

Board Report on NJAFP 2023 Resolution #3  
Proposed by Roger Thompson, MD

Future of New Jersey Family Medicine  
Motion: to refer to the board with report back 2024 HOD

Report of the Board:

**Whereas:** There is an undersupply of physicians in the US and a shortage of Family Physicians in New Jersey, and

**Whereas:** physicians are being required to do more and more administrative activities that 1. take us away from patient care; 2. Delay care; 3. Interfere with care; 4. Take up staff time; 5. Add to the cost of delivering care; 6. Often do not add to providing better care.

*The Board sees this as a call to action regarding administrative burden for Family Physicians. The Board of the NJAFP proposes to continue to collaborate with the AAFP to address the issue on a National Level.*

- 1) There are several proposed resolutions this year focusing on administrative burden to further echo this sentiment and challenge to the AAFP*
- 2) The AAFP has heard this concern from members in the annual AAFP Member Satisfaction Survey for years, two resolutions seeking to rein in the administrative problems and reverse delays in patient care associated with prior authorizations drew strong support at the AAFP HOD. Delegates ultimately combined the two, adopting a measure that called for the AAFP to “advocate for the reduction of prior authorization requirements of health insurance companies through the creation of and adoption of standardized prior authorization criteria.”*
- 3) Stakeholder Metrics: AAFP Delegates adopted a measure that called for the Academy to work with stakeholders to develop metrics — similar to those CMS uses to evaluate physicians and practices — “that evaluate the collaboration, communication and service of health insurance companies with physicians,” nonphysician clinicians and patients, and to report their performance on those metrics annually.*
- 4) At the State Level- the Board of the NJAFP encourages members to continue to communicate to our Government Affairs Committee situations in which insurers are not complying with mandates. Future opportunities for discussion include expansion of the Government Affairs Committee and Advocacy work in collaboration with Staff and NJAFP Government Affairs Counsel Claudine Leone or other reporting methods.*

**Whereas:** corporatization of medicine by large health systems Wall Street venture capitalists continues to grow, and

**Whereas:** these influences continue to force family physicians to abandon independent practice, and

*The Board sees this as a call to action for independent practice and public education about Family Medicine:*

- 1) *The Board of the NJAFP renews their commitment to supporting and advocating for their members in all types of practice.*
- 2) *The Board of the NJAFP as a part of strategic planning discussed strategies to increase public awareness of the vital role Family Physicians and Continuity of Care play in the US Healthcare system, Health Systems, and communities.*
  - a) *Media Training*
  - b) *Increased Media Hits (radio interviews, op eds, social media)*
  - c) *Community Service Events*
  - d) *Call to action to support Legislatures in NJ who support Physicians*
  - e) *Leveraging Social Media*

**Whereas:** New Jersey needs to train new physicians in appropriate patient centered care rather than simply support the owner corporation with unnecessary specialty referrals, and

*The Board of the NJAFP feels it is outside of the scope of the NJAFP to recommend specific curricular elements to Medical Schools or Residency Programs.*

*The AAFP has numerous resources for physicians regarding Value Based Care which are searchable on the AAFP website.*

**Whereas:** the growth of Medicare Advantage plans is detrimental to both the patients and physicians. Sub Medicare payments and increased administrative duties, and

*The Board of the NJAFP recommends that we propose a resolution to the AAFP HOD to advocate for increased transparency to the purchasers and consumers of healthcare and accountability of health insurance companies to provide covered services without delay and increased administrative burden.*

**Whereas:** some “quality” metrics have been shown to not improve patient care, but do increase cost to physicians i.e., fall risk, depression screening, and

**Whereas:** non-physician directed Accountable Care Organizations (ACOs) limit income to physicians while providing good profits to their owners, hence the growth of venture capital owned ACOs. See National Association of ACOs suggestion that CMS pay physicians directly vs to ACO, and

*The Board of the NJAFP recommends to restate/reinforce AAFP Policy “Guiding Principles for Value Based Payment”*

**Whereas:** it has become increasingly difficult to hire physicians in NJ (for multiple reasons),  
And

*The Board of the NJAFP is working hard to increase our membership and to retain future members allowing for networking and connections.*

- 1) Aligning with NJ Medical Schools Family Medicine Interest Groups by giving presentations about the NJAFP to medical students interested in family medicine.*
- 2) Aligning with NJ Family Medicine Residencies by giving presentations about the NJAFP to residents.*
- 3) Resident Social Event Sponsored by NJAFP Foundation free to residents and open to all NJAFP Members for networking*
- 4) Advocating and successfully achieving increased loan repayment for physicians to join small/private practices that do not have access to PSLF (public student loan forgiveness)*
- 5) Job fair at Annual Meeting*
- 6) Opening Board meetings to students and residents, and socializing the meetings*
- 7) Scholarship opportunities for Students and Residents for meetings/leadership development*

**Whereas:** New Jersey family medicine practices are under threat by the independent Nurse Practitioners, and

*The Board of the NJAFP and Government Affairs has successfully lobbied, testified, and collaborated with other specialties to educate the NJ legislature that one EO 112 is removed the APN are not choosing to go into primary care in medically underserved areas and that the APN Lobbyist are not correctly representing the current landscape of practice in the state.*

**Whereas:** the growth of hospitalist movement has not improved patient care as they are often overworked and negatively influenced by the hospital vs patient interests. Now therefore be it

**RESOLVED:** that NJAFP undertake a review of these issues and develop a comprehensive plan to reduce the administrative burden on for the future of New Jersey Family Medicine practices.

*The Board of the NJAFP endeavors to keep the scope, practice landscape, and future of Family Medicine strong in the state of NJ.*