Experiencing the AAFP Family Medicine Advocacy Summit

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 As I pulled up to the Washington Court Hotel on Monday, May 22, 2017, my mind began to wonder about what learning opportunities lie ahead for the next two days. Though excited, I still felt a tinge of nervousness because policy and advocacy was something that I really wanted to be involved with, but there was so much that I had to learn. I remember while obtaining my Masters of Public Health (focus in health education), health policy was that class that held so many opportunities for widespread change. However, for change to happen, there are so many tiers that must be addressed for change to occur: from mobilizing groups of people to speaking to officials to hoping policy change would take place that is beneficial for most people.

Then I stepped back into the present. As I walked into the room, a table full of North Carolinian family medicine physicians working in many different healthcare settings, in diverse communities in this wonderful state, in different phases of their careers, all with a common goal of promoting issues that are special to family medicine welcomed me. I was so happy to be part of this team that would always be a part of my first family medicine advocacy experience. This team included the family medicine physician of the year, past and present NCAFP presidents, and a AAFP presidential candidate, just to mention a couple of the myriad of wisdom, knowledge, and passion that surrounded me. Lucky girl!

As we started the morning off with an energizing speech given by AAFP’s current president, John Meigs, Jr., MD, that initial nervousness that I felt was replaced by excitement. The first day was complete with topics that I was both familiar and unfamiliar with including: healthcare reform 2.0, physician-focused and advanced payment models. Reporter, Mary Ellen McIntire and physician/congressman Dr. Ami Bera commented about their perspectives of the healthcare climate. Attendees were able to attend one of the following four breakout sessions: primary care policy research, direct primary care, telemedicine, and lobbying 201. I attended the primary care policy research breakout session hosted by staff from Robert Graham Center for Policy Studies.

 Through many of the sessions, I was able to gain a better understanding of the policy issues that family medicine practitioners face. In addition, we had some time to prepare for the following day with our Congressmen. The following is a summary of the topics that we would discuss with our Congressman the following day:

1. Healthcare Coverage Gains: The House passed H.R. 1628/American Health Care Act (AHCA) of 2017, a repeal and replace bill for the Affordable Care Act (ACA), passed earlier the month of the Family Medicine Advocacy Summit. It was important to be strategic with our requests with House Reps. vs Senators. The Senators had not (and still haven’t) voted on the bill yet, so asking them to oppose the bill was more appropriate then asking House Reps. to not pass the bill. Thus, our asks during the summit surrounded protecting the positive gains from the ACA. This included:
* maintaining and expanding coverage for those that have been able to obtain insurance because of the ACA and those that still need coverage, respectively
* protecting safety-net programs like Children’s Health Insurance Program (CHIP) and Medicaid
* stabilizing the individual insurance market by making insurance more affordable and accessible
* protecting patient-centered insurance reforms for example eliminating preexisting condition clauses
* reducing costs of prescription drugs
* Increasing investment in primary and preventive care
1. Teaching Health Centers (THC): We asked congress to reauthorize THC Graduate Medical Education (THCGME) program, which is up for reauthorization on Sept. 30, 2017. The THCGME was extended by Congress in 2015 with the Medicare Access and CHIP Reauthorization Act (MARCA) and provided funding for GME programs for 2016-2017. Through the THCGME program, 700 residency spots were created to provide trainees opportunities to train in areas that are underserved. This is important because most family medicine residents practice within 100 miles of their residency program. Thus, providing funding for these residency spots would help to increase access to care in some of the most underserved programs. In addition, the THCGME was initially reauthorized for 900+ spots. We asked that enough funding be provided for the 900 spots and that $150,000 is provided for each spot, instead of the $116,000 that has been allotted over the last two years.
2. Congressional Primary Care Caucus: During the 114th Congress in 2016, House reps. David Rouzer (R-NC) and Joe Courtney (D-CT) introduced the Primary Care Caucus. The bipartisan caucus serves to educate legislators, staff and the public on primary care issues. Some of the issues that the caucus hopes to address include: building the primary care physician workforce, increasing primary care access and training in underserved communities, increasing telehealth services in primary care services, maintaining a balance between primary care and subspecialty care physicians, just to name a few.

Day one was complete with the FamMedPAC and Grassroots Reception. While there, we networked with colleagues and ate some good food. Rep. David Rouzer also welcomed the crowd of family physicians and further discussed the importance of family medicine advocacy event.

As I drove home that night, I started to replay the main topics in my head. As I know the facts, how could I implement stories into this advocacy experience? Storytelling is a useful tool that that gives examples, but more importantly, brings life and personality to a story. People remember stories. I thought about personal experiences with patients and from childhood, when I began to interact with the healthcare community. I had the opportunity to witness the power of storytelling from the family medicine providers from North Carolina. Impressively, House Reps. also had many stories of their own and about healthcare experiences of their constituents

On day 2, we met at the hotel and caught a cab to the congressional offices. The day started at 10:00 am and ended at 3:30 pm. Prior to going to Washington, DC, we were provided with a list of our representatives. There were a total of 9 representative and two senators. One of the family medicine providers led each session. In sessions that we did not lead the conversation, we were able to provide additional information. Again, while talking with reps., strategy was important. Mostly we started the conversation with THCGME program reauthorization, which was widely accepted. We then transitioned to the highlights of the healthcare coverage gains conversation. This was accepted with mixed feelings, though not surprisingly. However, the discussion was healthy and backed by wonderful stories. We ended with the Primary Care Caucus conversation, which also was accepted by most congressional representatives.

At the end of the day, as I drove to the airport, I was so happy that I had a chance to be involved with the Family Medicine Advocacy Summit. I, again, went into process mode and thought about the skills that I took away, the people that I met, and how would I continue this work once I returned home. Now it is time for me to write follow-up letters.