



# 2010 MEMBER SATISFACTION STUDY

# Overview

This report presents the key findings of the 2010 Member Satisfaction Survey. The primary objective of this study is to gauge member satisfaction with respect to the American Academy of Family Physicians' (AAFP) current strategic objectives: advocacy, education, health of the public and practice enhancement; as well as the overall value of membership.

# **Key Findings**

#### **Overall Satisfaction with Membership**

- More than seven out of 10 respondents (74%) indicated satisfaction with their AAFP membership, which is lower than last year's finding of 78%.
- Eighty-three percent of respondents (83%) indicated that they considered their AAFP membership important. This is not a significant change from the previous year.

## Perceptions of Membership

- Nearly 8 out of ten (79%) respondents indicated that they would recommend an AAFP membership to other family physicians. This is not a significant change from the previous year.
- Generally, the AAFP received relatively high marks with respect to staff responsiveness (83% giving positive statements) and agreement that respondents benefit from being members of the AAFP (83%). This is consistent with past years.
- Areas where members were less positive include cost of dues (56%), the AAFP's taking member input into account when making organizational decisions (53%) and the AAFP's impact on respondents' financial success (29%).

## AAFP's Strategic Objectives

Respondents were asked "If you had \$100 to divide among the four strategic objectives of the AAFP, how would you distribute that money?" The responses averaged out as follows:

- Continuing Medical Education: \$32.75
- Advocacy: \$30.55
- Practice Enhancement: \$22.87
- · Health of the Public: \$21.63

When asked about their attitudes toward each of these objectives individually, the following results were observed:

- Most respondents (86%) indicated that the AAFP's advocacy
  efforts were important to them and agreed that the AAFP does
  a good job keeping them informed of advocacy issues. Lower
  ratings of agreement were observed with respect to the AAFP's
  advocacy priorities (52%) and their effectiveness (50%).
- More than 3 out of 4 respondents (77%) indicated that the AAFP
  has been an effective advocate for public health, though relatively
  few (58%) indicated paying attention to the latest developments
  regarding the AAFP's public health programs.
- High levels of agreement were observed across all items dealing with the AAFP's education efforts, particularly in terms of importance (94%).
- Six out of ten respondents agreed that the AAFP does a good job of keeping them informed about their practice enhancement programs, however only 43% indicated that these efforts have a direct impact on how they practice medicine.

When respondents were asked what the top three AAFP priorities should be in 2010 (regardless of where they fell with respect to the AAFP's strategic objectives), payment topped the list, with 66% of respondents selecting this item. This is relatively unchanged from last year. Other commonly-selected items include medical liability reform (37%) and constructive health care reform for all Americans (36%).

#### Programs, Products and Services

The AAFP continues to enjoy high ratings in both importance and satisfaction with respect to its CME programs and the *American Family Physician* journal.

The largest gaps between importance and satisfaction were observed with respect to public and private sector advocacy. Most respondents considered these efforts important, but indicated comparatively low levels of satisfaction. The gap between importance and satisfaction was 29% for public sector advocacy, and 28% for private sector advocacy. This theme is consistent with previous years' findings.

#### **Communications**

In every category listed, email was the most frequently-cited preference for receiving information from the AAFP. This preference was particularly strong with respect to Board certification information (64%), CME updates (62%), advocacy updates (58%) and updates of AAFP program activities (55%).

#### **Lobbying Activity**

Over half of respondents (53%) indicated some form of direct lobbying at the state or Federal level. Their methods of contact are as follows: written contact (35%), telephone (12%), ConnectForReform (10%) Speak Out (9%), and in-person visits (6%).

## Member Value Measuring Methodology (VMM)

The regression model comparing dimensions of strategic objectives with perceptions of member value suggests that advocacy has the greatest impact on such perceptions; specifically, our members need to be on board with our initiatives, should see the monetary benefit in such efforts, and believe the AAFP's advocacy efforts to be effective.

In addition, demonstrating effectiveness with respect to public health and providing relevant educational resources appears to have an impact on members' overall perception of the AAFP.

#### **About the AAFP Member Satisfaction Study**

The Member Satisfaction Study has been conducted in one form or another, on an annual basis, since 1992. The 2010 Member Satisfaction survey with a cover letter from Dr. Henley was mailed in February 2010 to 5,061 active members. These members were also sent an email reminder with a link to complete the survey online if desired. Two follow-up emails were sent to non-responders. A total of 1,026 surveys were received, yielding an overall response rate of 20.3%. Data from this survey were weighted to assure a response set that accurately represents the demographics of entire AAFP membership. While the results from this study can be accepted with confidence and given the strict methodological constraints placed on sampling and data collection, these findings are subject to some non-respondent error. The ability to assess the magnitude of this error is limited by the amount of information we have about the individuals who complete the survey.