAFP, ACP, ACOG, APA, AHA
- Partially funded by the Physicians Foundation
- 3 early to mid-career women from each group
- 18 Months (Kickoff in October 2018)
 - Leadership development
 - Develop principles of a healthy work environment for female physicians
 - Data sharing

National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resiliency

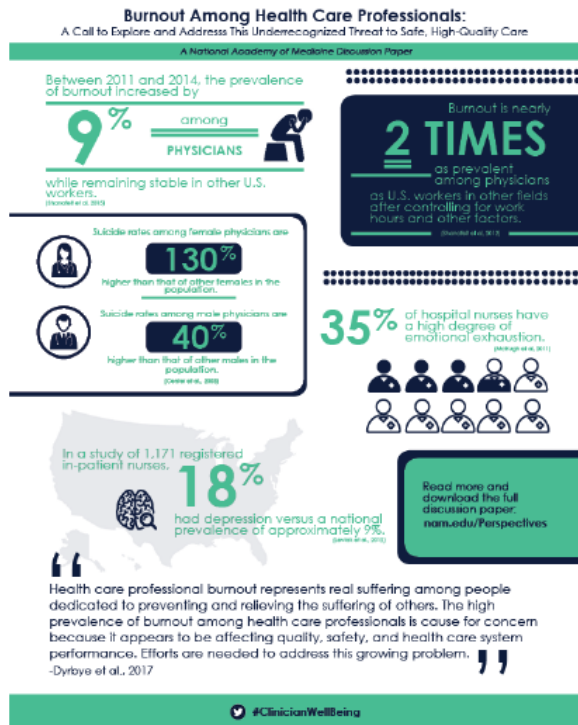
“Promote an environment to advance solutions to reverse trends in clinician stress, burnout, and suicide, which will ultimately improve patient care and outcomes”

- Multiple organizations represented
 - All addressing burnout separately
 - All feeling we aren’t getting significant traction
- Goals:
 - Public Awareness and Call To Action
 - Change the culture in medical education
 - Identify and promote best practices and evidence based interventions
 - Consensus Study – November 2019
- AAFP is an inaugural co-sponsor of a 4 year effort
- First met in January 2017 – Runs through 2020



Research, Data, and Metrics

- Discussion Papers
 - “[Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care](#)”
 - Financial cost of burnout in nurses
 - Gender differences in burnout and related factors
 - Pragmatic Approach for Organizations to Measure Health Care Professional Well-being
- Compilation of validated [survey instruments](#) to assess work-related dimensions of well-being
- Annotated bibliography of individual and organizational interventions from recent systematic reviews
- Metrics to assess the impact of the NAM Action Collaborative



External Factors and Work Flow

- Streamlined suggestions to CMS re. E/M documentation guidelines
- [Public call for promising practices/workflow re-design*](#)
- Discussion Papers
 - [“Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout”](#)
 - “Implementing Optimal Team-Based Care to Reduce Clinician Burnout”
 - “Person-Centered Health Information System”



“We have yet to design systems to support the premise that clinical documentation exists to support the care clinicians deliver to patients, and other functions should be a secondary goal.”

Care-Centered Documentation in the Digital Environment: Solutions to Alleviate Burnout
A National Academy of Medicine Discussion Paper

#ClinicianWellBeing

nam.edu/Perspectives

*<https://www.surveygizmo.com/s3/4339037/Public-Call-for-best-practices>





Clinician Well-Being
Knowledge Hub

About

Causes

Effects

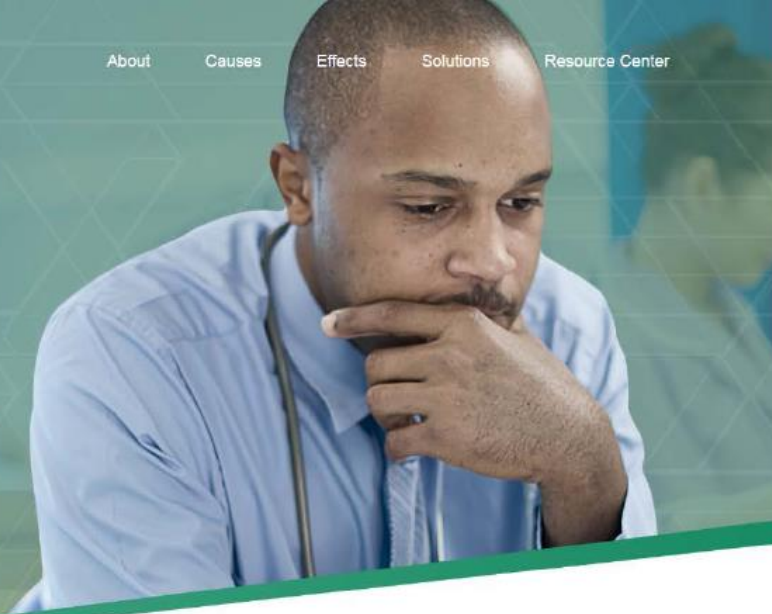
Solutions

Resource Center

Sharing Knowledge to Combat Clinician Burnout

Find articles, research studies, and other resources

Search Resources



**Healthy clinicians provide better patient care.
Let's build a better system that helps clinicians thrive.**

nam.edu/clinicianwellbeing



National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

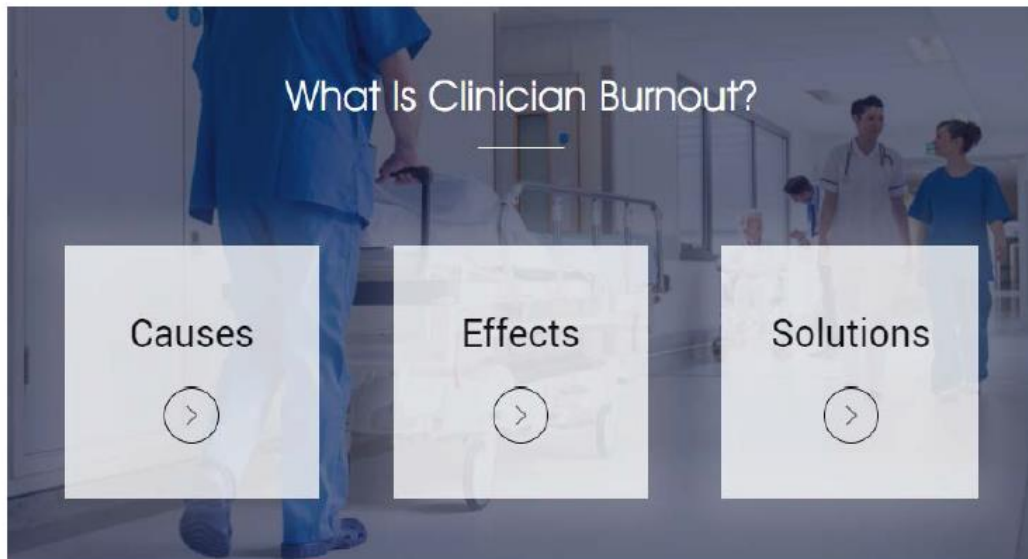


NATIONAL ACADEMY OF MEDICINE



Knowledge Hub is organized around three main topics

- **Causes:** Organizational factors, learning environment, practice environment, society and culture, personal factors, rules and regulations
- **Effects:** Safety and patient outcomes, clinician well-being, turnover and reduction of work effort, health care costs
- **Solutions:** Organizational strategies, measuring burnout, individual strategies





Resource Center

This resource center provides a searchable database for research, toolkits, educational materials, and other resources relevant to clinician well-being and resilience.



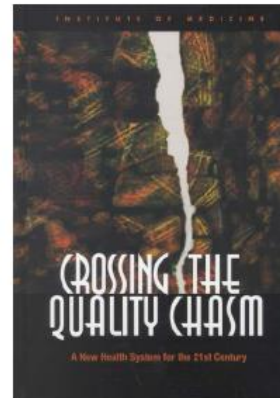
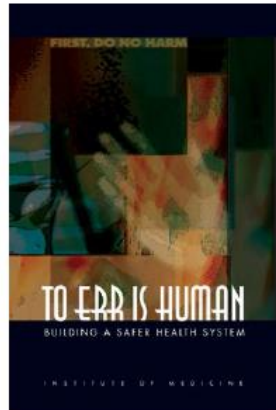
- > 400 resources
- Searchable database
- Rate helpfulness of resources
- Submit other resources
- Feedback survey





NAM Consensus Study

“Systems Approaches to Improve Patient
Care by Supporting Clinician Well-Being”
Launched in Summer of 2018





Vision for the Future

- Evidence based solutions
- Leveraging networks of organizations committed to improving & implementing clinician well-being
- Grow the network to create a larger community of empowerment
- A campaign of systems change



Join the movement!

nam.edu/SupportClinicianWellBeing

To provide an opportunity for organizations to discuss and share plans of action to reverse clinician burnout and promote clinician well-being, the NAM is collecting statements describing organizational goals or commitments to action.

"ACP is committed to ongoing measurement and tracking of internist burnout and well-being to help guide efforts in this area."

The ACP is committed to combating clinician burnout. Join them!

Submit your statement at
nam.edu/SupportClinicianWellBeing

More than 130 organizations have committed to combating clinician burnout.

Will you join them?

nam.edu/SupportClinicianWellBeing

National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

"The FSMB is committed to considering the impacts that licensing and disciplinary policies and processes can have on physicians."

The FSMB is committed to combating clinician burnout. Join them!

Submit your statement at
nam.edu/SupportClinicianWellBeing



NATIONAL ACADEMY OF MEDICINE

Questions





Clif Knight, MD, CPE, FAAFP
Senior Vice President for Education

Cknight@AAFP.org

@ClifKnight

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