



# AAFP Board of Directors Resident/Student Members 2018 Annual Report

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## AAFP Board of Directors Resident & Student Members

### Resident

Alexa M. Mieses, MD, MPH  
Duke Family Medicine Residency  
Class of 2019

### Student

John Heafner, MD, MPH  
Saint Louis University School of Medicine  
Class of 2018

Thank you for choosing us to represent you on the AAFP Board of Directors for 2017-2018. It has been a rewarding experience to serve as the resident and student voices on the board. We were vocal of our support of resident and student issues, including workforce development, healthcare for all, prevention of burnout, and social justice. Our voice was valued and our contributions were influential.

### Purpose & Scope of Work

As the student and resident representatives to the Board of Directors, we have had the honor of voicing the priorities of over 30,000 students and 10,000 residents on a national level. The Board values the perspective we provide as the training in medicine is a constantly evolving process. In addition to attending quarterly board meetings, we also each served as a liaison to a commission (Dr. Heafner to Quality and Practice, and Dr. Mieses to Education), and serve as members of the Commission on Education Subcommittee on Resident and Student Issues. We attended all three major conferences (Family Medicine Experience, National Conference of Constituency Leaders, and the National Conference for Family Medicine Residents and Medical Students).

### Activities and Achievements

Since the AAFP is one of the few medical organizations that offers student and resident positions on their board of directors, it was a unique privilege to participate in board level deliberations and decisions that affect the 131,400 members and the direction the US healthcare system is headed. We participated in discussions that were especially relevant to students and residents, a few of which we have highlighted below. First, we'll remind our readers that the Board has previously identified four strategic objectives and associated strategy statements with which to guide our decisions. They are found in detail [here](#). In brief, we are charged to focus our advocacy efforts on payment reform (including focusing on MACRA, reducing administrative burden and complexity, and increased primary care spend), practice transformation (for example, health information technology), workforce (well-being and burnout, diversity and inclusion, and the family medicine pipeline), and clinical expertise (a focus on continuing medical education, quality improvement, social determinants of health, and health equity).

One of the AAFP's most significant achievements has been its launch of the Center for Diversity and Health Equity in 2017 and we have witnessed it grow and develop an identity over the past two years. The Center is designed to address social determinants of health, foster diversity, and promote health equity through collaboration, policy development, advocacy, and education.

### Advocacy

The AAFP's advocacy efforts are guided by long-standing goals and principles. Our priorities include healthcare coverage for all, increased primary care spend, health system improvements, and decreased administrative burden. This past year the AAFP hired an independent research group to gauge our organization's effectiveness in Washington DC. The research group identified that the AAFP is rated the

second overall most effective organization of forty-five organizations studied on Capitol Hill. The research group also highlighted the AAFP's nonpartisan nature with the FamMedPAC giving to both Democrats and Republicans that support our strategic objectives. The AAFP is recognized as focusing on policy and principles rather than politics. Finally, the independent research group highlighted two areas of improvement for the AAFP, direct advocacy on Capitol Hill and grassroots efforts.

This past year, the AAFP voiced support for and is writing a report about ways in which "healthcare coverage for all" can be achieved. This includes several options including a pluralistic system, a Bismarck model, a single payer option, a public option, or a Medicare/Medicaid Buy In approach. This new draft policy will be discussed and considered at the July AAFP Board meeting and the 2018 Congress of Delegates. Additionally, the AAFP explicitly voiced and created policy stating that healthcare is a human right.

Currently our main advocacy targets include:

- Focusing on payment reform for primary care
- Reducing administrative and regulatory burden
- Focusing on gun violence as a public health crisis and supporting funding for and further research into the epidemic
- Increasing funding to address the opioid epidemic through a multiple pronged approach
- Preventing further dismantling of health care coverage achieved by the Affordable Care Act. Currently the individual mandate has been repealed and there is an effort, that the AAFP is resisting, to allow for less comprehensive ('skinny') health plans that would not provide meaningful coverage for its policyholders
- Increasing the investment in primary care as a percentage of total health care spend. There are several recent studies showing that as states increase the percent spend on primary care their health outcomes improve and their total spend decreases. We want this to inform future health policy choices.
- Continuing to ensure that families attempting to immigrate to this country are allowed to do so safely and in a way that protects their human dignity

Through the Academy's advocacy both on Capitol Hill and with federal agencies, we have continued to push for health care coverage for all, funding of Teaching Health Centers, and promotion of the newly formed Primary Care Caucus in the House of Representatives. The AAFP has collaborated on a number of issues with the "Group of 6," which includes the American Academy of Family Physicians, the American Academy of Pediatrics, the American Congress of Obstetricians and Gynecologists, the American College of Physicians, the American Osteopathic Association, and the American Psychiatric Association. United, our voices continue to affect change!

The AAFP has continued to assist its members during the implementation of MACRA (Medicare Access and CHIP Reauthorization Act) in the transition to value based payments and quality measure reporting.

Our FamMedPAC is the only political action committee focused on family medicine and it continues to grow successfully. The Family Medicine Advocacy Summit (formerly Family Medicine Congressional Conference) once again took place in DC in the spring, along with the Family Medicine National Day of Action, which occurred across the US at state capitals.

The AAFP Family Physician Action Network was rebranded this year to the Family Medicine Action Network (FMAN) operating under the slogan "Fighting for Family Medicine." The FMAN continues to help members engage in advocacy-related campaigns and has increased its Speak Out platform to encourage more members to voice their opinions to their representatives.

### Education

Through our work on the Commission on Education Subcommittee of Resident and Student Issues (SRSI), we were able to tackle the important topics of student and resident well-being and resilience, diversity and inclusion, and increasing student choice in family medicine.

Dr. Mieses wrote blogs for the AAFP about how to be successful in the Match, and what to do once matched to a residency program. Dr. Heafner wrote AAFP blog posts about how to keep the residency match process simple, learning from patients, and rotating at Northern Navajo Medical Center.

### Public Health

Perhaps the most exciting development within the realm of public health this last year has been the development of the EveryONE Project. Developed by the Center for Diversity and Health Equity, The EveryONE Project focuses on providing family physicians and their practice teams with education and resources, advocating for [health equity](#), promoting workforce diversity, and collaborating with other disciplines and organizations to advance health equity.

We have continued attempting to address gun violence through discussions on the Hill, cosponsoring a gun violence summit presented by the American Medical Association and the American Bar Association, and a blog post about bipartisan gun control measures. We have also continued the bold defense of “health in all things” by commenting on the health impacts of various executive orders and policy propositions, such as the attempted policy on immigration and by ramping up our involvement in the medical consortium highlighting the health impacts of climate change.

We are training in an exciting and unpredictable era in healthcare, and it’s been incredible to learn how involved and internally consistent the AAFP is when it comes to pushing for change. Thank you again for such an incredible opportunity.

Alexa M. Mieses, MD, MPH, Resident Representative  
John Heafner, MD, MPH, Student Representative

*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).*