

# Family Medicine Updates



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## NEW AAFP PRESIDENT HEARS, UNDERSTANDS FAMILY PHYSICIANS' CONCERNS

Just hours after taking the reins of the AAFP as the organization's newly installed president, Michael Munger, MD, of Overland Park, Kansas, addressed a Texas-sized auditorium packed with colleagues and well-wishers at the opening ceremony of the AAFP's 2017 Family Medicine Experience (FMX) in San Antonio on September 13, 2017.

As Munger took to the podium to speak to family physicians, his first words were about FPs' ability to listen to patients. "It's what we do daily with our patients and is a strength of FPs. It's what separates us from many specialties." Munger said that during his time on the AAFP Board of Directors, he's also listened to many of his FP colleagues who are working hard to take care of their patients. When he travels to AAFP chapter meetings around the country, Munger said, "I listen to you ... and hear your concerns and feedback." He brings these questions and worries back to the Board of Directors, where that input is used to "help shape the agenda and direction of our Academy," he added.

Munger said his 31 years of experience—first as a physician/owner in an independent practice and now as an employed physician working in a health system—helps him empathize with members' concerns. Throw in some teaching early in his career and his current work as a health system administrator, and it's easy to see why Munger rightly claimed he has a "true understanding of many of the issues and problems we're facing."

He ticked off some of the most common themes that pop up in conversations with members. At the top of the list: the red tape and paperwork overload. "You all love interacting with patients and being a part of their lives, but are drowning in the administrative complexity and nonvalue-added tasks we all face daily," said Munger, drawing applause from the audience. "It's standing in the way of meaningful patient care. In fact, on the most recent member survey, administrative complexity was listed as the No. 1 issue you need help on from your AAFP."

The Academy hears this call and has declared the issue one of its strategic priorities, said Munger. Work is already going in areas associated with prior authorizations, usability and interoperability of electronic health records, documentation guidelines, and a consistent "lack of alignment among payers on quality measures," he said. These points of concern have the AAFP's attention and are being addressed in advocacy efforts with CMS, on Capitol Hill and with commercial health plan payers. The Academy will "continue to hound Congress, as well, that something must be done," said Munger. For its part, the AAFP has provided all entities involved with "viable solutions."

Munger said he also hears a lot of physician angst about maintenance of certification and the "high-stakes board exam." "Your Board of Directors feels strongly that neither board certification nor maintenance of certification should be used as a sole criterion for medical staff membership, employment or commercial payer participation," said Munger. "Unfortunately, we recognize that in many cases, this has become a de facto requirement in many situations." He pointed to the AAFP's ongoing conversations with the leadership of the American Board of Family Medicine, where Academy leaders "voice our concerns, and we—I promise you—strongly relay the message we hear from you," said Munger. Additionally, development of a task force is underway, and that entity will be charged with exploring alternative options to the certification status quo.

And then there's payment reform—another strategic priority for the AAFP. "After much talk for years about the move from volume to value, I fortunately have finally started to see changes in my practice," said Munger. Participation in CMS' Comprehensive Primary Care Plus pilot program led to the creation of revenue streams that are not tied to the "undervalued fee-for-service hamster wheel," he added. Munger said he is now seeing payment that reflects the delivery of comprehensive coordinated care, and he attributes some of this progress to the AAFP's regular outreach to the nation's largest commercial payers. And despite the growing pains associated with CMS' Quality Payment Program, it does, at the end of the day, "provide the opportunity for enhanced payment moving forward," said Munger. "There is no doubt that improvement is needed in the overall complexity of this program," he said. And the Academy understands that practices need to do more than survive—they need to thrive in the new payment environment. That's why practical resources are constantly being developed and made available to

all members. Earlier this year, the AAFP developed its own advanced primary care alternative payment model that will be presented to CMS' Physician-Focused Payment Model Technical Advisory Committee for recognition and implementation. "All of this involves advocacy on your behalf," said Munger. "This is done at multiple levels and with different audiences."

The AAFP will work tirelessly with all interested entities on behalf of members and their patients regardless of the direction political winds may be blowing, he added. As evidence of the AAFP's power to put patients above politics, Munger pointed to a recent survey of more than 14,000 elected officials, administration and congressional staff, and national thought leaders that identified the Academy as "one of the most bipartisan health care associations" in the country.

The new AAFP president was enthusiastic about undertaking the tasks ahead, including representing his colleagues in the coming year. "I have the best job in family medicine," he declared, and he promised to continue to listen and to be the voice for family physicians, the specialty they love and the patients they serve. "Thank you. I am honored and humbled to serve you," said Munger.

*Sheri Porter*  
AAFP News



From the American  
Board of Family Medicine

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## PISACANO LEADERSHIP FOUNDATION NAMES 2017 PISACANO SCHOLARS

The Pisacano Leadership Foundation, the philanthropic arm of the American Board of Family Medicine (ABFM), recently selected its 2017 Pisacano Scholars. These 6 medical students follow in the footsteps of 108 scholar alumni who are practicing physicians and 20 current scholars who are enrolled in medical schools or family medicine residency programs across the country. The Pisacano Leadership Foundation was created in 1990 by the ABFM in tribute to its founder and first executive director, Nicholas J. Pisacano, MD (1924–1990). Each Pisacano Scholar has demonstrated the highest level of leadership, academic achievement, communication skills, community service, and character and integrity.



**Victoria Boggiano** is a 4th-year medical student at Stanford School of Medicine. Earlier this year she received her Master of Public Health from the University of California –Berkeley. Victoria graduated from Dartmouth College with degrees in Government and Biology.

After graduating from Dartmouth, Victoria spent a year working as a Community HealthCorps Navigator at a federally qualified health center in Maryland through the AmeriCorps program. Upon completing her year of service with AmeriCorps, she received a scholarship that was applied to her medical school tuition.

At Stanford, Victoria received a Traveling Scholars Fellowship that allowed her to travel to Vietnam to conduct a study on healthy behaviors of homeless youth living in Ho Chi Minh City. Victoria has received scholarships from the California Academy of Family Physicians and Society for Teachers in Family Medicine. She is currently the regional coordinator of the Family Medicine Interest Group network and is a member and former co-chair of both Stanford's Family Medicine Interest Group and Stanford's Primary Care Progress. Victoria has been involved with L-CHAMP (Longitudinal Community Health Advocacy Medical Partnerships) since her first year of medical school, working in various community health centers around the Palo Alto region and beginning to develop her own panel of patients. She credits these experiences in her medical school career with solidifying her commitment to Family Medicine.

Victoria hopes to spend her future career in family medicine working in US urban underserved regions. She plans to pursue an OB/GYN fellowship after graduating from residency and hopes to apply the skills she learns in her training to the work she will continue to do abroad, particularly in Southeast Asia.



**Geoff Gusoff** is a 4th-year medical student at the Perelman School of Medicine at the University of Pennsylvania. He graduated magna cum laude from Brown University with a Bachelor of Arts in both Religious Studies and Public Policy, and was inducted into Phi Beta Kappa. Geoff received his Master

of Theological Studies from Boston College and is now completing his Master of Business Administration at The Wharton School at University of Pennsylvania.

After college, Geoff worked for a year as a Jesuit Volunteer at the Mental Health Advocacy Project in San Jose, California. He then volunteered for 10 months