



# Commission on Membership and Member Services 2017 Annual Report

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## COMMISSION ON MEMBERSHIP AND MEMBER SERVICES

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Class of 2018

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### **General Overview of Duties**

As residents and student representatives of the AAFP National Commission on Membership and Member Services (CMMS), we were responsible for representing the interests and opinions of the AAFP resident and student constituencies, respectively, during meetings and other correspondence of the Commission. During our time on the commission, we participated in two AAFP Cluster Meetings (Winter and Summer) as well as frequent online correspondence from the commission.

### **General Overview of Business**

The Commission on Membership and Member Services is charged by the Board of the American Academy of Family Physicians to manage the working tasks related to the membership and special constituencies. This broadly includes working to further AAFP goals in membership recruitment, retention and services. More specifically CMMS also works closely to monitor and support the needs of special constituency groups (LGBT, Early Career Physicians, International medical graduates etc.). The Commission oversees the AAFP National Conference of Constituency Leaders (NCCL). Additional tasks include addressing resolutions forwarded from the AAFP Board, establishing requirements for the degree of Fellow, credentialing and monitoring Member Interest Groups (MIG) and selecting recipients for several prestigious awards in family medicine including the Award for Excellence in Graduate Medical Education, the Awards for Distinguished and Meritorious service to Family Medicine and the Arnold P. Gold Foundation Humanism in Medicine Award.

### **Major Topics Pertinent to Residents and Medical Students**

- A. Review of AAFP Membership and Benchmark Data
- B. Revision of AAFP National Member Census Survey
- C. Addressing Needs of Employed Family Physicians vs Those In Private Practice
- D. Credentialing and Monitoring of Member Interest Groups
- E. Selection of the 2017 Awards for Excellence in Graduate Medical Education

### **Minutes on Major Topics Pertinent to Medical Students and Residents**

#### **A. Review of AAFP Membership and Benchmark Data**

The primary role of the CMMS is monitoring AAFP membership and the benchmark data that is presented related to the membership.

## **Membership Benchmark 2017 - Category Number of Members**

Active 70,334

Residents 12,080

Student 30,434

This year the Academy saw a 1.82% net increase in number of active members. Within this data, CMMS noted an overall increase in all levels of membership including active, student and resident members. This year the AAFP executed an aggressive member retention campaign involving communication with members through mailings, email reminders, and telephone calls. The AAFP also introduced a new process in 2016 allowing members who were canceled for non-payment of dues to reinstate their membership online without having to call the AAFP personally. Many members utilized this new service. While it was encouraging that membership continues to grow, the AAFP takes member cancellations seriously. A small number of exit surveys completed this year revealed that finances are the main reason for cancellation. Perceived value was also a cause. The CMMS also discussed the conversion rate of resident members to first-year new physicians' members. The Academy continues to encourage graduating residents to continue their membership with the AAFP through first-year year dues reduction for new physicians and other recruitment efforts. These were discussed in a CMMS roundtable discussion on retention of Early Career Physicians last year.

### **B. Revision of the AAFP Member Census Survey**

This year CMMS addressed multiple resolutions that were forwarded to the commission by the AAFP Board. One resolution from the 2016 Congress of Delegates pertained specifically to the Annual Member Census Survey. CMMS had an in-depth discussion on revisions to the race, ethnicity, and sexual orientation surveys. The commission decided to add a question specifically about Gender Identity. In addition, the survey will start asking respondents if they are interested in serving as a chapter delegate at NCCL to recruit more LGBT family physicians for academy leadership. Respondents will be informed that by selecting "yes," this will authorize release of their private survey responses to their state chapter leaders. Otherwise, all race, ethnicity, and sexual orientation data will only be shared in aggregate, and private responses will remain completely confidential.

### **C. Addressing Needs of Employed Family Physicians vs Those In Private Practice**

The CMMS held roundtable discussions on the challenges of employed vs self-employed family physicians with specific focus on ways The Academy can support its members who are employed and in private practice.

#### *Employed Physicians*

Employed Physicians make up most AAFP membership. Significant challenges identified during small-group meetings included issues with scope and practicing, loss of autonomy, time constraints during clinical care, and lack of input on decisions. CMMS members noted that the medical education community is not teaching medical students and residents the business of medicine, which puts them at a disadvantage in employed practice. Benefits of being an employed physician included opportunities to work in an interdisciplinary setting, support, retirement plans, less financial risk, more flexibility within a large organization to pursue additional professional activities, among others.

Possible Solutions for Employed Physician Challenges:

- Administrative support
- Opportunities for non-clinical work and leadership development
- Contract negotiation skills development
- Educate family physicians on the business of medicine early, potentially at conferences (such as the Family Medicine Experience, National Conference of Constituency Leaders, etc), via journals and webinars, and even during medical training
- Advocate for legislative bills that protect Employed Physicians. For example, a bill that prohibits noncompete clauses
- Reentry training for mid-career physicians who wish to re-expand their scope of practice

### *Self-Employed Physicians*

The commission then discussed the challenges of working in Private Practice or being Self-Employed. Self-employed family physicians are the minority of AAFP membership, and reaching out to this constituency and providing support is of high priority to the Academy.

Many of the challenges of self-employed practice identified by the Commission were financial in nature. These included malpractice insurance, rent, staff salaries and benefits, advertising, regulatory overhead including OSHA and EPA, board certification, continuing medical education, and others. Commission members noted that self-employed physicians spend a lot of time negotiating with insurance companies, and many doctors end up turning down Medicaid to make ends meet. Other challenges included intimidation from big systems in the area and difficulty maintaining privileges. Many solo practitioners still utilize paper charting. Finally, self-employed physicians often must work harder for interdisciplinary support including care coordinators, mental health providers, social workers.

#### Possible Solutions for Self-Employed Physician Challenges:

- Opportunities for mentorship on running an independent practice
- Teleconference support groups for private practitioners
- Arranging telehealth services for solo practitioners when they have to take time away
- Educating solo docs on resources that they need to utilize to stay viable and services that can enhance their practices (labs, equipment, etc.)
- Continued advocacy to reduce and eliminate regulatory burdens
- Possibility of purchasing insurance across state lines

### **D. Credentialing and Monitoring of Member Interest Groups**

Three years ago, the AAFP launched a new member platform through the Member Interest Groups (MIG). The MIGs were created to connect AAFP members with shared professional interests and to give them a unified voice within the organization. The AAFP currently has **seventeen** active member interest groups and CMMS is charged with credentialing new MIG and monitoring existing groups.

#### List of Active Member Interest Groups:

Adolescent Health  
Breastfeeding Medicine  
Community Health  
Direct Primary Care  
Emergency Medicine/Urgent Care  
Global Health  
Hospital Medicine  
Independent Solo/Small Group Practice  
Lifestyle Medicine  
Oral Health  
Point-of-Care Ultrasound  
Reproductive Health Care  
Rural Health  
School Doctor  
Single Payer Health Care  
Telehealth  
Transforming Clinical Practice

Breastfeeding Medicine is the newest MIG and was approved this year. The Current MIG application process involves a written application and collection of at least 50 signatures from Active AAFP members in support of this Member Interest Group. The application also requires the applicant to describe how this MIG intends to further the strategic goals of AAFP, objectives for the MIG, and long term goals. Once approved, MIGs begin to function as a forum for the exchange of ideas and

information about their specific topic through online, phone and conference meeting venues. Most notably is the substantial presence of MIGs at the National Family Medicine Experience conference (FMX).

CMMS monitors MIG for activity throughout the year. MIGs are expected to 1) maintain membership greater than 50 AAFP members, 2) create a specific number of online posts per month, 3) submit an annual report on accomplishments and planned objectives for the upcoming year. All current MIGs were approved for another year. The General assembly of CMMS agreed that MIGs continue to be an effective way to get more AAFP members involved in The Academy. Many MIG members also serve in various leadership roles throughout the Academy including the AAFP Commissions, the AAFP Congress of Delegates, and the AAFP Board of Directors.

### **E. Selection of the 2017 Awards for Excellence in Graduate Medical Education**

The CMMS is charged with scoring applicants for the AAFP Award for Excellence in Graduate Medical Education. Focusing on categories of exemplary patient care, leadership and professional development, community involvement, and interpersonal relationships, the entire commission reviewed numerous competitive resident applications from across the nation and chose only 12 to receive the award.

### **Resident Reflection**

I have been involved in my state AAFP chapter for many years. However, this was my first opportunity to get involved with national AAFP leadership and to learn more about our academy. By participating on the CMMS, I got a glimpse into the inner workings of the AAFP. I had the privilege of representing my peers at the national level, and I learned more about ways members can get involved.

The AAFP works extremely hard to meet the needs of its members. I was pleased to learn about all the services the academy offers to encourage continued AAFP membership. This includes reduced first-year dues for new physician members (which I plan to take advantage of myself after I finish residency). The AAFP places tremendous value on student and resident membership, and I had the opportunity to share my opinions on the importance of AAFP participation and leadership during residency. In addition, I found it rewarding to help update the annual race, ethnicity, and sexual orientation surveys. This included adding a question on Gender Identity and a prompt inviting LGBT members to volunteer as chapter leaders. I feel this demonstrates the AAFP's commitment to serving the needs of *all* of its constituencies, and I consider myself fortunate to belong to an organization that is so inclusive.

Involvement in CMMS also taught me more about other ways I can get involved with the academy. I am grateful for a deeper understanding of how a Member Interest Group is formed and what purposes they serve. The concept of MIGs really excites me. Members could connect with like-minded individuals, to collaborate, and to have a unified voice in the academy. It was rewarding to have helped approve our newest MIG, Breastfeeding Medicine. After this experience, I joined the national Reproductive Health Care MIG to get more involved. My participation in CMMS even inspired me to start my own Reproductive Health MIG in the Illinois AAFP chapter. In addition, I enjoyed discussing the National Conference of Constituency Leaders and look forward to attending my first conference in 2018!

Finally, my year as a member of CMMS helped me develop my leadership skills and connect with inspiring family physicians from around the country. I learned a tremendous amount from putting myself in the shoes of self-employed vs employed physicians and trying to represent my fellow residents on various academy issues. Most importantly, meeting so many passionate leaders in Family Medicine reconfirmed that I am in the right specialty. I am looking forward to staying involved with the AAFP for many years to come!

### **Medical Student Reflection**

As an MD/MPH candidate, I saw my opportunity to serve on the Commission for Membership and

Member Services as further learning for how to improve the delivery of health care at a systematic level. It was also an opportunity to represent medical students and make sure our unique experience was accounted for when discussing thoughts, data, and solutions in the realm of membership.

Interacting with Family Medicine physicians from across the nation was beneficial in expanding my view of medicine and the needs of various populations. For instance, in a workshop designed to think about some of the benefits and challenges faced by our rural-solo practice physicians I obtained greater knowledge on what drives both patients to live in rural environments as well as the unique issues dealt with by rural doctors. These are things that I would not have learned in my urban-based medical school environment.

My involvement in CMMS provided me with a greater appreciation for the diverse scope of what the AAFP does, and provided me with a safe space where I could use information from my own Master's in public health to discuss how the organization could improve. Having the dual-space to both learn and offer perspective was highly valuable to me, when juxtaposed with my normal day-to-day as medical students where we are often forced into positions where our perspective is not generally looked for.

If there is one thing I'm taking away from serving my term on CMMS, it's that there are like-minded students and physicians that are passionate about problem solving, community, and providing the best care possible to patients. I am excited to continue my involvement with the AAFP, and bring meaningful change to not only my career, but also to the friends, family, and community that counts on us as doctors to advocate for their needs.

*Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit [aafp.org](http://aafp.org).*