

1 2

3

4 5

6

7 8

9

32

33

(pp. 6-7).

report):

2013 Consent Calendar for the Reference Committee on Organization and Finance

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

The Reference Committee on Organization and Finance recommends the following

consent calendar for adoption (page numbers indicate page in reference committee

RECOMMENDATION: The Reference Committee on Organization and Finance

Item 1: Adopt Substitute Resolution No. 4001 "Data to Assist Employed Physicians In

Employment Contract Negotiations" in lieu of Resolution No. 4001 (pp. 1-2).

recommends the following consent calendar for adoption:

10	
11 12	Item 2: Adopt Resolution No. 4002 "Resident Participation at National Conference of Special Constituencies" (p. 2).
13	
14 15 16	Item 3: Adopt Substitute Resolution No. 4003 "Seat Delegates For Each Special Constituency" in lieu of Resolution No. 4003 (pp. 2-3).
17 18 19	Item 4: Adopt Substitute Resolution No. 4004 "Support For Solo & Small Independent Group Family Physician Practices" in lieu of Resolution Nos. 4004 and 4009 (p. 3).
20 21 22	Item 5: Adopt Substitute Resolution No. 4005 "Support for Healthcare Providers with Disabilities" in lieu of Resolution No. 4005 (p. 4).
23 24 25	Item 6: Not Adopt Resolution No. 4007 "Increased Aafp Membership Retention After Residency" (pp. 4-5).
26 27 28	Item 7: Adopt Substitute Resolution No. 4010 "Let's Be Consistent with Our Name" in lieu of Resolution No. 4010 (p. 5).
29 30 31	Item 8: Adopt Substitute Resolution No. 4011 "Reauthorization Of National Conference Of Special Constituencies Delegate Seats" in lieu of Resolution No. 4011 (pp. 5-6).

Reaffirmation Calendar: Reaffirmation of Items A through B under the Reaffirmation Calendar

4/26/2013 Page 1 of 1



2013 Report of the Reference Committee on Organization and Finance

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

- 1 The Reference Committee on Organization and Finance has considered each of the items
- 2 referred to it and submits the following report. The committee's recommendations will be
- 3 submitted as a consent calendar and voted on in one vote. Any item or items may be
- 4 extracted for debate.

ITEM NO. 1: RESOLUTION NO. 4001: DATA TO ASSIST EMPLOYED PHYSICIANS IN EMPLOYMENT CONTRACT NEGOTIATIONS

RESOLVED, That the American Academy of Family Physicians (AAFP) collect and analyze family physician compensation and productivity data from a variety of sources, possibly including the following:

- American Academy of Family Physicians (AAFP) Survey;
- Member Satisfaction Medical Group Management Association;
- Surveys conducted by state chapters;
- Association of American Medical Colleges;
- Association of Family Medicine Residency Directors;
- Community health centers;
- Merritt Hawkins and Associates, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collect information on mean family physician compensation for non-clinical activities, such as supervision of mid-level providers and administrative or leadership roles within medical groups, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) disseminate information on family physician compensation and productivity through a link on its website and other appropriate means.

The reference committee heard testimony from the author on the challenges members face when negotiating contracts with employers. The author indicated lack of salary and productivity data available to members can disadvantage them during negotiations. The reference committee believed members would benefit from having this information. They recognized the AAFP has some of this data available to members, including aggregate salary data provided by members from the practice profile and resources from third-party sources such as the 2012 Family Physician Compensation Report from Medscape. The reference committee also acknowledged there can be challenges obtaining sufficient voluntary data from members and there may be expenses associated with acquiring data from third-party sources.

4/26/2013 Page 1 of 7

5 6

7

13 14

12

15 16 17

18 19 20

21 22

23

24252627

28 29

30

31 32

33

34

35

36 37

38

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 4001, which reads as follows, be adopted in lieu of Resolution No. 4001:

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the feasibility of collecting and analyzing compensation and productivity data on clinical and non-clinical roles of family physicians, including supervision of midlevel and administrative roles, and providing that information to its members through appropriate communication channels.

ITEM NO. 2: RESOLUTION NO. 4002: RESIDENT PARTICIPATION AT NATIONAL CONFERENCE OF SPECIAL CONSTITUENCIES

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage each constituent chapter to identify and send at least one resident as an observing member of their delegation to the National Conference of Special Constituencies.

The reference committee heard testimony that current family medicine program requirements of the Accreditation Council for Graduate Medical Education (ACGME) encourage residents in general to get involved in organized medicine. It was noted that chapters should be reminded that the National Conference of Special Constituencies (NCSC) is a good leadership path for members. It was recognized that providing funding for residents to attend might be a challenge for chapters. It was also stated that the resolution was directed toward third-year residents.

 The reference committee agreed that NCSC is a good leadership development opportunity and that chapters should be encouraged to promote the meeting to their resident members. It was noted that NCSC is currently referenced as a leadership development opportunity in the slide presentations that AAFP staff have developed for chapters to use when encouraging new residents to join the AAFP and graduating resident members to continue as active members.

<u>RECOMMENDATION: The reference committee recommends that Resolution No. 4002 be adopted.</u>

ITEM NO. 3: RESOLUTION NO. 4003: SEAT DELEGATES FOR EACH SPECIAL CONSTITUENCY

RESOLVED, That the constituencies of National Conference of Special Constituencies seat any eligible chapter member present to fulfill NCSC delegate positions that remain unfilled after the opening session of NCSC, and be it further

RESOLVED, That each constituent chapter offer reimbursement for the delegate of each special constituency seated at the National Conference of Special Constituencies.

Testimony was heard from the authors stating that the intent of the resolution was to maximize the number of delegates for each special constituency at the National Conference of Special Constituencies (NCSC) and, wherever possible, make sure funding is available for each delegate.

The reference committee agreed with the intent of the resolution but believed that the language should be modified to more closely resemble the Standing Rules of the Congress of Delegates and to add clarity that the resolution is not intended to replace someone who merely arrives late for the meeting. The reference committee noted that this resolution would also increase chapter

4/26/2013 Page 2 of 7

representation at the meeting. The reference committee was in agreement, however, that it is not within the AAFP's purview to tell chapters how to allocate their reimbursement for NCSC or the Annual Leadership Forum (ALF).

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 4003, which reads as follows, be adopted in lieu of Resolution No. 4003:

RESOLVED, That the American Academy of Family Physicians (AAFP) National Conference of Special Constituencies (NCSC) rules of order be amended so that in the event there is no designated official chapter delegate, then after the opening session of NCSC, a member of that constituent chapter present may be seated as a chapter delegate by a two-thirds (2/3) vote of that constituency, provided they meet the definition of that constituency.

ITEM NO. 4: RESOLUTION NO. 4004: SUPPORT FOR SOLO & SMALL INDEPENDENT GROUP FAMILY PHYSICIAN PRACTICES

RESOLVED, That the American Academy of Family Physicians (AAFP) form a new special interest group to help assure the needs and concerns of the solo and small independent group family physician practices continue to be considered by the AAFP.

RESOLUTION NO. 4009: FORMING A SPECIAL INTEREST GROUP ON SOLO AND SMALL GROUP PRACTICE

RESOLVED, That the American Academy of Family Physicians (AAFP) form a new special interest group to help assure that the needs and concerns of the solo and small group family physician continue to be a focus of the AAFP.

The reference committee heard testimony that the number of solo and small independent group practices are being bought up by large hospitals/corporations at an alarming rate. It was stated that it makes sense for the AAFP to lend support and guidance to these members on how to navigate the future. Testimony was also heard that the AAFP established a special interest group on emergency medicine and that this format has been successful.

The reference committee recognized that solo and small independent practices face many challenges and that their population is declining as more and more practices are bought up by large entities. The reference committee believed it is important for the organization to understand the impact to the specialty and provide support to affected members.

RECOMMENDATION: The reference committee recommends that that Substitute Resolution No. 4004, which reads as follows, be adopted in lieu of Resolution Nos. 4004 and 4009:

 RESOLVED, That the American Academy of Family Physicians (AAFP) form a new special interest group to help assure the needs and concerns of the solo and small independent group family physician practices continue to be considered by the AAFP.

4/26/2013 Page 3 of 7

ITEM NO. 5: RESOLUTION NO. 4005: SUPPORT FOR HEALTHCARE PROVIDERS WITH DISABILITIES

RESOLVED, That the American Academy of Family Physicians (AAFP) explore possible avenues to form a new special interest group to meet the needs and concerns of providers with physical and/or mental disabilities.

The author of the resolution provided testimony that a special interest group would provide a way for interested members to discuss challenges related to healthcare providers with physical or mental disabilities and bring awareness that would benefit other members. The reference committee is supportive of this resolution and believes there may be existing paths for interested members to engage in this subject such as discussion listservs and the AAFP's social media site, AAFP Connection. Further, the Board of Directors has established a task force that will investigate how the AAFP might define, recognize, and engage various member groups.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 4005, which reads as follows, be adopted in lieu of Resolution No. 4005:

RESOLVED: That the American Academy of Family Physicians (AAFP) explore possible avenues to meet the needs and concerns of members with physical and/or mental disabilities.

ITEM NO. 6: RESOLUTION NO. 4007: INCREASED AAFP MEMBERSHIP RETENTION AFTER RESIDENCY

RESOLVED, That the American Academy of Family Physicians offer continuing membership at a reduced rate with a tiered increase over the three years following residency, and be it further

RESOLVED, That American Academy of Family Physicians (AAFP) encourage local chapters to offer continuing membership in their chapters at a reduced rate with a tiered increase over three years following residency.

The reference committee heard testimony in support of this resolution as a way of increasing the retention rate of international medical graduate (IMG) residents who transition to active members. While the AAFP might lose money initially by offering the tiered dues structure, a lower retention rate of these members might cause more loss of revenue over the long-term.

The reference committee noted that in 2010 the AAFP Board of Directors approved a 50% discount on active member dues for graduating resident members in their first year of active membership. The resident members that completed residency in 2011 were the first group to receive this discount. This discount impacts the AAFP's dues revenue by approximately \$640,000 annually. Additionally, forty-one of the AAFP's fifty-five chapters also offer a discount on their dues. Increasing the number of years that a discount is offered will not only be a financial burden to the AAFP but also to the chapters. For many small chapters, membership dues are their primary source of revenue. It was noted that the AAFP also offers all new physician members (those in their first seven years out of residency) a number of discounts on courses, products, and services through the *Experience the AAFP* retention program. Since the inception of the *Experience* program, the discount usage has steadily risen. The reference committee also acknowledged that the first-year new physician retention rate has risen in the last three years. The retention rate of the class of 2009 was 71.4% when it was measured on

4/26/2013 Page 4 of 7

1 2 3

December 31, 2010. The retention rate of the class of 2011 was 76.2% as of December 31, 2012. The overall new physician retention rate has also continued to rise.

4

RECOMMENDATION: The reference committee recommends that Resolution No. 4007 not be adopted.

5 6 7

ITEM NO. 7: RESOLUTION NO. 4010: LET'S BE CONSISTENT WITH OUR NAME

8 9 10

11 12

> 13 14

15 16 17

23 24

25 26 27

29 30 31

28

32 33 34

35 36 37

38

39

40 41 42

43 44

45 46 47

48

49 50

RESOLVED, That the American Academy of Family Physicians reaffirm the consistent use of the name family medicine, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) change the name of the Family Practice Management Journal to Family Medicine Practice Management Journal.

The Reference Committee heard testimony from the author of the resolution who stated that the name of the specialty changed from family practice to family medicine in 2003. It can be challenging at times explaining to the public what family physicians do. It would be helpful to reaffirm the name of our specialty as family medicine. A member of the editorial board of the Family Practice Management Journal asked that the committee not dictate a specific name change, but rather they provide greater latitude in name options which are already being considered.

The Reference Committee agreed that it is important to be consistent in the use of the name family medicine. They offered substitute language in order to promote consistency with the use of the name of the specialty.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 4010, which reads as follows, be adopted in lieu of Resolution No. 4010:

RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm the consistent use of the name family medicine, and be it further

RESOLVED: That the American Academy of Family Physicians (AAFP) consider changing the name of the Family Practice Management Journal in order to promote consistency in the use of the name of our specialty.

ITEM NO. 8: RESOLUTION NO. 4011: REAUTHORIZATION OF NATIONAL CONFERENCE OF SPECIAL CONSTITUENCIES DELEGATE SEATS

RESOLVED, That the six delegate and six alternate delegate seats to the American Academy of Family Physicians' Congress of Delegates held by members from the Women, Minority, International Medical Graduate, and Gay, Lesbian, Bisexual & Transgender Constituencies remain in place under the same rules that currently exist in Chapter XI, Section 2 of the Bylaws with no sunset date, and be it further

RESOLVED, That this resolution be referred to the Congress of Delegates.

The reference committee heard testimony in favor of the resolution which would ensure that the special constituency delegate seats continue to exist indefinitely.

4/26/2013 Page 5 of 7 3 4

The reference committee provided substitute language to the resolution to be more in line with the AAFP bylaws.

Since the bylaws do not specify the constituencies, the AAFP Board of Directors has the option to change them at any time. The new language reflects that change from specific constituency group names to identifying them as members of board approved constituency groups.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 4011, which reads as follows, be adopted in lieu of Resolution No. 4011:

RESOLVED, That the six delegate and six alternate delegate seats to the AAFP Congress of Delegates held by members of the Board approved constituency groups remain in place under the same rules that currently exist in Article 7, Section 2 of the AAFP Bylaws with no specific end date, and be it further

RESOLVED, That is resolution be referred to the Congress of Delegates.

REAFFIRMATION CALENDAR

The following items A and B, lines 29 – 46 and 1 – 11, pages 6 – 7, and lines 13 – 18, page 7, are presented by the reference committee on the reaffirmation calendar. Testimony in the reference committee hearing and discussion by the reference committee in executive session concurred that the resolutions presented in items A through B are current policy or are already addressed in current projects. At the request of the NCSC, any item may be taken off the reaffirmation calendar for an individual vote on that item. Otherwise, the committee will request approval of the reaffirmation calendar in a single vote.

(A) Resolution NO. 4006: AAFP Media Presence," the resolved portion of which reads as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) provide an annual summary of instances of media references to the AAFP on its website, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) establish and publicize on a regular basis to its membership a mechanism (including feedback) for members to request the AAFP leadership to speak out on current issues based on established policies.

The reference committee recognized that the AAFP is already providing the information requested.

A sample of media outcomes is compiled on a monthly basis. These can be found at: http://www.aafp.org/online/en/home/publications/news/news-now/aafp-news-know/aafp-media-mentions.html

4/26/2013 Page 6 of 7

1 Also, the officers frequently blog about their media appearances. Examples of those can 2 be found at: http://blogs.aafp.org/cfr/leadervoices/entry/mainstream_media_can_help_us#comments 3 http://blogs.aafp.org/cfr/leadervoices/entry/growing aafp s media outreach#comments 4 5 6 In addition, weekly summaries of legislative news from the AAFP's Government Affairs 7 office in Washington, D.C. can be found at 8 http://www.aafp.org/online/en/home/policy/federal/update.html 9 10 Feedback is encouraged from members through comments in AAFP News Now and on the AAFP blogs as well as through the Contact Us link on aafp.org. 11 12 13 (B) Resolution No. 4008: Increasing International Student Membership 14 15 RESOLVED, That the American Academy of Family Physicians (AAFP) consider 16 decreasing or waiving the membership fee for international students by having an 17 online only option in order to promote the specialty of family medicine in other 18 countries. 19 20 The reference committee noted that full online access to the journal is available to all members 21 including medical students in the international membership category. The Commission on 22 Membership and Member Services is already investigating decreasing or waiving membership 23 fees for international students. 24 25 RECOMMENDATION: The reference committee recommends that items A and B on the 26 reaffirmation calendar be approved as current policy or as already being addressed in 27 current projects. 28 29 I wish to thank those who appeared before the reference committee to give testimony 30 and the reference committee members for their invaluable assistance. I also wish to 31 commend the AAFP staff for their help in the preparation of this report. 32 33 34 Respectfully Submitted, 35 36 37 38 Lara Mashek, MD, Chair 39 40 V. Hema Kumar, MD Amy McIntyre, MD, MPH 41 42 Kathleen Meehan-De La Cruz, MD 43 Alisha Miller, MD 44 Ricky Ochoa, MD 45 Asim Jaffer, MD (Observer)

4/26/2013 Page 7 of 7