

EveryONE Deserves a Family Physician:
Creating the Future of Family Medicine



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Minnesota Academy of Family Physicians | April 12, 2024

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Learning Objectives

After attending this presentation, the participants will be able to:

1. Identify at least one challenge facing the Family Medicine as a specialty today
2. Describe how physician well-being, inclusion and total health (whole patient/family/community) care can distinguish family medicine from other careers in the future
3. Name opportunities for immediate action such as pathway/workforce, artificial intelligence and value-based care
4. Locate resources for additional review and use following the presentation

2 AMERICAN ACADEMY OF FAMILY PHYSICIANS

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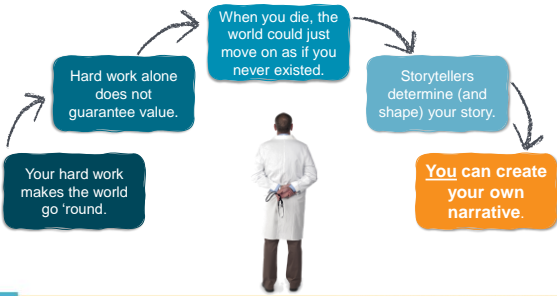
But first, a story...

- This is a **Dung Beetle** (aka scarab).
- **They are everywhere.**
 - Found on all continents except Antarctica
- **They are highly regarded AND the butt of jokes.**
 - Ancient Egyptians linked them to Khepri, the Egyptian god of the rising sun and thought they kept the earth rotating
 - Modern scientists use them to solve agricultural issues
 - Most people just make "poopy" job jokes
- **They sub-specialize.**
 - Rollers, tunnelers & dwellers
- **They work really hard & do good that serves the whole ecosystem.**
 - Can move dung balls weighing up to 50 times their own weight
 - Can bury dung 250 times their own mass in one night
 - Loosen and nourish the soil and help control fly populations



3 AMERICAN ACADEMY OF FAMILY PHYSICIANS

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4 AMERICAN ACADEMY OF FAMILY PHYSICIANS
Image from Shutterstock

4

Patients love their family doctor.



- Among those who had visited a family physician or primary care doctor (at least once) in the past year, **79 percent said that they were "very satisfied" or "extremely satisfied"**
 - Only one percent said that they were "not at all satisfied."
- Why?
 - He/she cares about my health, is personable/friendly, etc.
 - Communication-related reasons (he/she listens to me, takes time to talk with me, answers questions),
 - Treatment-related reasons (he/she addresses all my needs, is thorough, provides good/accurate diagnosing and treatment, etc.)
 - General intelligence and competence of their doctor
- The confidence and enthusiasm were echoed over and over.

5 AMERICAN ACADEMY OF FAMILY PHYSICIANS
https://physiciansfoundation.org/wp-content/uploads/2018/01/Physicians_Foundation_Consumer_Omibus_Survey.pdf

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Colleagues vary & students are unsure.

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Margot's Top Challenges Facing FM*

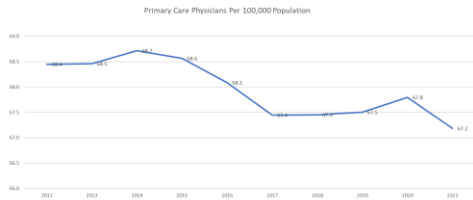
- 01 Workforce Shortage
- 02 Primary Care Investment
- 03 Rapidly Evolving Technology
- 04 Patient Complexity & Volume
- 05 Care Delivery & Regulatory Changes
- 06 Worsening disparities & equitable access

*Not in order of importance or impact



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US Primary Care Workforce is Shrinking



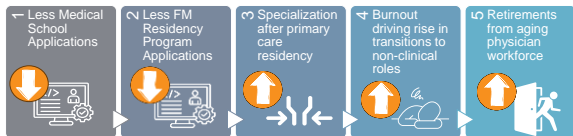
Analysis of American Medical Association Masterfile (2002-2021), Center for Medicare and Medicaid Services Physician and Other Practitioners data (2002-2021), and the American Community Survey Five-Year Summary Files (2002-2021)

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and obstetrics.



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What is Going On?

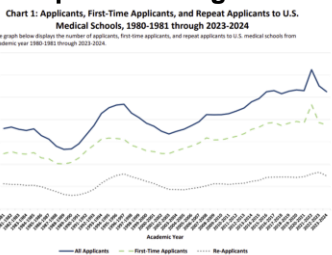


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Less People Choosing Medicine

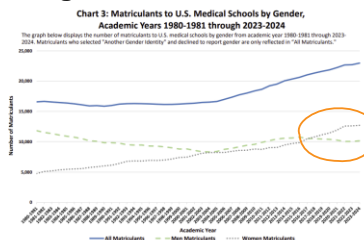


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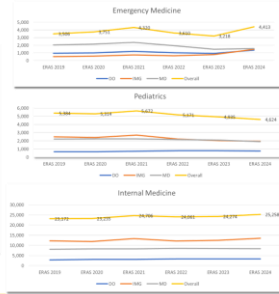
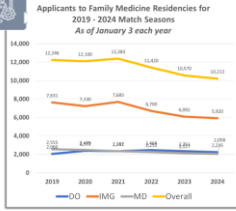


Yet Larger Medical School Classes

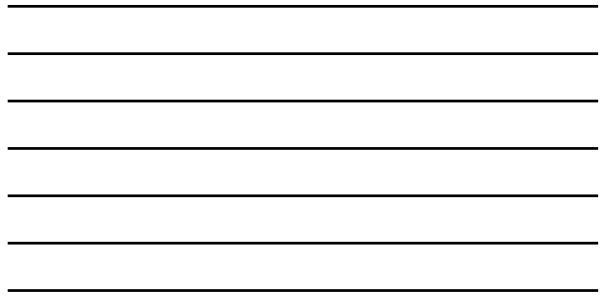


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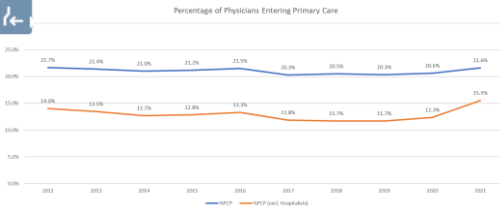
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Residency ≠ Practice in Primary Care

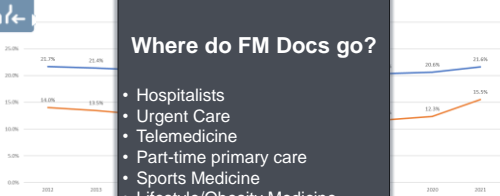


Data Source: Analysis of the 2023 American Medical Association Historical Residency File, the 2023 American Medical Association Masterfile, and the 2012-2021 Center for Medicare and Medicaid Services Physician and Other Practitioner data.
 Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics. Specialty for Doctors of Osteopathy (DOs) are not always included in the American Medical Association Masterfile, so these data may be an underestimation of the true workforce. (See limitations in Appendix for more details)

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Residency ≠ Practice in Primary Care



- Where do FM Docs go?**
- Hospitalists
 - Urgent Care
 - Telemedicine
 - Part-time primary care
 - Sports Medicine
 - Lifestyle/Obesity Medicine

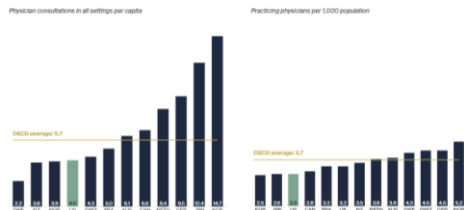
Data Source: Analysis of the 2023 American Medical Association Historical Residency File, the 2023 American Medical Association Masterfile, and the 2012-2021 Center for Medicare and Medicaid Services Physician and Other Practitioner data.
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We Go to the Doctor Office Less Often

The U.S. has among the lowest rates of physician visits and practicing physicians.



Source: Maria Z. Gupta, Evan D. Gurnan, and Reginald D. Williams II. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26029/26029>

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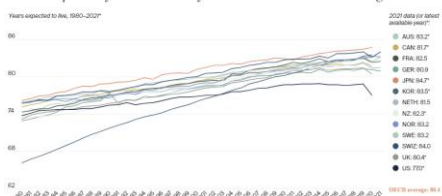
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So Of Course We Get Dismal Outcomes

U.S. life expectancy at birth is three years lower than the OECD average.



Source: Maria Z. Gupta, Evan D. Gurnan, and Reginald D. Williams II. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26029/26029>

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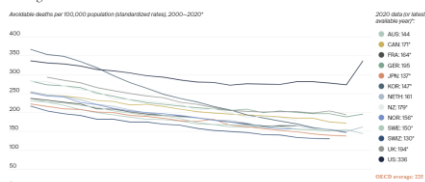
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We Even Die From Avoidable Things More

Avoidable deaths per 100,000 population in the U.S. are higher than the OECD average.



Source: Maria Z. Gupta, Evan D. Gurnan, and Reginald D. Williams II. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26029/26029>

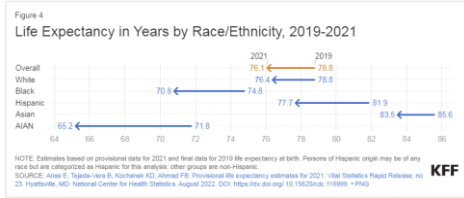
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Our Dismal Outcomes Show Disparities



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<https://www.aafp.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-questions-and-answers/>

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Primary Care Access = Longer Lives

Original Investigation

February 18, 2019

Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015

Sangeeta Khanna, MD, PhD^{1,2}, Sarah A. Berkowitz, MD, MPH¹, Robert L. Phillips, MD, MPH^{3,4}, et al.

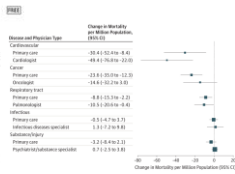
JAMA Intern Med. 2019;159(2):169-174. doi:10.1001/jamaintern.2018.3624

Key Points

Question: What is the association between primary care physician density and population-level mortality?

Findings: In this epidemiological study of US population data, every 10 additional primary care physicians per 100,000 population was associated with a 5.5-day increase in life expectancy. However, from 2005 to 2015, the density of primary care physicians decreased from 46.6 to 41.4 per 100,000 population.

Meaning: Greater primary care physician supply was associated with improved mortality, but per capita primary care physician supply decreased between 2005 and 2015.



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<https://jamanetwork.com/journals/jamaintern/fullarticle/20183624>

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Access is Declining

- Reason 1: The primary care workforce is not growing fast enough to meet population needs.
- Reason 2: The number of trainees who enter and stay on the professional pathway to primary care practice is too low, and too few primary care residents have community-based training.
- Reason 3: The US continues to underinvest in primary care.
- Reason 4: Technology has become a burden to primary care.
- Reason 5: Primary care research to identify, implement, and track novel care delivery and payment solutions is lacking.

THE HEALTH OF US PRIMARY CARE: 2024 SCORECARD REPORT

No One Can See You Now:
 Five Reasons Why Access to Primary Care is Getting Worse (and What Needs to Change)

THE PARTNERSHIP FOR PROMOTING COMMUNITY-BASED TRAINING
 STEPHEN FETTERSON, MD, ANDREW HARRIS, MD, ROBERT GRAMER, MD, MPH

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<https://www.milbank.org/publications/the-health-of-us-primary-care-2024-scorecard-report-no-one-can-see-you-now/>

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Physicians are turning to AI because the computerization of health care has led to an avalanche of data and rising rates of burnout. With primary care physicians spending more time on documentation in electronic health records than on face time with patients, there is a disconnect between the healers we want to be and the data managers we have become.¹⁴

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35 AMERICAN ACADEMY OF FAMILY PHYSICIANS https://www.aafpmed.org/content/mafm/2016/523_full.pdf

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Margot's Top Challenges Facing FM*

- 01** Workforce Shortage
- 04** Patient Complexity & Volume
- 02** Primary Care Investment
- 05** Care Delivery & Regulatory Changes
- 03** Rapidly Evolving Technology
- 06** Worsening disparities & equitable access

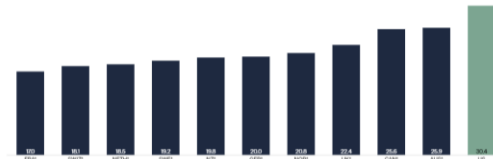
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And it isn't that we are just not sick...

Adults in the U.S. are the most likely to have multiple chronic conditions.

Percent of adults age 18 and older who have multiple chronic conditions



Source: Morita Z, Gupta, Eric D, Dunbar, and Reginald D. Williams II. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes. Commonwealth Fund, Jan. 2022. <https://doi.org/10.26029/cfp.2022>

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Differences in the Complexity of Office Visits by Physician Specialty: NAAMCS 2013-2016

John D. Goodson, M.D.,^{1,2} Sara Shuhair, Ph.D.,¹ Kujala Ross, M.D.,¹ and Zhu Song, M.D., Ph.D.^{1,2}

¹Northwell Health System, Northwell Health, Manhasset, NY, USA; ²Robert Graham Center, Boston, MA, USA

BACKGROUND: Specialty complexity is generally considered to be an important determinant of physician compensation and management. We used NAAMCS data to explore differences in visit characteristics by specialty.

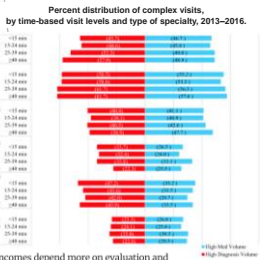
OBJECTIVE: To compare the complexity of visit types (evaluation and management services vs. procedures) by specialty.

DESIGN: Cross-sectional analysis of NAAMCS 2013-2016 data.

SETTING: Office visits are the most common service delivered in a physician's practice.

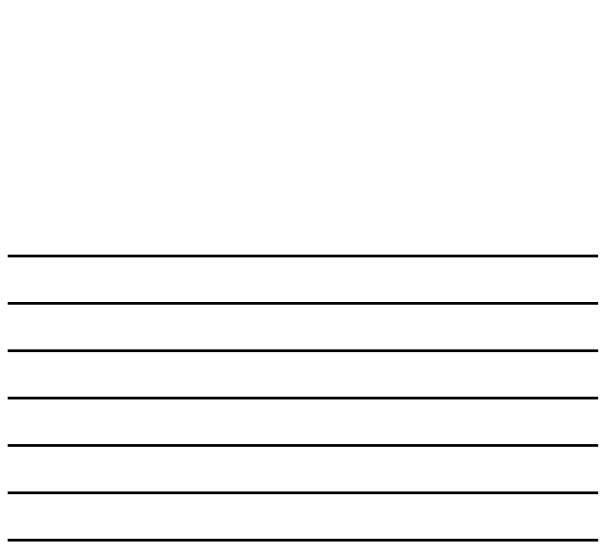
MEASUREMENTS AND MAIN RESULTS: We analyzed 10,075 individual office visits. Mean visit duration was 15.5 minutes. Mean number of diagnoses was 2.3. Mean number of procedures was 0.08. Mean number of medications was 3.1. Mean number of preventive services was 0.34. Mean number of lab results was 1.9. Mean number of upper respiratory infections was 2.0. Mean number of urinary tract infections was 2.0. Mean number of headaches was 2.0. Mean number of joint pain was 2.0. Mean number of allergy rhinitis was 2.0. Mean number of back pain was 2.0.

CONCLUSION: Within the same duration visits, specialties whose incomes depend more on evaluation and management codes on average addressed more clinical issues and managed more medications than specialties whose incomes are more dependent on procedures.

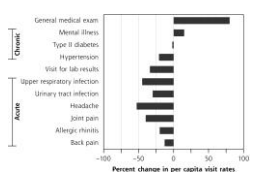


Conclusion
Within the same duration visits, specialties whose incomes depend more on evaluation and management codes on average addressed more clinical issues and managed more medications than specialties whose incomes are more dependent on procedures.

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Trends show a decrease in acute care visits; increase in complexity of visits for physicians

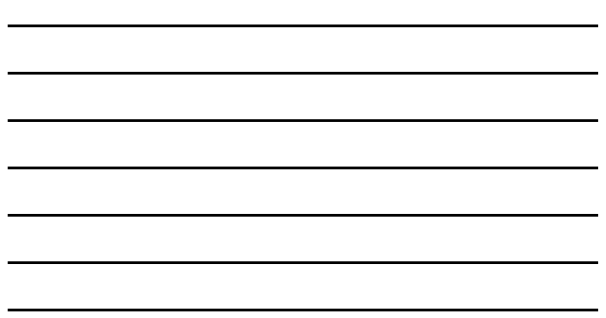


Visit Characteristics Per Primary Care Visit, 2008-2015

	2008 ^a	2015 ^a	Percent Change ^b	9-Year Trend ^b (95% CI)
Mean visit duration, min ^d	19.3	21.6	12	2.4 (1.1-3.8)
Mean diagnoses, No. ^e	2.0	2.3	15	0.30 (0.16-0.43)
Mean medications, No. ^f	3.1	3.9	26	0.82 (0.59-1.1)
Mean preventive services, No. ^g	0.34	0.59	76	0.24 (0.12-0.36)
Mean procedures, No. ^h	0.06	0.08	33	0.02 (0.01-0.03)

NAAMCS = National Ambulatory Medical Care Survey.

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66 Family Physicians leading care teams delivering inclusive, patient-centered care in communities **IS** the answer. **Everyone deserves a Family Physician.** To do that we need to be supported through investments that sustain and expand our practice AND protect our well-being. Ensuring this will attract future family physicians, retain practicing family physicians and ensure access to the most critical life-saving disparity closing intervention: family physicians.”



- Margot to anyone, anytime, anywhere

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How Are We Going to Get There?



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Tell Our Stories to Drive Change

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Tell Our Stories to Drive Change



Preparing individuals who connect with students on what it really means to be a family physician

Cohort 1	Cohort 2	Cohort 3
AAFP chapter staff & member leaders	High school and college educators and advisors	FMIG faculty & student leaders

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<https://www.aafp.org/membership/initiatives/family-medicine-champions.html>

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Tell Our Stories to Drive Change



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<https://www.aafp.org/membership/initiatives/well-being-initiative.html>

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Tell Our Stories to Drive Change



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<https://www.aafp.org/membership/initiatives/well-being-initiative.html>

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ADVOCACY



CONNECTION

Tap Into Our Collective Wisdom

BEST PRACTICES FOR

Health Care Organizations Employing Family Physicians

The American Academy of Family Physicians (AAFP) has developed a set of principles for and prioritize family medicine and primary care to optimize the employment of family physicians that plan to employ family physicians and want to better understand what matters to them. Recommended practices within each principle that employers can use to help promote good relationships—which, in turn, leads to better health outcomes—and to improve professional physicians, advance the performance objectives of health care organizations, and support.



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Career Benchmark Dashboard



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CONNECTION

Tap Into Our Collective Wisdom

Member Interest Groups (MIGs)

National Conference of Constituency Leaders (NCCCL)

What are MIGs?

Member Constituencies and Discussion Forums

Connect with a Member Constituency

Member Discussion Forums

<https://www.aafp.org/events/acfl-ncccl/ncccl.html>

AAFP National Conference

50 YEARS OF GOOD THINGS AHEAD

<https://bit.ly/3lqo1fa>

SOAR

TOGETHER, WE RISE

FMX2024

PHOENIX | SEPT. 24-28

<https://www.aafp.org/events/fmx.html>

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EDUCATION

Learn & Grow Skills Together

Get paid for the care you deliver.

Find comprehensive tools and resources to help you code accurately and optimize documentation and payment.

- [Billing & Coding Resources](#)

AAFP Primary Care Investment Toolkit

- [Primary Care Investment Toolkit](#)
- [Primary Care Investment Matrix](#)

Decoding G2211: Myths Versus Facts

- [G2211](#)

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Learn & Grow Skills Together

EDUCATION

AI in Family Medicine: Transforming Your Practice
Free CME CAC

Direct Primary Care Summit

Technology in Medicine

Solutions to Admin Business Issues

Using Technology to Reduce Admin Burden

Legal Implications for Technology

Building an Professional Development Practice

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<https://www.aafp.org/cme/topic/practice-management.html>

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Learn & Grow Skills Together

EDUCATION

Administrative Simplification Resource Library

ADVOCACY

Documentation Burden

Prior Authorization

ESR Inbox

Techniques

Technologies

Transformations

Advocating to Reduce Payer Burden

FPM BEYOND THE BELTWAY IMPROVING PAYMENT & REDUCING BURDEN AAFP

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Learn & Grow Skills Together

EDUCATION

The EveryONE Project™

Education and resources to help you advocate for health equity

ADVOCACY

Gender Pay Gap in Medicine

Socioeconomic Status

neighborhood navigator

Equity in Telemedicine

Equity in Dermatology

<https://www.aafp.org/cme/topic/health-equity.html>

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EveryONE Deserves a Family Physician

- 01 Workforce Shortage
- 02 Primary Care Investment
- 03 Rapidly Evolving Technology
- 04 Patient Complexity & Volume
- 05 Care Delivery & Regulatory Changes
- 06 Worsening disparities & equitable access



- Tell our stories to drive change
- Tap into our collective wisdom
- Learn & grow skills together

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