

# AAFP Update

## New Hampshire Academy of Family Physicians

Ada D. Stewart, RPH.,MD,FAAFP, AAHIVS,HMDC

May 13, 2022





# MEMBERSHIP

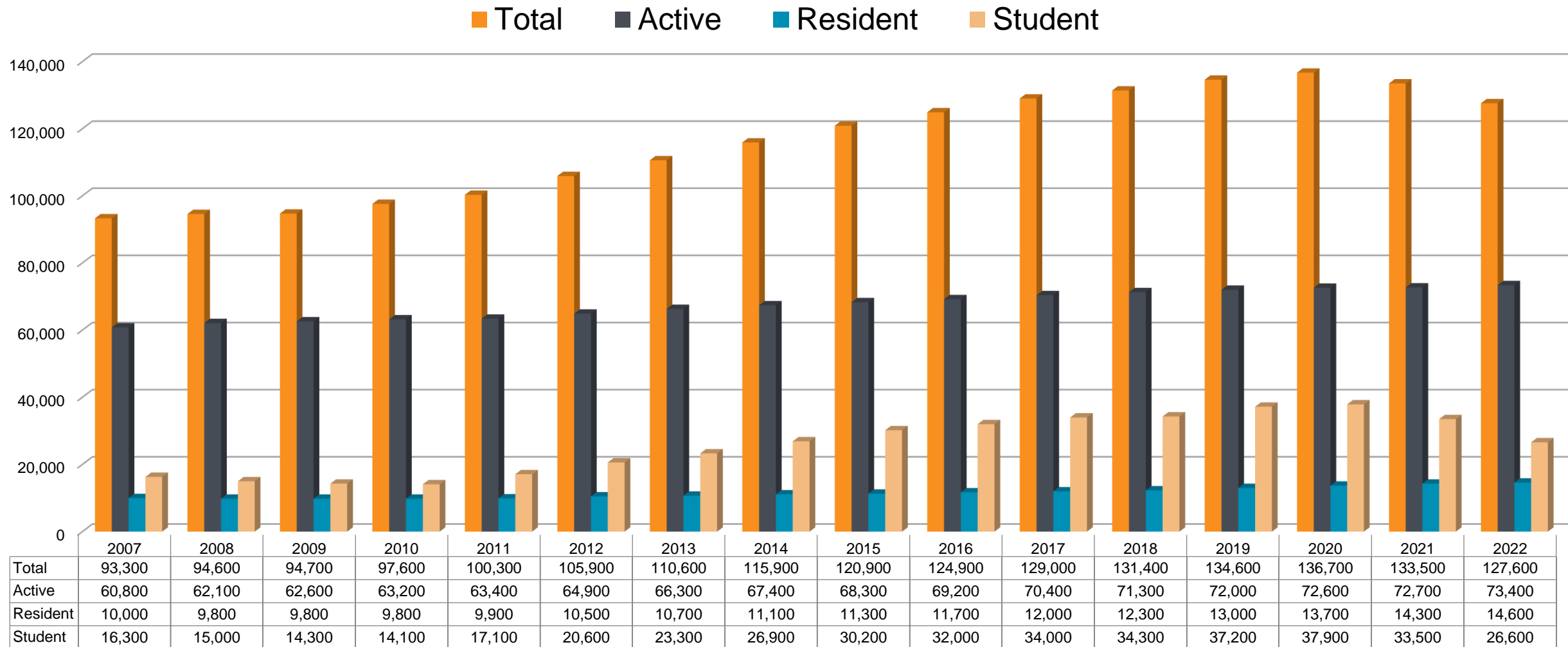
# AAFP Membership Value

As an AAFP Member, you:

- Have access to a wide variety of solutions and insights across many areas including:
  - **Family Physician Payment and Administrative Simplification** resources, toolkits, webinars, and more.
  - **Physician Health and Well-being** Resources
  - **Lifelong Learning** through training, CME, board review questions and much more.
- Receive members-only services and programs such as member exclusive discounts, degree of fellow program (FAAFP), Primary+, practice management help desk.
- Share in a collective voice advocating for legislative priorities important to family medicine.
- Have ability to hold leadership positions and participate in leadership development.
- Can network with your community of peers and learn from one another.

**MEMBER SAVINGS OF MORE THAN \$4,400**

# Membership Benchmark Numbers



# Member Profile\*

	Total Actives	Female	Employed	New FP	DO	IMG
Female	47%	--	52%	57%	51%	50%
Employed	73%	79%	--	93%	80%	72%
New FP	26%	29%	32%	--	47%	31%
DO	16%	16%	15%	28%	--	0%
IMG	22%	23%	17%	26%	0%	--

\*Read from top down: "Of total active, 46% female..."

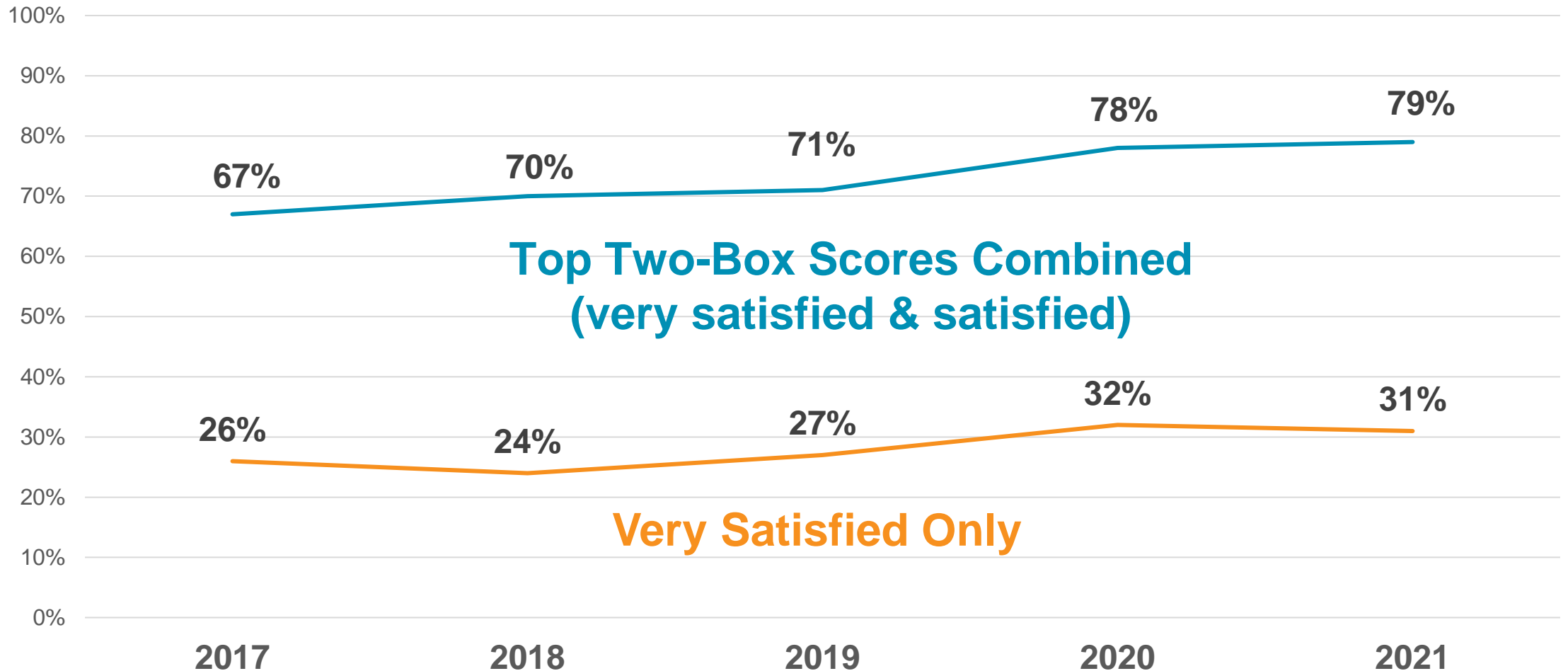
IMG= International Medical Graduate

DO =Doctor of Osteopathic Medicine

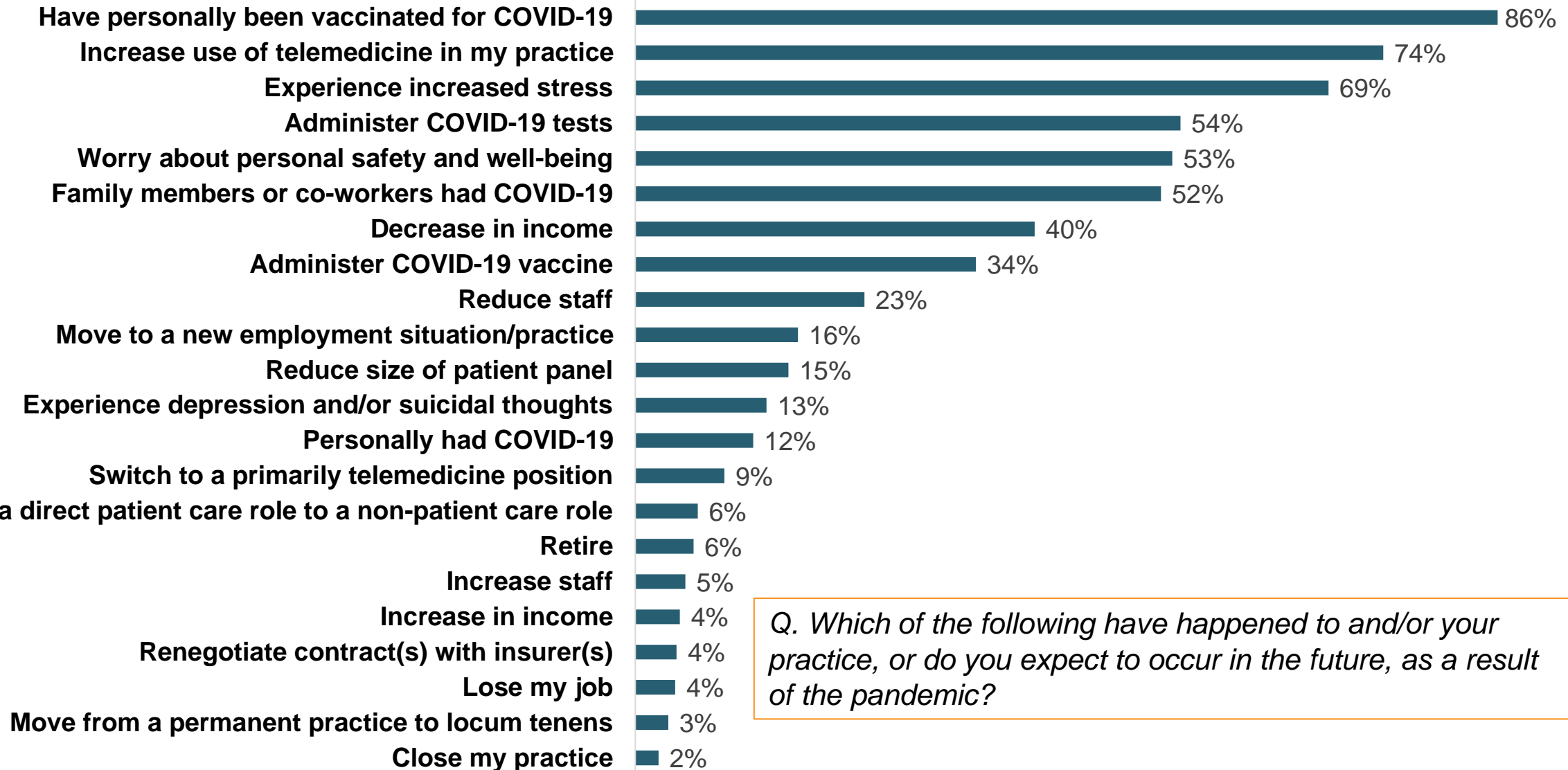
New Physician= 7 years or less out of residency

Data as of 12/31/2021

# Overall Satisfaction with Membership Remains High



# Experiences Due to COVID-19



*Q. Which of the following have happened to and/or your practice, or do you expect to occur in the future, as a result of the pandemic?*

# Top Member Priorities for the AAFP in 2021

Working to reduce administrative burden

**54%** (68%-2020, 61%-2019)

Advocating for health care system & payment models that value primary care

**43%** (new)

Increasing overall payment

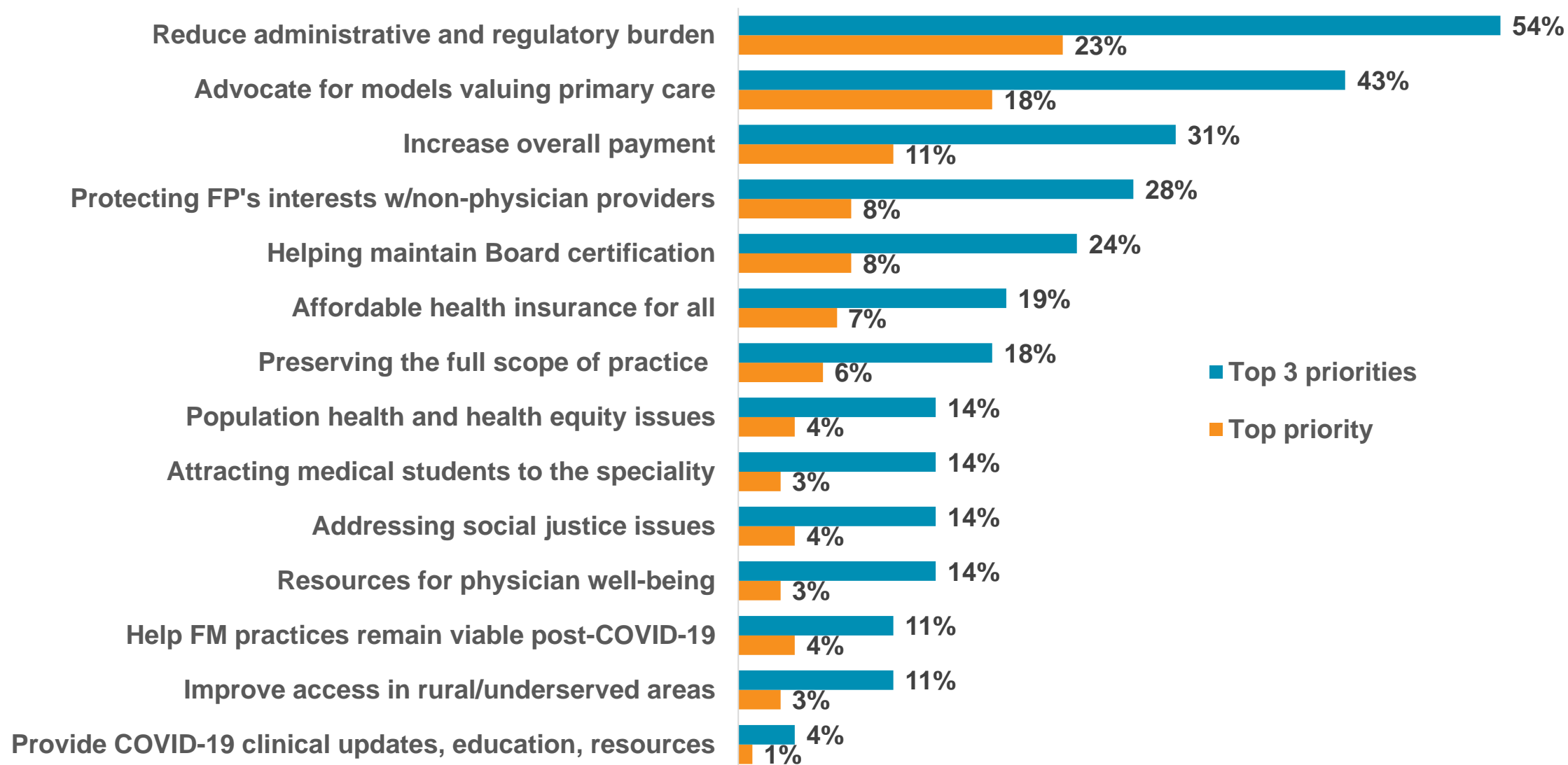
**31%** (37%-2020, 38%-2019)

Protecting FPs' interests with regard to non-physician providers

**28%** (36%-2020, 30%-2019)



# 2021 Member Priorities for the AAFP



# Strategic Plan 2021-2022

Advance the specialty of family medicine

Strengthen members' collective voice

Provide solutions to enhance patient care

## Support and Sustain Comprehensive Family Medicine Practices

Ensure long term viability of family medicine practices of all types, especially in recovery post COVID through payment reform & capability expansion.

Influence the efficient use of technology and data to facilitate delivery of patient centered, comprehensive primary care.

Promote the scope of Family Medicine both locally & federally within healthcare delivery systems.

## Reduce Administrative Complexity

Reduce point-of-care administrative functions that detract from patient care activities, or do not add value.

Achieve alignment and harmonization of quality and performance improvement measurement among all payers

Provide clear and ongoing communications to AAFP members regarding the impact of administrative burden on family physicians and their practices and provide timely, detailed updates on steps being taken to modify or reduce this burden.

## Equip Members with Clinical Expertise to Improve Individual and Population Health

Provide relevant and timely educational content to help Family Physicians excel at all stages of their professional journey.

Proactively engage with public health stakeholders to rebuild and transform a collaborative infrastructure that values health equity and health care for all.

Position family physicians and the AAFP to be leaders in advancing racial equity in family medicine through focused work in research and education.

## Grow a Diverse Family Physician Workforce

Develop communications strategy to drive awareness around the importance of family medicine.

Expand and support high-quality family medicine GME positions.

Increase student choice of Family Medicine as their specialty including those populations typically underrepresented in medicine.

# AAFP Strategic Priorities

(A)  
Support & Sustain  
Comprehensive  
Family Medicine  
Practices

(B)  
Reduce  
Administrative  
Complexity

(C)  
Equip Members  
with Clinical  
Expertise to  
Improve Individual  
& Pop Health

(D)  
Grow a Diverse  
Family Physician  
Workforce

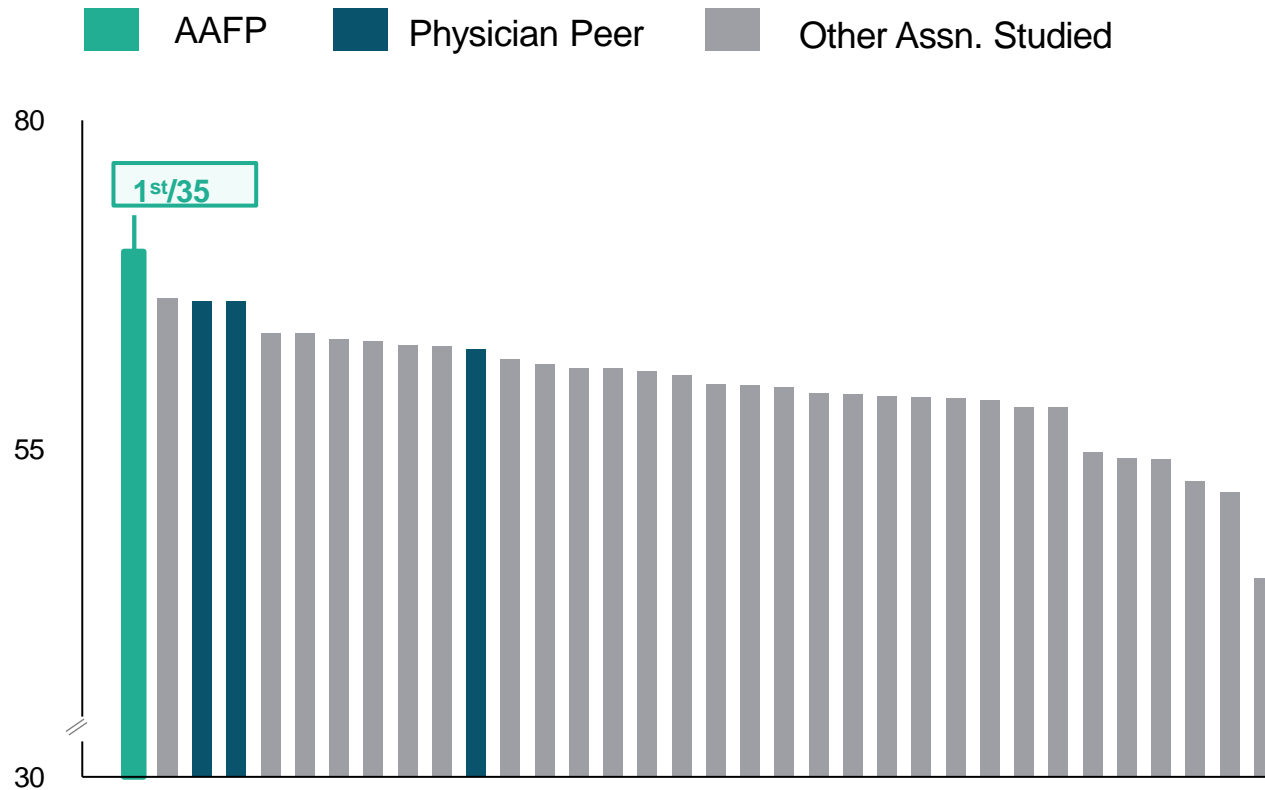


# ADVOCACY

# AAFP Has Strongest Reputation in Washington

## Overall Reputation

Across All Associations Studied in 2021



“

I've worked with AAFP quite a bit. **They're one of the doctor groups that I enjoy working with.**

— Senior Health Policy Advisor,  
House (D)

**The primary care physicians  
would be my first go-to.**

— Legislative Director,  
Hill (D)

”

Source: Ballast Research survey & analysis. Interview verbatims edited slightly for clarity.

# FIGHTING FOR FAMILY MEDICINE

Find out how the AAFP is currently working on the Hill to protect and promote the specialty of family medicine.



## IN THE TRENCHES

### Washington Hears Us on Integrated Behavioral Health Care

April 14, 2022, 12:24 p.m.— It is objectively true that diagnosing and treating the behavioral health needs of the majority of Americans is among the areas in which primary care physicians have for too long been obliged to do more with less. How much more care you've delivered than in the past, with how much less support — and how best to adjust policy while improving patients' mental health — are relatively subjective matters, but legislation that would move us in the right direction already exists. And last week, with the Academy's guidance and enthusiastic support, lawmakers turned their attention to some of these bills.

We provided [detailed testimony](#) to the House Committee on Energy and Commerce's Subcommittee on Health for an April 5 hearing titled "[Communities in Need: Legislation to Support Mental Health and Well-Being](#)." Nineteen bills related to that broad topic were on the agenda that day, signaling that lawmakers could begin the markup process ahead of passing much-needed legislation — including some for which the AAFP has steadily lobbied.

The hearing itself was a strong signal that our recent [push to center primary care in behavioral health policy](#) is gaining ground. And other testimony supported our



### Fighting for Family Medicine newsletter

Primary+ Pay Dues Membership Join AAFP Shop View Cart (0 items)

AAFP Search Sign In

CME Journals Patient Care Med School & Residency Practice Management **Advocacy** Events AAFP News

**FIGHTING FOR FAMILY MEDICINE** Find out how the AAFP is currently working on the Hill to protect and promote the specialty of family medicine.

On June 21, the AAFP called for the swift and humane **reunification of migrant families separated at the southern U.S. border**. In its statement, the Academy also said that families in U.S. custody must have access to qualified medical professionals, and the emotional well-being of detained children must be ensured.

[View the Statement](#)

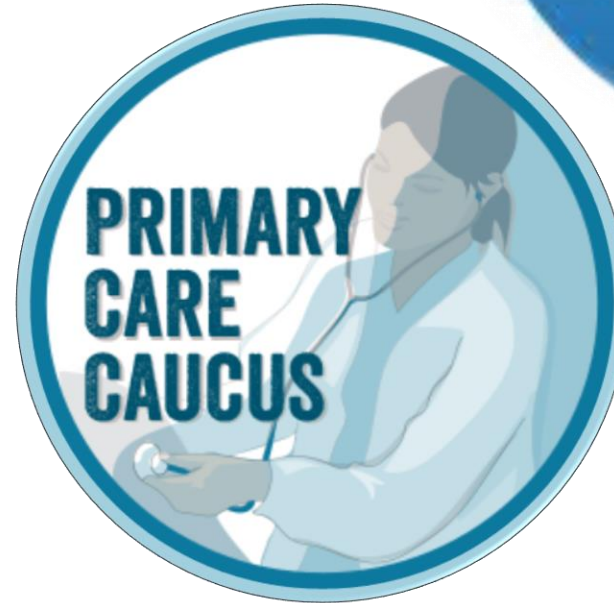
As Congress prepares to address **the opioid crisis**, AAFP President Michael Munger, MD, is meeting with officials in Washington this week, alongside leaders from five peer medical organizations. The groups' agenda follows up on their recently issued "[Addressing the Opioid Epidemic: Joint Principles](#)," which offers strong policy guidance.

[Read the Joint Principles](#)



# Advocacy Enhancements

- AAFP Advocacy Wins
- Follow advocacy on Twitter: @aafp\_advocacy
- Key Contact Program Roll-out
- Congressional Primary Care Caucus



# AAFP ADVOCACY TOOLKIT



This AAFP grassroots program unites family physicians under one goal: advancing family medicine.

- Visit the AAFP Advocacy Hub.
- Track legislation.
- Learn how to connect with legislators.
- Support FamMedPac.
- Attend an advocacy conference.



Strong Action for Family Medicine



# Top Legislative Priorities in 2022



---

Behavioral Health:

---

(mental health and addiction issues)

---

Pandemic Preparedness

---

Telehealth Post-PHE

---

Chronic Care and Equity Issues

---

FDA User Fee Agreements and Innovation

---

Health Care Workforce Challenges

---

Ongoing COVID Oversight

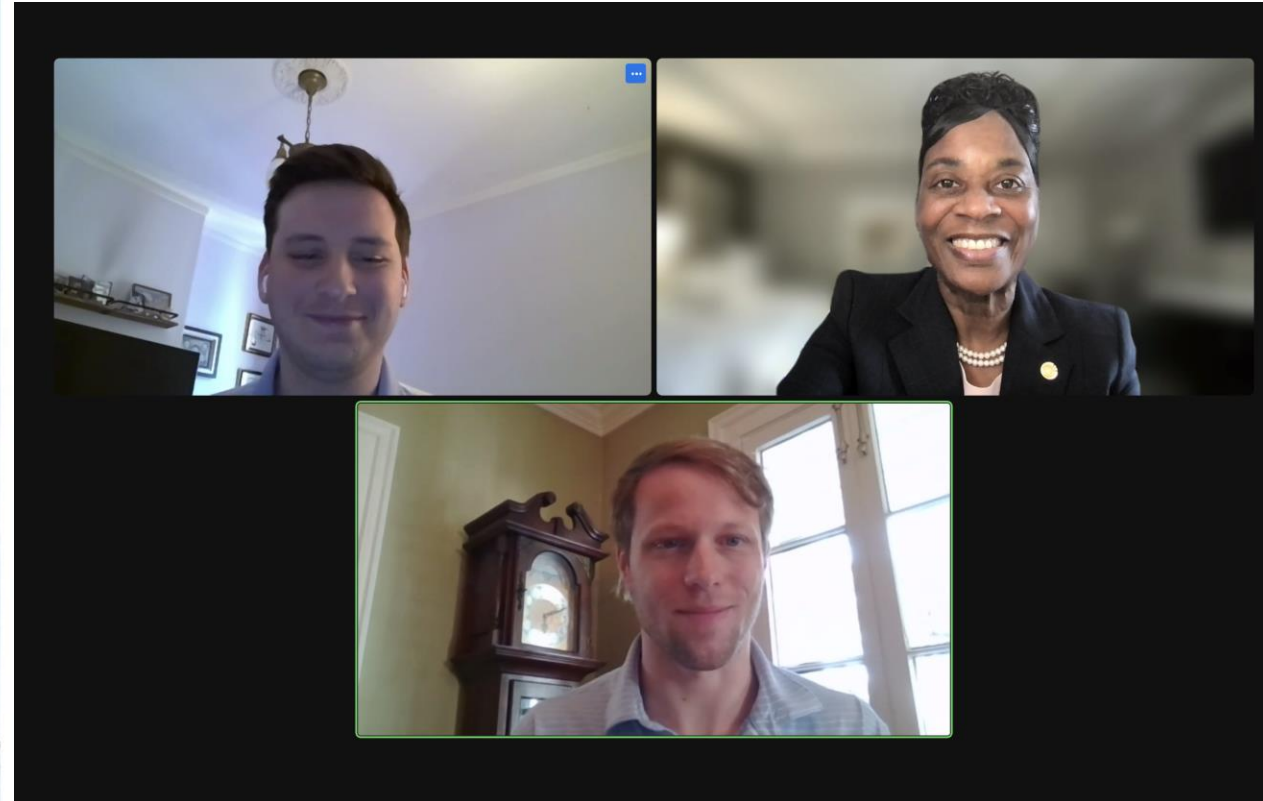
---

# HOW HAS COVID-19 CHANGED THE WAY WE ADVOCATE ?





# FIGHTING FOR FAMILY MEDICINE



# COVID-19

A microscopic view of several COVID-19 virus particles. The particles are spherical with a distinct outer shell and a darker, textured interior. They are covered in numerous small, spike-like projections that give them a crown-like appearance. The background is a dark, teal-blue color.



# WITH CRISIS COMES OPPORTUNITY

# THE VALUE OF FAMILY MEDICINE

*“Our health system is failing, and the pandemic is expediting its collapse. Life expectancy is in decline, the prevalence of chronic illness has risen, and disparities in health outcomes have deepened. Our health system isn’t just broken – it is bankrupting many in our country.”*

Primary Care Speaks As One  
[www.newprimarycareparadigm.org](http://www.newprimarycareparadigm.org)



# COVID's Impact Exacerbated Burnout

92 Family Medicine educational programs (14%) experienced more than 6 months of significant disruptions during 2020-21

Clinical burnout, depression & loss of well-being highlighted

Physical and emotional reserve of physicians at its lowest point yet during the pandemic

Reported COVID cases peaked above 800k in Feb. 2022

# Impact of Trust on Healthcare:

## HEALTH INFODEMIC: THE UNVACCINATED RELY ON INTERNET AND PEER VOICES, NOT EXPERTS

Percent who say

---

**I relied on this source the most**  
for information and advice on vaccinations...

Among those who are  
**fully vaccinated**

- |           |  |
|-----------|--|
| <b>#1</b> | <b>My doctor</b>                           |
| #2        | Recommendations of national health experts |
| #3        | My friends and family                      |
| #4        | The news media                             |
| ↓         |  |
| #7        | Internet searches                          |

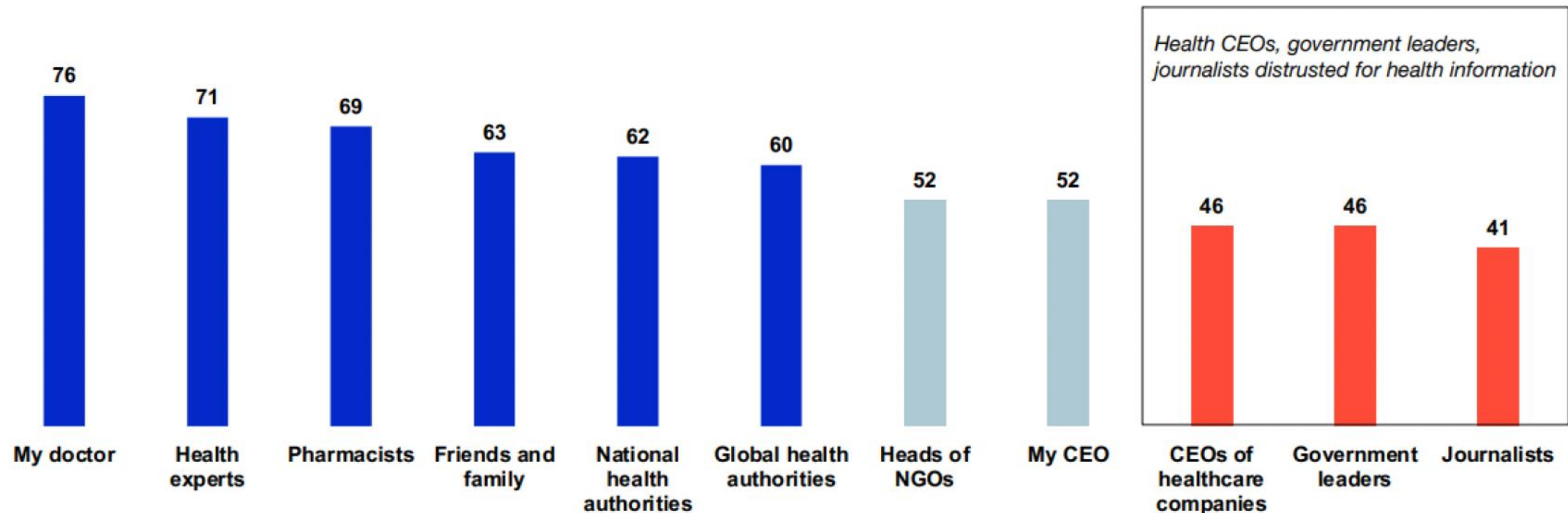
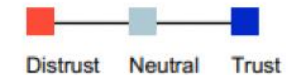
Among those who are  
**unvaccinated because they don't want to be**

- |           |  |
|-----------|--|
| <b>#1</b> | <b>Internet searches</b>                   |
| #2        | My friends and family                      |
| #3        | I did not rely on any information/advice   |
| #4        | My doctor                                  |
| ↓         |  |
| #8        | Recommendations of national health experts |
-



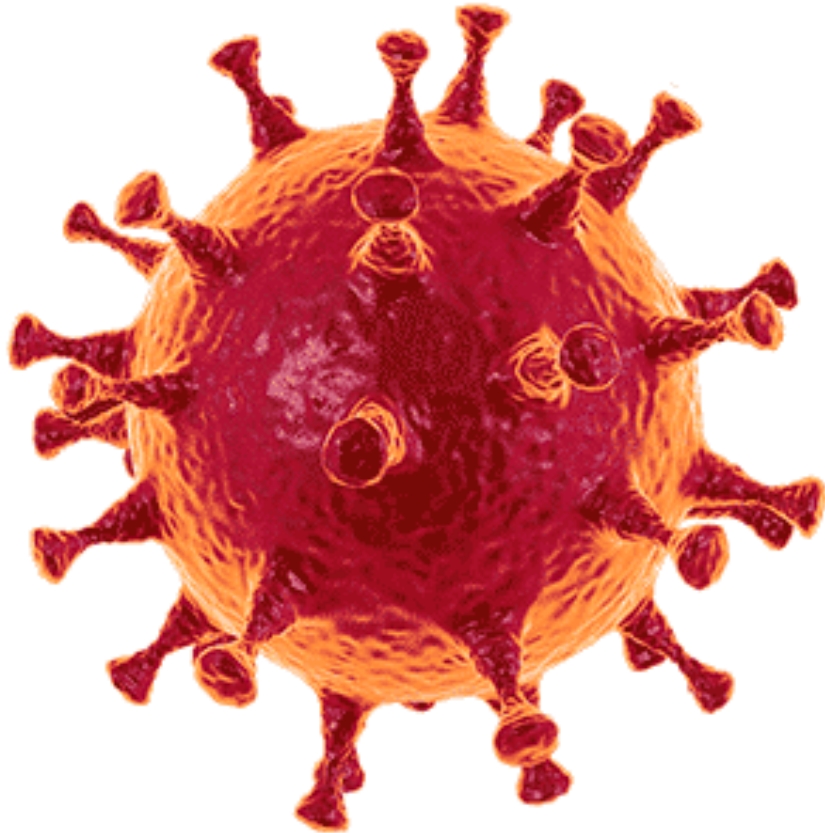
# MY DOCTOR, EXPERTS, PHARMACISTS MOST TRUSTED TO TELL THE TRUTH ABOUT HEALTH ISSUES

Percent trust to tell the truth about health issues and how best to protect the health of the public




2022 Edelman Trust Barometer Special Report: Trust and Health. HEA\_TRU\_PEP. Below is a list of categories of people. For each one, please indicate how much you trust that group of people to tell you the truth about health issues and about how best to protect the health of the public. 9-point scale; top 4 box, trust. "My CEO" only shown to those who are an employee of an organization (Q43/1). General population, 9-mkt avg.

# The COVID-19 crisis has created a situation where primary care is crucial



- Primary care has been on the frontlines, the pandemic has stressed our already stressed workforce.
- The US Healthcare system was already broken – that has been exacerbated in nearly every area of healthcare.
- Those who were already at risk are and continue to bear the brunt of the virus' impact.
- Overall healthcare cost continue to rise.
- Our population is getting sicker, health disparities continue to prevail.



*“Primary care is the only discipline of medicine where a greater supply is equated to improved population health, longer lives, and greater equity”*

National Academies of Sciences, Engineering, and Medicine (NASEM) Report

## The Value of Primary Care

# ANOTHER CRISIS....







[Special Reports](#) > [Exclusives](#)

## Racist Protest 'Threatened' Patient Care, Massachusetts Medical Society Says

— Neo-Nazis targeted doctors outside Brigham and Women's Hospital

# Racism and Health

## Mental Health

- Psychological/emotional distress
- Depression
- Obsessive compulsive
- Somatization
- Anxiety
- Stress

## Physical Health

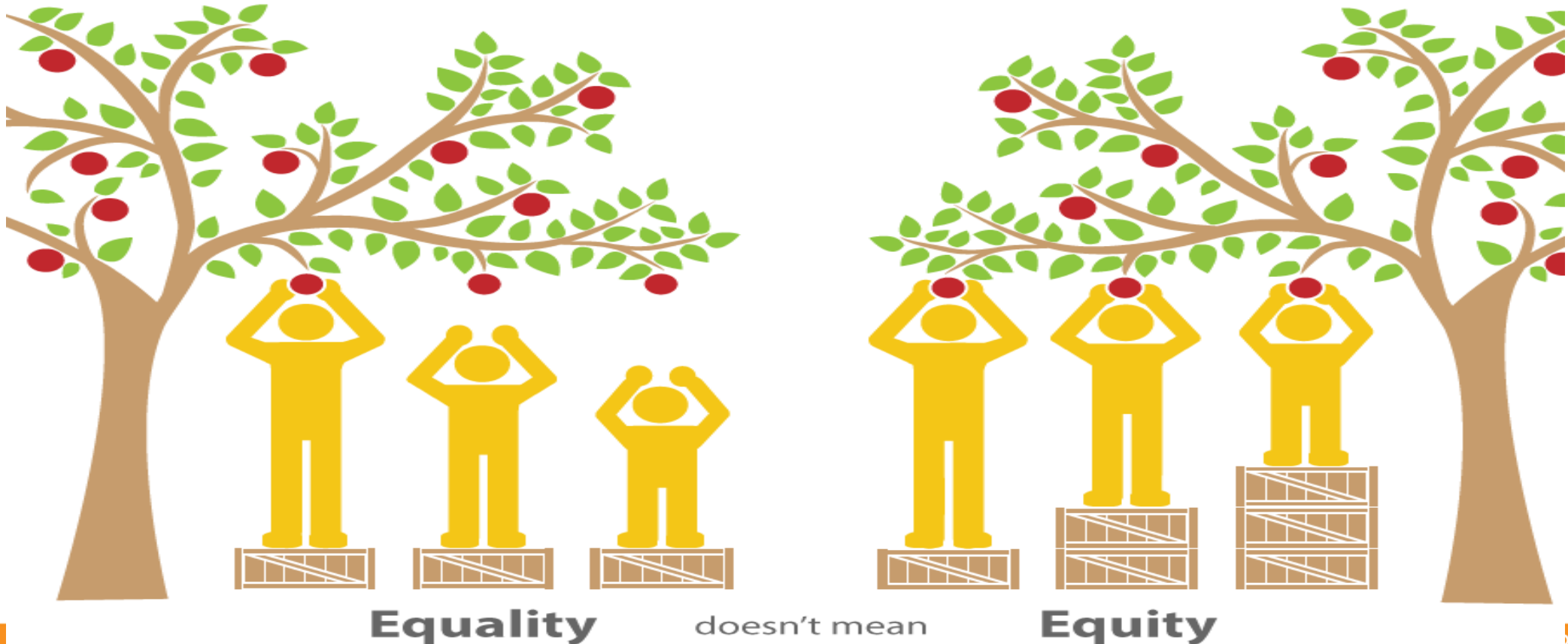
- Elevated b.p./hypertension
- Infant low b.w. and prematurity
- Heart disease
- Diabetes
- Increased BMI
- Tobacco use
- Alcohol and substance (mis)use

Source: Yin Paradies, A systematic review of empirical research on self-reported racism and health, International Journal of Epidemiology, Volume 35, Issue 4, August 2006, Pages 888–901,



***“All of the forms of inequality, injustice in health care is the most shocking and in humane.”***

- Martin Luther King Jr.





# AAFP Condemns All Forms of Racism

(05/31/2020)

NO TO  
RACISM



**Thomas Sideways Oz Doc** @ThomasSideways · Jun 3

Replying to @aafp

the clearest form of racism is lack of access to first World health care amongst minorities. Stamp out racism by fighting for universal health care



1



**Catherine Forest, MD MPH (she/her/they/them)** @FamDo... · Jun 15

Replying to @aafp

This is a crucial for the voices of family medicine physicians voices and actions for be heard. Thank you for leading us @AAFP and @leroy\_gary



2



# Racism is a Public Health Crisis



- May 31, 2020 – Statement Condemning Racism in All its Forms

- Dr. Gary LeRoy

- “The AAFP will continue to use our organization’s platform and voice to advocate the conversation and take action against racial injustice”***

- Hosted a national Town Hall on “The Public Health Crisis of Racism”

- Dr. Uche Blackstock spoke on the FMX main stage

- Racial Equity Tactical Team

- Hired Exeter Group

- Member Education and Resources

- Implicit Bias Training


# Racism is a Serious Threat to the Public's Health

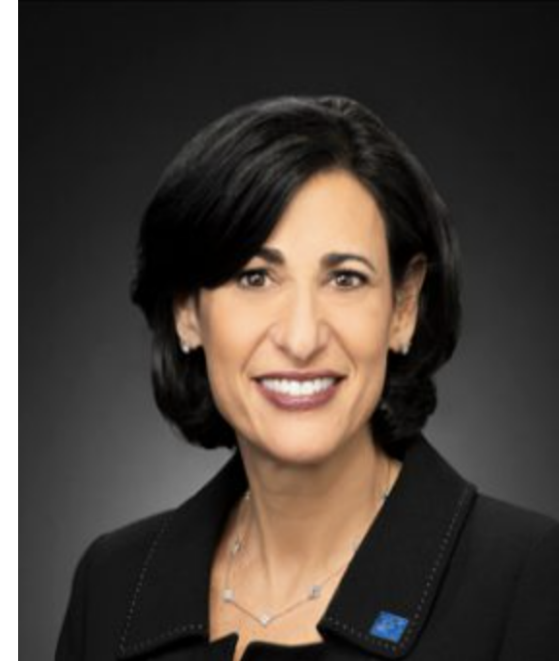
Racism is a [system](#) —consisting of structures, policies, practices, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society.

Racism—both [interpersonal and structural](#) —negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation.

A growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. These conditions—often referred to as [social determinants of health](#)—are key drivers of health inequities within communities of color, placing those within these populations at greater risk for [poor health outcomes](#).

The data show that racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. Additionally, the life expectancy of non-Hispanic/Black Americans is four years lower than that of White Americans. The COVID-19 pandemic, and its [disproportionate impact](#) among racial and ethnic minority populations is another stark example of these enduring health disparities.

Racism also deprives our nation and the scientific and medical community of the full breadth of talent, [expertise, and perspectives](#)  [1.5 MB, 208 Pages] [needed to best address racial and ethnic health disparities](#).



Confronting the impact of racism will not be easy...I know that we can do this if we work together. I certainly hope you will lean in and join me.

— Rochelle P. Walensky, MD, MPH  
Director, CDC, and Administrator, ATSDR

Commentary

# AAFP Policies & Position Papers



- Implicit Bias
- Institutional Racism in the Health Care System
- Race Based Medicine
- Patient & Physician Discrimination
- Striving for Birth Equity

# Diversity, Equity and Inclusion

- Center for Diversity and Health Equity (CDHE) established in 2017.
- April 14, 2021 - CDHE organized a Town Hall in observance of Black Maternal Health Week in effort to deepen the conversation about Black Maternal Health in the US.
- During the AAFP Annual Chapter Leaders Forum- CDHE facilitated a session with chapter executives and leaders “Navigating Change: A Chapter Leader’s Role in Advancing Racial Equity”.
- AAFP submitted comments to the Office of Management and Budget on areas to improve equity in programs across the government.
- AAFP and four other frontline physician organizations endorsed the Anti-Racism in Public Health Act and called for improved funding and research efforts on systemic racism.
- AAFP partnered with the Exeter Group –a healthcare consulting firm out of Chicago to complete DEI Assessments to identify areas of opportunity for us related to DEI (internal and external).



# AAFP Forms Commission on Diversity, Equity and Inclusiveness

## *Applications to Serve Due Feb. 25*

January 31, 2022, 1:26 p.m. [News Staff](#) — In 2021, the [AAFP partnered with a consulting firm](#) to assess our diversity, equity and inclusion efforts and identify new DEI opportunities. We will share details about the results with you in March, along with how we plan to integrate diversity, equity and inclusion throughout our strategic work.

To help inform our DEI work moving forward and to expand leadership opportunities for family physicians, the Board of Directors recently approved the formation of the Commission on Diversity, Equity and Inclusiveness in Family Medicine.

This commission will apply diversity, equity, inclusiveness and antiracism lenses to inform and guide the Academy's recommendations, policies and work addressing disparities in care, health and the workforce, and the commission will be led by Board Chair Ada Stewart, M.D., of Columbia, S.C. The commission will kick off June 4, 2022, with a meeting in Kansas City, Mo.





Jan 2022

Commission approved.  
Chair appointed.

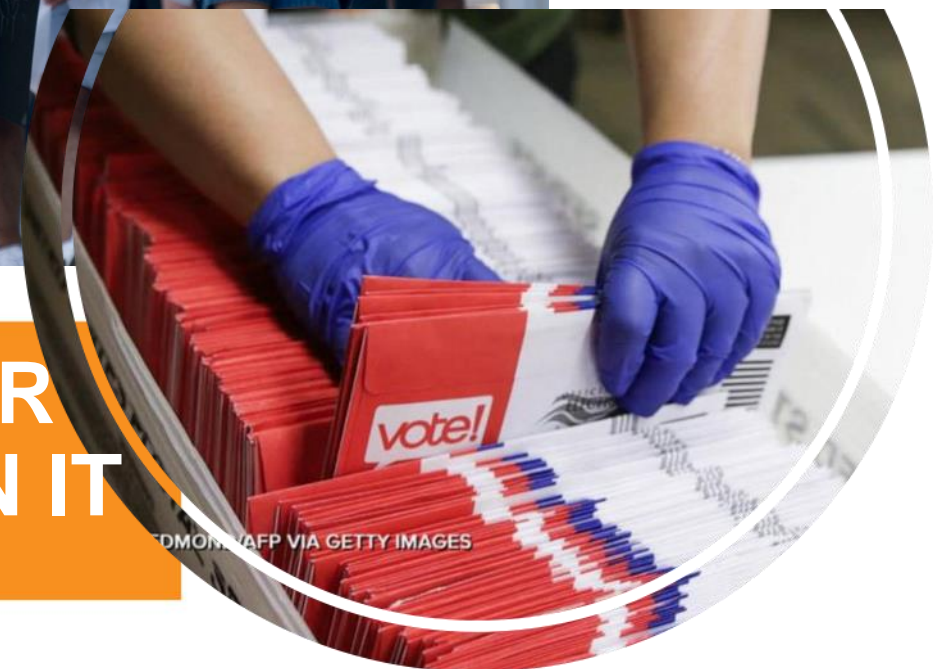
# Formation of CDEI-FM

- Full Board approval of concept in December, 2021
  - Executive Committee approval of detailed plan Jan 9, 2022
  - Full board ratification of detailed plan Feb 4, 2022.
- 
1. Composition of the Commission for 2022
  2. Nomination & Selection Process for 2022
  3. Named Ada Stewart, MD as Chair of the Commission on DEI in Family Medicine for a three-year term (2022-2024)





**FIGHT LIKE YOUR  
LIFE DEPENDS ON IT**





# BECAUSE IT JUST MIGHT





More ▾

This Issue

Views **1,900** | Altmetric **8**

In the News

March 8, 2022

## US Maternal Mortality Rate Rose Sharply During COVID-19 Pandemic's First Year

Joan Stephenson, PhD<sup>1</sup>

» Author Affiliations | Article Information

JAMA Health Forum. 2022;3(3):e220686. doi:10.1001/jamahealthforum.2022.0686



COVID-19 Resource Center

The rate of maternal mortality, already increasing in recent years, surged in 2020, particularly among Black and Hispanic women, according to a **new report** from the National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention.

In 2020, there were 861 total maternal deaths, compared with 754 in 2019 and 658 in 2018. That translated to 23.8 deaths per 100 000 live births in 2020, up from 20.1 deaths per 100 000 live births in 2019.



According to the [Centers for Disease Control and Prevention](#), nearly two-thirds of maternal deaths are preventable, and there are large racial and ethnic disparities, with American Indian, Alaska Native, and Black women 2 to 3 times more likely to die of pregnancy-related causes than their White counterparts.

**Between 2019 and 2020, the maternal mortality rate increased sharply among Black women, from 44.0 to 55.3 per 100 000 live births.**

The maternal death rate for non-Hispanic Black women in 2020 was approximately 3 times that of both non-Hispanic White women and Hispanic women, according to the NCHS analysis, which is based on data from the National Vital Statistics System.



# Fighting for Family Medicine



- AAFP Testimony to the House Select Subcommittee on the Coronavirus Crisis
- AAFP Letter to OMB on Equity RFI
- AAFP Testimony to House Energy & Commerce Health Subcommittee on Health Equity Hearing
- AAFP Testimony to Senate HELP Committee on Vaccine Confidence
- AAFP Comments to CMS on the FY 2022 IPPS Proposed Rule
- Joint Letter to House of Support for Anti-Racism in Public Health Act
- Joint Letter to Senate on the Equality Act
- Joint Statement Calling for Federal Action on Long COVID Crisis

# Threatening Trends in the 21<sup>st</sup> Century

Lower payments for primary care services

Fewer family practice owners able to make ends meet, leading to more employed FPs

Paperwork demands making the job less than it could be

Fewer medical students wanting to enter the FM specialty because of what they see and hear about it

Shortage in primary care doctors in many parts of the U.S.

Overhyping technological solutions and standardization for “better” care delivery, all while limiting the use of higher-cost family doctors

# Family Physicians Oppose Criminalization of Physician-Led Care

FOR IMMEDIATE RELEASE

Thursday, Feb. 24, 2022

## Family Physicians Oppose Criminalization of Physician-Led Care

Washington, D.C. (February 24, 2022) – The American Academy of Family Physicians is deeply concerned by the growing trend of recent legal opinions and legislative efforts to restrict the delivery of care to specific patient populations. The AAFP strongly opposes any such effort to [criminalize](#) or penalize physicians for providing comprehensive care for their patients.

The AAFP has long supported access to care for [all patient groups](#), including access to [gender-affirming care](#). Government should not create barriers to health care, encourage overt discrimination, unfairly limit health insurance coverage or interfere in the physician-patient relationship.

Physicians must be able to practice medicine that is informed by their years of medical education, training, experience, and the available evidence, freely and without threat of punishment. Ultimately, patients and their physicians, not policymakers, should be the ones to make decisions together about what care is best for the



# Looking for Light in an Unbelievable Time

August 31, 2021, 8:41 a.m. — Let me be blunt: I'm tired. You're tired. We're tired. And the pandemic is far from over.

When I sat down to write this post, one of the phrases I started with but didn't necessarily plan to keep was "family physicians are stressed beyond belief." I thought those last two words, "beyond belief," might sound exaggerated or dramatic.

Now I think that's exactly where we are: beyond belief.

I can't believe this country has logged 38.4 million cases of COVID-19. I can't believe this virus has killed more than 630,000 Americans. I can't believe that, a season past when there seemed to be light at the end of the tunnel for our strained practices and our colleagues and our families and our patients, the delta variant and the politicization of prevention and vaccination have for now eclipsed our hopes.

I can't believe that, in the very same week the FDA announced its [full approval](#) of the Pfizer-BioNTech COVID-19 vaccine for all patients 16 and older, the United States just repeated a cruel milestone: We're [back up to 100,000 hospitalizations](#) for the first time since the start of 2021.

Honestly, it's not just stressful. It's exhausting.





You never let a serious crisis go to waste. And what I mean by that: it's an opportunity to do things you think you could not do before.

— *Rahm Emanuel* —

AZ QUOTES

## TOWARDS THE FUTURE



# Virtual is part of our New Reality

- Live Stream Virtual Events are Mainstream
- Expect increased Hybrid Events
- Live Closed Captioning & Real-time Translation for International Guests
- Interactive Engagement / Gamified Socializing Online
- Virtual Assistant Technology



# Additional Technology Acceleration Expected



*The long-term impact of the pandemic ensued the rapid acceleration of digital transformation.*

*Disruption of technologies has advanced at an unprecedented pace and has increasingly played a crucial role across a wide spectrum of influence, becoming essential for survival.*

- Dejan Milojicic, Hewlett Packard Enterprise Distinguished Technologist and former IEEE CS President

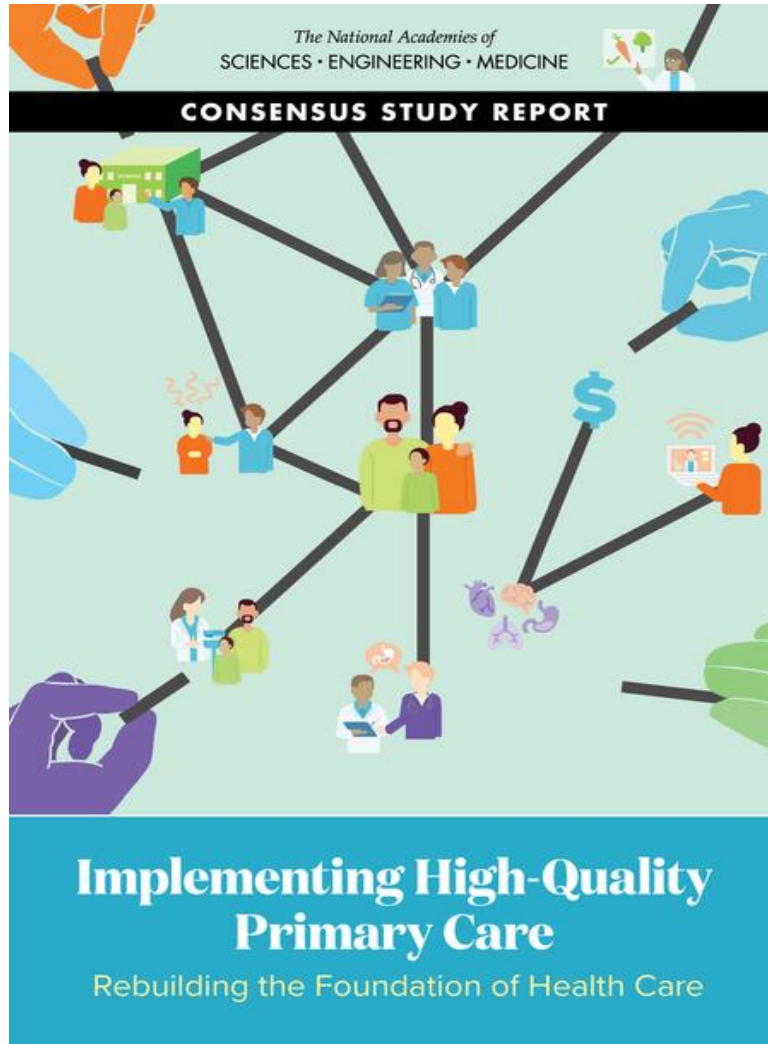
# Where we need to focus.....

- **“Primary care is the key to transforming health care in America”.**

“There is a proven way to make health care better: support primary care. In May, the National Academies of Sciences, Engineering and Medicine (NASEM) released a new report, *Implementing High Quality Primary Care: Rebuilding the Foundation of Health Care*, that correctly points out that primary care is the only discipline of medicine where a greater supply is equated to better health outcomes, longer life expectancy and lower costs.

Co-authored this editorial which ran in Politico with ACP President George Abraham, MD that lays out the vision for primary care and establishes a clear call to action.

# Recommendations



1. Pay for primary care teams to care for people, not doctors to deliver services.
2. Ensure that high-quality primary care is available to every individual and family in every community.
3. Train primary care teams where people live and work.
4. Design information technology that serves the patient, family and interprofessional care team.
5. Ensure that high-quality primary care is implemented in the United States.





## Primary care is the key to transforming health care in America

By GEORGE M. ABRAHAM, MD, MPH, FACP, FIDSA, PRESIDENT OF THE AMERICAN COLLEGE OF PHYSICIANS AND ADA D. STEWART, MD, FAAFP, PRESIDENT OF THE AMERICAN ACADEMY OF FAMILY PHYSICIANS ON BEHALF OF PRIMARY CARE FOR AMERICA\* | 06/18/2021 08:50 AM EDT



# The Future.....

- “It is time to change the conversation about primary care and finally deliver to the American people a health care system that prioritizes their health. That is why our organizations, along with other key partners, have come together to form Primary Care for America, a collaboration focused on demonstrating the value of primary care, the need for increased primary care investment and the importance of innovation in primary care delivery and payment models. We can’t wait another 50 years, or even another day, to deliver comprehensive, continuous and coordinated primary care to improve the health of all Americans”.

# Record 2022 Match!

- Despite pandemic-related challenges family medicine grows
  - 4,935 positions offered, up 91 positions from 2021
  - 4,470 medical students matched into family medicine
  - Majority of remaining positions expected to be filled through SOAP, resulting in largest class in specialty history
- Family medicine represents 12.2% of all U.S. students or graduates who matched in 2022
- 13 consecutive years of growth in positions offered





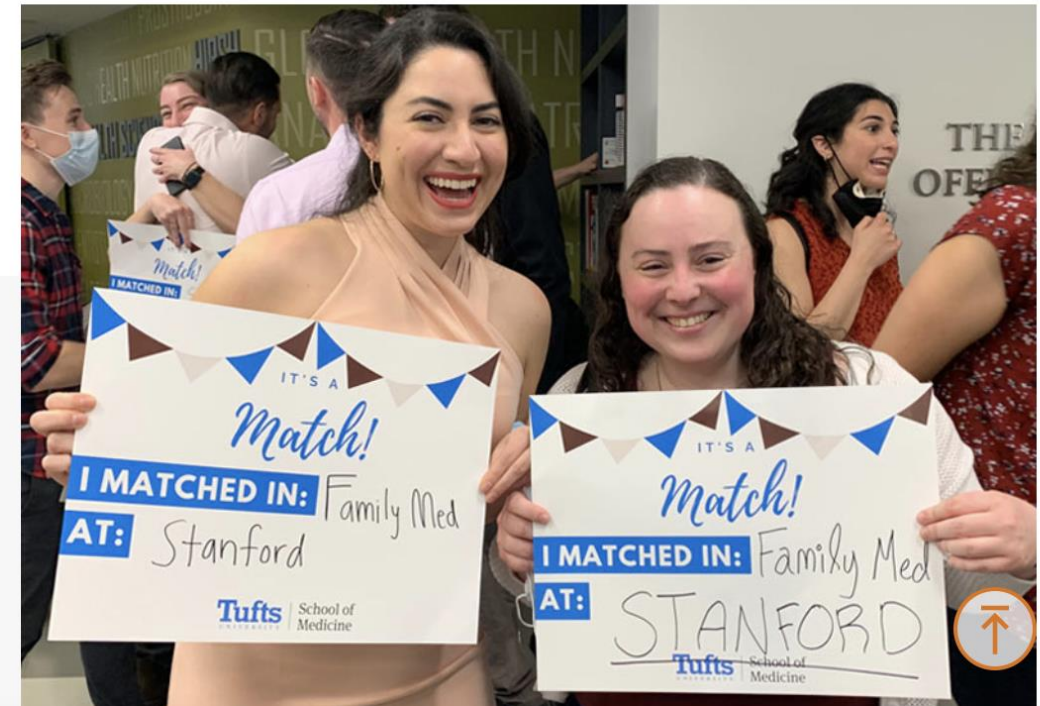
Match Day 2022

# Family Medicine Welcomes Largest Class of Residents Ever

March 18, 2022, 4:20 p.m. [David Mitchell](#) — Despite pandemic-related issues that limited medical students' in-person exposure to family medicine rotations, hindered family medicine interest group activities and kept most residency recruitment efforts in a virtual format, [National Resident Matching Program Main Residency Match results](#) released March 18 indicated continued growth for family medicine.

Family medicine programs filled 4,470 positions in the main Match, 23 fewer than last year, for a fill rate of 90.6%. However, 16 more family medicine programs participated in the Match compared to a year ago, offering nearly 100 additional positions. That means that when the results of this week's Supplemental Offer and Acceptance Program are added to the total, it's likely that the 2022 class of family medicine residents will be the largest in the specialty's history.

"Given the challenges of the pandemic, the fact that the Match results were so close to last year's tells us family medicine is just as appealing to medical students as it ever has been," said Karen Mitchell, M.D., the AAFP's Vice President of Medical Education. "Medical students' family medicine exposure was significantly limited, delayed, canceled or changed to virtual experiences the past two years, which



# Reflections and Revelations

- My year serving as President of the AAFP and now as Board Chair.....
- At a time when the pandemic dictated the way we advocated for the specialty of family medicine at a time when we saw the impact of health disparities and the impact of systemic racism impact our communities at a time when the NASEM report really showed the importance of an increase investment in primary care i.e. family medicine will have on the health of our nation is truly solidifies the importance of family medicine has as we moved to the future and we move to equitable healthcare for all.

# YES, WE CAN!



- Achieve health care equity.
- Build a resilient and diverse physician workforce.
- Promote a science-based and coherent national response to this pandemic.
- Protect the physician/patient relationship.
- Insist that family medicine take its rightful place as the foundation of a high-quality health care system.



# My vision for the future

“THE BEST WAY TO PREDICT THE FUTURE IS TO CREATE IT”

-Abraham Lincoln





# How to Engage and Stay Informed

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

A Word From  
the President



Family Medicine SmartBrief  
News for family physicians and health care professionals



# Join us!





# Questions



**© 2022 American Academy of Family Physicians. All rights reserved.**

All materials/content herein are protected by copyright and are for the sole, personal use of the user.

No part of the materials/content may be copied, duplicated, distributed or retransmitted  
in any form or medium without the prior permission of the applicable copyright owner.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

**STRONG MEDICINE FOR AMERICA**