**AAFP family medicine advocacy summit essay**

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Association of Family Medicine Residency Directors (AFMRD) selected me as one of the fellow to attend the AAFP family medicine advocacy summit held in Washington, DC from May 21st to 23rd 2018. I am thankful for the opportunity to serve in this role.

It was well organized event with lot of preplanning. Two months before the meeting, we received the correspondence e- mail from Jeannette Contreras, manager of strategic advocacy communications to get us prepared with booking the hotel, flights and most importantly prepare for the patient care stories. This includes, why advocacy is needed in in Washington and how the practicing/teaching family physicians can make in policy decisions through advocacy.

We had a preparation check list that includes:

1. Scheduling meeting with our legislators in the districts ( 6-8 weeks before the summit) (This is done through state chapters, mine was Florida academy of family physicians- FAFP)
2. Practice telling the story (4-6 weeks before the summit) a meaningful patient encounter connected to the advocacy agenda- practice 3,6 and 12 minutes story- In the current agenda, we had two bills regarding opioid deaths and AAFP was advocating the comprehensive measures including advocating for the counselling in the plan of care for recovery. Another agenda was regarding the highest maternal mortality data in US compared to other industrialized nations- we were advocating for the more research in getting the proper data and validate the reasons for such high maternal mortality in the United States so that we can tackle the problem.
3. Before meeting with legislators (2-4 weeks) - Learn and read about the AAFP policy positions and legislator’s policy stands (if they have or had one), Review recent news connected or related to the summit agenda.
4. Learn ways to connect with the legislators/aids to get the agenda item outcomes achievement- It could be personal patient care story that can have impact on the policy makers.

The story telling preparation is the key as the results and emotions of this provide most of the message you want to convey to the policymakers in Washington, DC.

I clearly followed some of the fundamentals in the story telling, this includes listening to the cues, Goals, Adversity, Plot and resolution. The story of patient care should be relatable to the current situation and be authentic. One of the story, I mentioned to our legislators are about the # of deaths on my current practice location and how one patient who was working, having good family and productive member in the society become addicted to opioid and lost his job, family, went to street for illegal drugs and become a burden to the society. It all started with prescription pain medication for the ankle fracture and over a period of time got addicted to different opioid prescriptions, lost his job due to missing lot of work days and lost insurance. His insurance would not cover the mental health counselling as part of opioid treatment. Not able to care for himself or his family, he went to street to get the illegal drugs. His family was very supportive of him, we took him to our clinic which is federally qualified healthcare center and able to start the medications, mental health counselling and social services towards the recovery. If the insurance would cover the mental health counselling as part of the recovery program (which is the current bill in the house that I was advocating for), this patient would not have to lose his job, not go to street to start illegal and dangerous drugs that could have taken his life and would have been productive member in the society sooner.

Do attend the Pre-summit meeting which is scheduled the day before and interact with other folks from different state- You will notice that every person will have different story to tell and the impact that can make to move the needle in policy perspective.

**Day one of the summit** was very exciting, you will be meeting with AAFP, office bearers, some officials from administration depending on the topic discussed and regular folks like us from different towns and country across America. Don’t forget to take selfies with them.

We had some insight into the Physician-Focused advocacy payment models by Amy Bassano- Acting Deputy administrator for innovation and quality director at CMS. She talked about the variations that can happen in payment models in the short and long run and one point she made was clear, Value based payment models are here to stay and we the providers have to get used to it and find a way to provide better health care at affordable cost with quality metrics.

The dynamic changes in the health care insurance system was elaborated by Sabrina Corlette, JD, a Research professor on the health insurance reforms, Georgetown university health policy institute along with Clay Alspach, JD, principal at Leavitt partners in Washington. They answered several questions regarding the short and long term changed anticipated with different government control in Washington. The Topic on the US opioid crisis was a big on the AAFP advocacy agenda and we had two great presenters- Paul Edattel, Chief counsel, House Committee on energy and commerce subcommittee on health and Amy hall, Minority staff director, house committee on ways and means, subcommittee on health. This discussed about the some of the ongoing initiatives on the government agenda to tackle the opioid crisis and how we the providers can help and answered several questions including policy proposals.

In the afternoon sessions, we had discussion about the media perspective on the national capital- presented by Shawn Martin- Senior VP, AAFP and Kimberly Leonard, senior healthcare writer for the Washington Examiner. They discussed about the how the media sees about the changes in health care landscape, how they report it and wat is in the radar. We also had political updates about the grassroots advocacy by AAFP and presentation by Mark V, Cribben, JD – Director of FamMedPAC. He discussed about how the resources are used to advance the AAFP policy perspectives in Washington and several races in the state elections.

We also had a breakout sessions- and I participated in the “key Advocacy training” moderated by Leonard Reeves and Nick Desarno discussing about the outcomes in story telling with advocacy in mind. We also had a visit by US Senator Cory Gardner (R-CO) and talked about his bill to support the rural GME training to enhance the access to care in the rural areas- Which is supported by AAFP. We had a good training in “best practices for congressional engagement” presented by Jeannette Contreras and Michael Gottlieb- JD Ballast research- This was eye opener to several physicians who attended the advocacy summit for the first time and for me. They talked about amount of time you will have to connect with the house representative, Senators and their staff and not to underestimate their lack of awareness of some of our advocacy positions. They are willing to changes as long as there is compelling story telling with data backup.

**Second day of the summit- Visit to the Capital Hill**

Plan, Plan and plan. This is the key to make to visit a great experience or not so great experience. We did a strategy of divide and concur- We our state chapter had set up the meeting with House of Representatives and senators in advance. We had a detailed map and timing of the meeting. We also received a cheat sheet regarding who is saying and what in the meeting so that the message gets across loud and clear. Florida delegation has a great time meeting several House of Representatives and staff to the senators. They were glad to see us (as constituents) and very engaged in the materials we presented- several of them took the notes and how to follow up on the questions that we can answer them in the e mail or meeting them at the local constituent office.

Do not forget to send a follow up letter to the people you met in the Capital Hill , house of representatives and their staff thanking them for meeting and listening to our advocacy agenda and any questions that they may have that we can answer-Be authentic.

Overall, AAFP family medicine advocacy summit was a great experience for me and an eye opener to see what happens in the Washington DC- Decisions that they make how it impacts the way with provide patient care at the local level and why we should engage in the advocacy- If we don’t who else?