



Best Practices for Health Care Organizations Employing Family Physicians

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

TOTAL COMPENSATION

Principles

- An organization's compensation package for family physicians should align with the value provided by primary care's four core functions (4Cs): first contact, continuity, comprehensiveness and coordination of care.
- Compensation should be based on meaningful quality, value and patient experience rather than productivity.
- Financial incentives should align with what matters most to patients and their family physicians, as well as the movement toward well-designed value-based primary care payment models.
- The salary structures, levels, benefits and policies of the compensation package should also foster internal equity and reflect the family physician's leadership of the care team.

Key Practices

- Offer compensation that aligns with incentives for quality, value, and other metrics appropriate for family medicine. Do not base any part of salaries on productivity.
- Be transparent by providing physicians insights into how primary care creates revenue and other value for the organization and how that revenue is funneled back into the organization and practice.
- Provide competitive benefits and create policies and culture that foster equity and well-being: paid vacation time, paid sick and family leave, and flexible work arrangements to address personal needs (e.g., parenting, caregiving).

LEADERSHIP AND CULTURE

Principles

- An organization's culture and leadership structure should demonstrate a commitment to a strong primary care foundation as essential to a high-performing health care system.
- Family physicians and other primary care physicians should be in visible and influential governance, management and leadership roles throughout the organization, and a pathway of diverse family physician and primary care leaders should be supported through ongoing leadership development.
- An organization should demonstrate its commitment to primary care by returning to primary care the value primary care generates for the organization.

Key Practices

- Ensure primary care is adequately represented in leadership and governance roles: C-suite positions, compensation committees, and by-laws/credentialing committees.
- Engage C-suite leaders regularly in understanding primary care as a profession, the value primary care creates and the downstream revenue it generates for the organization, and the unique care delivery supports that enable high-performing primary care.
- Provide explicit paths to develop and elevate diverse and inclusive leaders.
- Develop primary care leaders within the organization through professional development opportunities.
- Develop a diverse primary care workforce that reflects the community and fosters and builds trust via community partnerships.
- Provide protected time for pursuing professional development interests and activities that are meaningful and fulfilling beyond direct patient care.
- Provide opportunities and compensation for leaders to invest in team-building activities that nurture the growth of their teams.

CLINICAL AND OPERATIONAL AUTONOMY

Principles

- A physician's duty is first and foremost to their patients, and they should have autonomy in their clinical decisions. This is especially important to family physicians who are uniquely positioned to provide care throughout a patient's lifespan.
- Scope of practice decisions should be made on a clinical and not financial basis, and the organization should support family physicians in maintaining their desired scope of practice, including privileges and procedures.
- An organization should have policies and practices that give all primary care and family physicians meaningful influence and input into the decision-making process on all practice operations, including the composition of practice teams and technology implementations.

Key Practices

- Develop a diverse primary care workforce that reflects the community and fosters and builds trust via community • Collaboratively define with the physician the scope of services to be provided in the practice setting and devote sufficient resources to support it.
- Provide protected, paid time for administrative tasks and other practice activities (e.g., quality and performance improvement) that do not directly involve patient care.
- Support physicians in deciding the makeup and structure of the care team that best meets the needs of their patient population.

CARE DELIVERY SUPPORTS

Principles

- An organization should provide structures and supports that align with the 4Cs of primary care. Its systems of care (i.e., electronic health records [EHR], physical design, interdisciplinary teams, etc.) should recognize primary care as a foundation for value-based care success and improved patient health outcomes.
- The systems within the organization should seek to minimize administrative burden on primary care practices.
- All primary care payments, incentives and other non-financial resources provided by value-based payer contracts should flow directly to the primary care practices responsible for earning them.

Key Practices

- Provide physicians and their teams with relevant, timely information and data on the performance of physicians for referrals and patient engagement with other facets of the health system.
- Employ a diverse care team that includes behavioral health and pharmacy, which allows physicians to practice at the top of their license.
- Provide opportunities for primary care physicians to suggest infrastructure improvements (e.g., different EHR templates, etc.) as needed.
- Support an acuity-based panel that assigns workload based on clinical conditions of the patient panel.
- Advocate for primary care with health plans to provide financial and non-financial support.
- Identify clear channels for physicians to suggest improvements that streamline workflow, reduce administrative burden, and better utilize technology where appropriate (e.g., automation, scribing, transcription).

CONTRACTING AND TRANSPARENCY

Principles

- An organization should support transparency and equity in physician compensation, regardless of gender, gender identity, sexual orientation, race and ethnicity, by removing non-disclosure clauses from physician employment contracts or other suitable methods of assuring non-discrimination in compensation.
- An organization should be open to primary care-specific modifications to the terms of employment, including exceptions for non-compete clauses or other practice that interfere with the continuous nature of the physician-patient relationship.
- An organization should be fully transparent about its employment practices and compensation models.

Key Practices

- Allow employment contracts to reflect the unique needs and value of primary care, including the elimination of non-compete clauses that interfere with the unique, continuous nature of the patient-primary care physician relationship.
- Limit restrictions on physicians regarding paying back recruitment incentives, which function as non-compete clauses.