

# Family Medicine Updates



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## AAFP MEMBERS DEVELOP POLICY AT 2022 CONGRESS OF DELEGATES

"It's been a long time."

Those opening words from Ada Stewart, MD, of Columbia, South Carolina, drew thunderous applause from the AAFP members gathered for an update about the organization's work on members' key priorities prior to the official start of the 2022 Congress of Delegates (COD).

Stewart, who capped her tenure as Board chair at the meeting, responded with that same enthusiasm: "AAFP—we exist for you, our members," she declared. "You are our power; you give us direction in what we need to do as an Academy."

The Congress of Delegates, held September 19-21, 2022, launched an exciting week of members coming together to celebrate family medicine that continued through the 2022 Family Medicine Experience, September 20-23.

### What is the Congress of Delegates?

The COD is the Academy's policy-making body and is part of the AAFP governance process through which members direct the work of the Academy.

During the annual convening of the COD, delegates elect the Academy's new officers and directors.

Delegates and alternate delegates also discuss and vote on issues that chapters raise in resolutions they submit to the COD. Resolutions are a way for members, through their chapters, to ask the AAFP to act on specific issues on behalf of the specialty. Some of these requests reflect work the Academy already is doing. If a resolution calls for new action and delegates vote to adopt it, the AAFP invests resources to implement the effort.

The resolution process is one of several tactics that ensure members get the strong support they need to thrive in family medicine. The Academy also plans work based on commission inputs, direct member feedback, the deep experience of family physicians whom members elect to the Board, and more.

### Members Take Action

The 2022 COD considered a larger slate of topics than usual. In addition to resolutions that were submitted for 2022, delegates also considered resolutions that were held over from the virtual 2021 COD for in-person discussion.

Delegates, alternate delegates, and general registrants testified about topics in reference committee hearings, where panels of delegates and alternate delegates consider testimony from other members about resolutions on specific topic areas, such as advocacy and practice enhancement. Delegates considered the reference committees' reports and recommendations and then voted whether to adopt a resolution or a reworked substitute, reaffirm it as current policy, or to refer it to the Board for further review and consideration.

Below are highlights of a few resolutions that were adopted from each reference committee:

### Practice Enhancement

#### Prior Authorizations

With administrative burden topping members' concerns in the annual AAFP Member Satisfaction Survey for years, 2 resolutions seeking to rein in the administrative problems and reverse delays in patient care associated with prior authorizations drew strong support. Delegates ultimately combined the 2, adopting a measure that called for the AAFP to "advocate for the reduction of prior authorization requirements of health insurance companies through the creation of and adoption of standardized prior authorization criteria."

#### Stakeholder Metrics

Delegates adopted a measure that called for the Academy to work with stakeholders to develop metrics—similar to those CMS uses to evaluate physicians and practices—"that evaluate the collaboration, communication, and service of health insurance companies with physicians," nonphysician clinicians, and patients, and to report their performance on those metrics annually.

### Advocacy

#### Restrictive Covenants

The COD voted to ask the Academy to "strengthen its existing policy against restrictive covenants to include non-compete activities that interfere with the physician-patient relationship and patient access to care" and undertake federal advocacy "to eliminate noncompete clauses and noncompete activities for family physicians." Speakers focused on the ways noncompete clauses and restrictive covenants hurt physicians and patients by hindering access, worsening physician shortages, and disrupting physicians' well-being.

### HIPAA Updates

Delegates adopted a measure urging the Academy to advocate for HIPAA changes to allow commonly available real-time audiovisual communication technology, such as FaceTime, to be used for telehealth.

## Health of the Public and Science

### Eat, Sleep, Console

Delegates adopted a resolution to update the neonatal drug withdrawal section of the AAFP's substance use disorders policy to "include patient-centered methods of managing neonatal abstinence syndrome such as the Eat, Sleep, Console approach" and offer education on that approach.

### Postpartum Care

Members gave testimony about the crucial role family physicians play in caring for parents and families, especially in the first year after birth. Ultimately, the COD reaffirmed the AAFP's existing policy of advocating for strong support of postpartum care in the family medicine setting.

## Cross-Topical

### More POCUS CME

Delegates adopted a measure that called for the Academy to support more CME on point-of-care ultrasound (POCUS) at AAFP-sponsored events. Supporters expressed appreciation for the numerous POCUS-related offerings already available at AAFP events like FMX and the National Conference of Family Medicine Residents and Medical Students. More such opportunities, they said, could increase the POCUS training workforce.

## Getting Involved

The action taken by COD will affect family medicine for years to come. AAFP members who would like to help shape this type of work are encouraged to talk to their chapters about joining a commission or submitting a resolution for later consideration.

News Staff  
AAFP News



From the American  
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## DEVELOPING LEADERSHIP IN A TIME OF TRANSFORMATION

The recently released National Academies of Sciences, Engineering, and Medicine report counts development of strong and coordinated primary care leadership among the 7 critical facilitators required for the United States to succeed in *Implementing High-Quality Primary Care*.<sup>1</sup> The results of many decades of neglecting primary care as the foundation of an effective health system are manifest as rapid gains in health

outcomes over the past century begin to recede despite mounting investment, population health outcomes lag all other comparable developed countries,<sup>2</sup> and life expectancy drops<sup>3</sup> for the first time in American history. The COVID pandemic and a racial reckoning have compounded this problem and reacquainted us with our history of unequal care<sup>4</sup> and shameful disparities.

To meet the challenge of our times, the American Board of Family Medicine (ABFM) believes that personal doctors will need to play a large part in leading the reform and reorganization of health care, community by community, state by state, and health system by health system. With over 100,000 Diplomates, family physicians are not the only tribe of personal physicians, but they are the largest and most widely distributed.<sup>5</sup> If personal physicians are going to play a role in shaping the future of health care, family physicians must play a role. And this critical need for leadership from the specialty of family medicine extends across the continuum of health care, from main street to the C suite to the dean's suite to Wall Street. This editorial describes the ABFM's current support and future leadership development programs, in the context of the specialty's overall portfolio of leadership development programs.

The "Family of Family Medicine Organizations"—AAFP, ABFM, ACOFP, ADFM, AFMRD, NAPCRG, and STFM—have invested substantial time, talent, and treasure in the development of leadership for the specialty, examples of which are found in the STFM's [Overview of Family Medicine Leadership Development Opportunities](#). Leadership development opportunities have been developed for many career stages, from medical students to mid-career, with a variety of intensity from attending specific meetings to sustained experiences for a year or longer. Recent years have also seen an increased and appropriate focus on inclusion of those with race and ethnicity underrepresented in medicine, women, and others. We urge others to add to this list so that it can be as comprehensive as possible and that the specialties' future leaders have options in one place.

Where does the specialty go from here? ABFM urges the Family of Family Medicine to set overall direction. There is plenty of work to go around, but coordination is critical. New leadership programs should be designed to fill gaps. In addition, identifying and tracking individuals across their careers may be helpful: the specialty has an interest in promoting leadership development opportunities across a career. Let us all announce the participants in our leadership programs and then work together to identify and develop talented individuals no matter which door they open first.

ABFM also urges more rigor in defining and tracking the curriculum and outcomes of the various leadership development programs. Participation is an important outcome, but engagement and active learning are critical, as they are for any educational activity. More broadly, what are the knowledge, skills, and attitudes we seek—and how will the activities of our leadership programs lead to the desired outcomes?