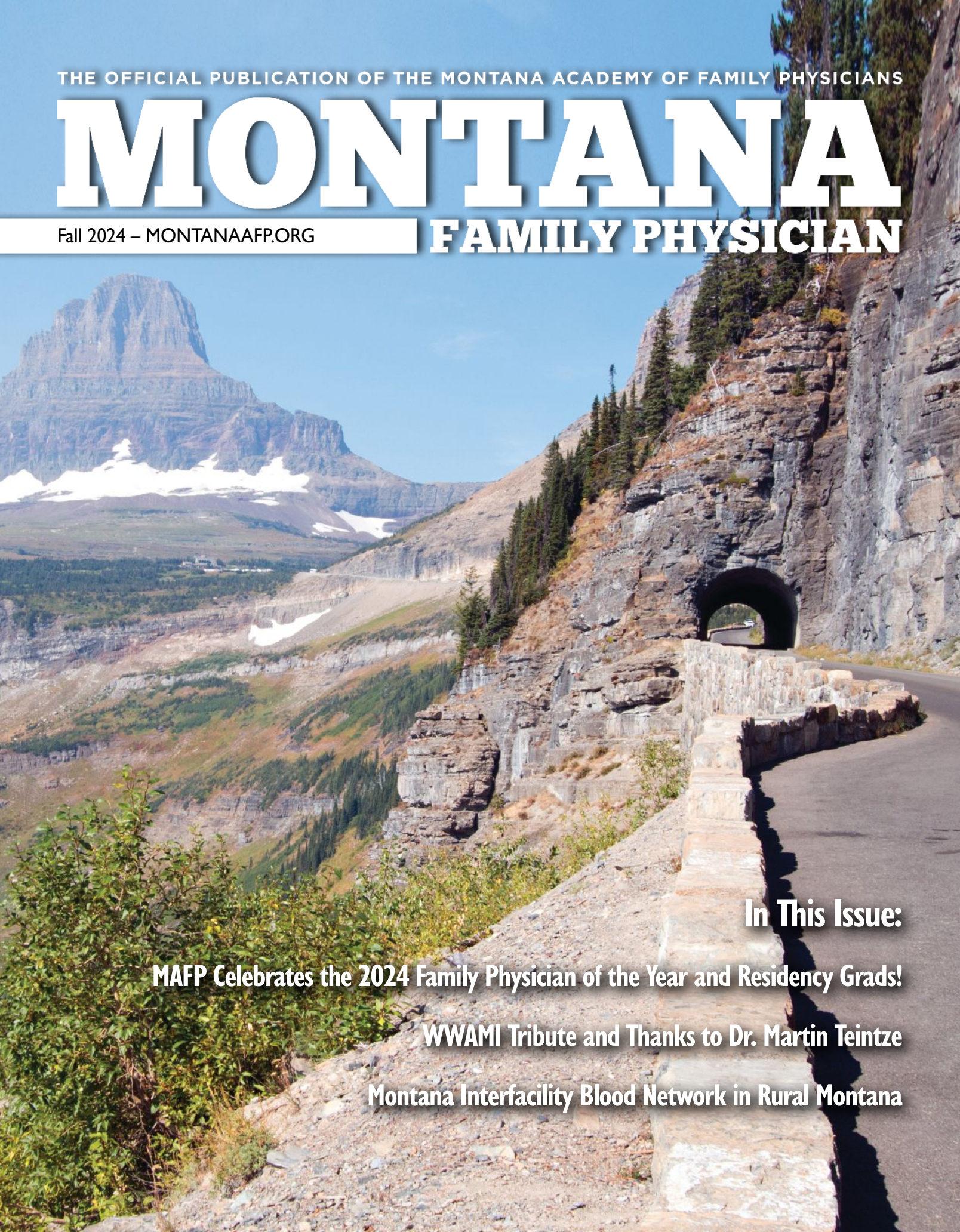
THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA FAMILY PHYSICIAN

Fall 2024 – MONTANAAFP.ORG



In This Issue:

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*The **Montana Family Physician** is printed, addressed, and mailed to every family physician, resident, and medical student in Montana as well as all 50 other state chapters.*

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Edition 22

MAFP President's Message

Saul Rivard, MD, 2024/2025 MAFP President

Greetings, MAFP members!

It is an honor to be serving as your 2024/2025 MAFP President. Having served on the MAFP Board for the past several years, I can tell you that this organization works hard to uphold the MAFP mission: *to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity*. In service of this mission, the MAFP has consistently presented high-quality medical conferences twice yearly. Soon, the MAFP will be advocating for Montana family physicians and our patients during the 2025 Montana legislative session. Your membership contributions allow for this important work to be achieved.

This past June, the 73rd Annual Meeting of the Montana Academy of Family Physicians at Chico Hot Springs occurred. Many talented speakers, meaningful discussions, and valuable CME credits were offered. The national guest speaker, Sarah Sams, MD, AAFP Board of Directors from Columbus, Ohio, presented on the often-overlooked 4th trimester care.

As the 2025 Montana legislative session quickly approaches, it is crucial that family physicians across Montana have a voice in the policy-making decisions that occur. This is why the MAFP joined with the Montana Chapter of the American Academy of Pediatrics to form a legislative advocacy consortium, through which our organizations were able to jointly hire a seasoned and effective lobbyist. Key issues we will focus on include Medicaid expansion, scope of practice, and criminalization of medical care. I feel it is important to be represented and engaged in the policy-making process that can all too often affect our profession. Prior to, and during, the 2025 Montana legislative session, I invite each of you to reach out to your state senators and representatives about the policies and laws that affect you, your patients, and your practices. By virtue of being a family physician, your opinions and experiences matter. Sharing these with our lawmakers carries more weight than you can imagine.

I look forward to this next year with hope and optimism.

Members of the 2024/2025 MAFP Board of Directors at the MAFP Primary Care Conference at Chico Hot Springs in June with special guests Dr. Heather McRee (center, MT Family Physician of the Year), and Dr. Sarah Sams (left of center, representative from AAFP Board of Directors).

Save the Date!

MONTANA ACADEMY
OF FAMILY PHYSICIANS

Presents The 66th Annual

Big Mountain Medical Conference

January 29-31, 2025

The Lodge at Whitefish Lake Whitefish, Montana

Register on line at:http://www.montanaafp.org

Application for CME credit will be filed with the AAFP.
Determination of credit is pending.

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Dr. Cecilia Heck, MD, PGY2

Family Medicine Residency of Western Montana, Missoula

Growing up, my days were spent on my family's small sheep farm on the Bozeman Pass. After high school in Bozeman, I continued onto Carroll College where I received a bachelor's degree in biology. Shortly after college I was able to serve as a Peace Corps Volunteer in Cameroon, Central Africa. For two and a half years I worked in a small village developing projects that focused on maternal health in areas such as malnutrition and malaria prevention. This is where my love of medicine grew into a calling, and I was able to return after my service to attend medical school at the University of Washington. I have a passion for working in rural communities and am a graduate of the Targeted Rural Underserved Track (TRUST) at UW. After medical school I joined the Family Medicine Residency of Western MT where I am currently a PGY-2. My current interests are maternal health and full-spectrum family medicine with my goal being to return to rural Montana to practice after I finish my training. In my free time, I enjoy trail running and cross-country skiing with my dog and enjoying everything Montana has to offer. Thank you very much for welcoming me as the AAFP representative of Family Medicine Residency of Western MT!

Congratulations to the 2024 Dennis Salisbury Montana Family Physician of the Year!

Dr. Heather McRee is a strong advocate for family medicine and never turns down an opportunity to speak positively about the profession. She is a former medical director of PureView Health Center where she often spoke about the profession at the Montana legislature, local high schools and colleges and outreach events. She served as Vice Chair and Chair of the Family Medicine Department of St. Peter's Healthcare, as well as several other leadership roles. With her recent leadership role as a mindfulness coach, she has also had a unique position to speak positively about and promote family medicine's role in a patient's holistic lifestyle and wellness. She is certified by the American Board of Obesity Medicine and is now a diplomate of ABOM. This aligns with her interest in wellness medicine.

Innovative Montana Interfacility Blood Network (MT-IBN) Improves Care in Rural Montana

By Alyssa Johnson MSN, RN, TCRN, CEN

For trauma patients in rural areas, receiving lifesaving care in a timely manner is an enormous challenge. The vast distances between healthcare facilities and limited transportation resources creates significant obstacles, especially for patients suffering severe bleeding who require urgent blood transfusions. This was a major issue facing the state of Montana.

Montana is an extremely rural state, spanning over 147,000 square miles with an average population density of just 7.4 people per square mile. Many small critical access hospitals and clinics are scattered across this expansive territory. Adverse weather frequently grounds air ambulances, leaving ground transport as the only option for transferring patients to major trauma centers which can be over 100 miles away.

In February 2019, the challenges of this situation became devastatingly clear. A 30-year-old woman suffering a ruptured ectopic pregnancy went into full cardiac arrest during a 100-mile ground ambulance transport to Billings Clinic. The ambulance had driven past another hospital that potentially had blood products, but there was no way for EMS to know that facility's blood inventory.

This case served as a wake-up call about the limitations in Montana's trauma system, according to Alyssa Johnson, MSN, RN, the state's Trauma System Manager. It sparked efforts to develop an innovative solution - the Montana Interfacility Blood Network (MT-IBN).

Creating the Blood Sharing Network

The first step was mapping out all the healthcare facilities in Montana and which received blood supplies from the American Red Cross versus Vitalant (see below)

Next, a survey was distributed to trauma coordinators and providers across the state. It revealed strong support (92.5%) for the idea of ambulances being able to pick up blood products from intermediary facilities during transport of patients to higher levels of care.

After being temporarily paused by the COVID-19 pandemic, the Montana State Trauma Care Committee finalized and launched the MT-IBN in April 2022. Comprehensive guidelines were developed covering all aspects of implementation:

Blood Sharing Procedures

- Only O- uncrossmatched red blood cells can be shared
- No verbal/historical blood types accepted
- Detailed processes for sending facility, receiving facility, and intermediary facility

Required Resources

- Qualified personnel to administer blood in ambulance (paramedic, RN, physician)
- Proper blood packaging and transfer documentation per supplier requirements

Logistics

- Law enforcement often assists transporting blood to avoid ambulance detours
- Receiving facility handles compatibility testing and charging for transfused products
- Blood resupply and billing procedures

By fostering cooperation across Montana's many independent health systems, the MT-IBN enables facilities to support each other and overcome the logistical challenges of the state's rural geography.

Lifesaving Impact

Since implementation, the MT-IBN has already been activated to provide lifesaving blood products to several patients during ambulance transports. The voluntary network continues rapidly expanding as more rural hospitals recognize its potential benefits.

The project was published in the Journal of Blood Medicine, highlighting the MT-IBN as a pioneering "hand-off" approach to optimizing trauma care across Montana's remote regions.

While initially conceived for hemorrhagic emergencies, the same principles could potentially be applied to facilitate timely access to other scarce medical resources like certain medications or equipment for rural patients during transport. The innovative nature of this system was recognized with a national 2024 Peregrine Award for Trauma Innovation.

For further information on the project, please visit: https://dphhs.mt.gov/publichealth/emsts/trauma/educationresources

Tribute and Thanks to Dr. Martin Teintze

On May 20th friends, colleagues, and Montana WWAMI students and alum gathered at Inspiration Hall to celebrate Martin Teintze, PhD. Hanging up his hat as an educator for over three decades, Dr. Teintze began his journey at Montana State University (MSU) as an associate professor of biochemistry in 1992.

In 2009, Dr. Teintze was named the interim director of the Montana WWAMI Medical Education Program and permanently assumed the role in 2012. Under his leadership, in 2013 the Montana WWAMI incoming class size grew from 20 to 30 students admitted annually. Within a few years of the increased class size, Dr. Teintze helped guide the expansion of the program to include a second-year curriculum, allowing students to complete much of their training in their home state.

In Montana WWAMI's 51-year history, more than 350 WWAMI graduates currently provide essential healthcare services to Montanans across the state, thanks in part to Dr. Teintze's dedicated leadership.

Thank you, Dr. Teintze, for your hard work, for your passion and high standards as an educator, and for your dedication to improving the health of Montanans by educating our future physicians. You will be missed!

Montana Family Medicine Residencies Congratulate 2024 Graduates!

Montana Family Medicine Residency, Billings

Residents:

Brooke Fettig, MD plans to stay in Montana to practice outpatient medicine.

Marina Hansen, MD will practice outpatient medicine at Providence Women's Care and Family Wellness in Missoula, MT.

Alex Hetrick, DO will practice inpatient and outpatient medicine in Polson, MT.

Jameson Laub, DO will practice rural family medicine in Cortez, CO.

Travis Loy, MD is staying in Billings to practice outpatient medicine at Intermountain Health in the Billings Heights.

Daniel Pak, MD will return to his hometown of Mill Creek, WA to practice outpatient medicine.

Adam Putnam, DO is joining Bitterroot Health in Hamilton, MT to practice outpatient medicine.

Jalyn Walker, MD will practice outpatient medicine in Red Lodge, MT.

Family Medicine Residency of Western Montana, Missoula and Kalispell

Missoula:

Sienna Foxton, DO, will be practicing at Yakima Valley Farmworkers Clinic in Yakima, WA.

Kara Francis, MD, will be practicing at Blackfeet Community Hospital in Browning, MT.

Alec Kerins, MD, will be practicing at Ruby Valley Medical Center in Sheridan, MT.

Travis Kinane, DO, is pursuing a fellowship at Maine-Dartmouth Sports Medicine in Augusta, ME.

Jennifer Selland, MD, will be practicing at Mad River Family Practice in Waitsfield, VT.

Rebecca Sharar, MD, will be practicing at Beartooth Billings Clinic in Red Lodge, MT.

Cecilia Weeks, MD, will be joining the faculty and practicing at Lost Coast Family Medicine Residency and Open Door Community Health Center in Eureka, CA.

Kalispell:

Sarah Davis, DO, will be practicing at Logan Health in Kalispell, MT.

Emilie McIntyre, MD, will be practicing at Pagosa Springs Medical Center in Pagosa Springs, CO.

Bryce Roberts, DO, will be practicing at Star Valley Health in Thayne, WY.

Leading Family Practice Residents To Wellness

By Dr. Jameson Laub and Dr. Luke Leary

The COVID-19 pandemic brought the physician mental health crisis to a head. Physicians started opening up about burnout and their struggles dealing with it. We know that provider well-being affects care quality. If we're not taking care of ourselves, we can't take the best care of our patients.

At the Montana Family Medicine Residency, we work continually to nurture resident wellness. As resident wellness leads, our efforts are focused on building community and maintaining transparency.

One new MFMR wellness lead is elected each spring, usually an intern who will continue as a wellness lead until graduation. In spring 2024, residents chose Dr. Jacalynn Kim, class of 2026, to join us on the wellness team.

The first three months of residency are a particularly stressful period, according to research reported in the Journal of Graduate Medical Education, April 2024 issue. The reported rate of suicide spikes during this transition from medical school.

For family physicians, the variety of our rotations means that we are dealing with new learning situations throughout three years of residency. That's why MFMR has a long onboarding process. For six months, interns are offered additional support in hospital rotations from second- and third-years. Upper levels advocate for the intern if the intern is overloaded. By supporting each other, we build community.

Faculty have been open with residents about their own experiences with burnout and the ways they were able to recognize burnout and walk through it. Early on, we tell residents there's a lot of stress in what we do. There's a reason we have mental health resources available and encourage you to use them.

At the beginning of every residency year in June, our wellness team meets with interns and explains the resources we have, including an independent licensed clinical social worker. She partners with MFMR to be available for counseling at no cost to the resident. We strive to prevent the negative sequelae that come with the stress of residency.

For Dr. Leary, moving from his home state of Mississippi to Montana meant being far from family. His wife didn't know anyone in Billings. Yet they felt welcomed by the residency's familial nature.

The way we practice is collaboration. We put our heads together to determine how best to care for the patient. Learning medicine that way eases a lot of the stresses we have.

The wellness leads schedule social gatherings at least a couple of times a month – dinners, grill-outs, painting party, mini golf or other outdoor activities. Families usually are invited and we try to keep costs affordable.

The annual resident retreat held in October in Red Lodge is a time for team building. In addition to meetings for residents, family and pets are invited. We have a pet-friendly residency. Although both of us are dog owners, we welcome residents with cats, too.

We do multiple interventions to promote wellness, including restricting patient load early on, regular check ins and meetings with supervisors. The wellness team works to prevent isolation. We have Feedback Fridays when we talk about what we are doing well and what we can do better. Part of the discussion is that residents are not expected to know everything. It's a learning process, especially for interns.

Psychiatry is part of regular didactics taught by Dr. Julie Kelso, the board-certified psychiatrist on our faculty. We learn about promoting wellness for our patients and ourselves.

Residency leadership listens to us. One strength of our program is that Program Director Dr. Garth Brand and faculty are receptive to our concerns and try to make changes. Rotation schedules have been revised based on resident feedback on burnout. Faculty physicians give residents on hospital rotation a break by covering for them during resident dinners so all residents can attend.

The chief residents, program director and other faculty are continually involved with maintaining residents' mental health as they learn family practice skills. Frequent and honest feedback helps residents overcome anxiety about not knowing everything.

MFMR faculty supports residents by giving us space to make decisions rather than placing their style of medicine on us. They ask important questions and check in with us regularly. Faculty members care about us. Formally and informally they are open to making changes and communicating. That support and transparency is our foundation for physician wellness.

Dr. Jameson Laub, DO, graduated from the Montana Family Medicine Residency in July and is practicing in rural Colorado. Dr. Luke Leary, MD, will graduate in the MFMR class of 2025 and plans to practice in Sheridan, Wyo.

UM Family Medicine Residency Program Receives $750K to Develop New Training Sites

Dr. Rob Cruikshank works with Dr. Ashley Ward, PGY1, at Partnership Health Center in Missoula.

MISSOULA – The University of Montana's Family Medicine Residency of Western Montana received a $750,000 grant from the Health Resources and Services Administration of the U.S. Department of Health and Human Services to develop new residency training sites for family physicians.

The program is one of 15 throughout the country to receive an award to develop new residency programs in rural communities.

"We are grateful to HRSA and the RRPD for funding our proposal to expand residency training in Montana," said Rob Stenger, the residency program director. "Our state has a significant need for physicians in rural and underserved communities that will only grow as our population grows and currently practicing physicians retire."

The three-year award will support the development of residency training sites in **Butte** and **Helena**, in partnership with St. James Hospital and Southwest Community Health Center in Butte and St. Peters Health and PureView Health Center in Helena.

FMRWM currently partners with Community Medical Center, Greater Valley Health Center, Logan Health Medical Center, Partnership Health Center and Providence St. Patrick Hospital to train residents in **Missoula** and **Kalispell**. With the planned expansion, FMRWM will grow from training 30 residents each year to training at least 39 residents annually.

The proposed new training sites in Butte and Helena will focus on full-scope family medicine, including obstetrical training, similar to the Missoula and Kalispell training programs

The need for additional physicians in Montana is clear. As of April, 52 of 56 counties in Montana are either entirely or partially designated as primary care health professional shortage areas and 50% of counties are defined as maternity care deserts. FMRWM strives to train compassionate and clinically competent family physicians to serve patients and communities in these rural and underserved areas of Montana.

The UM-based residency program welcomed its inaugural class of 10 residents in 2013 and partnered with a core group of nine rural training sites. Eleven years later, FMRWM now partners with 17 rural training sites throughout western Montana and soon will graduate its ninth class of family medicine physicians. Over 60% of graduates have gone on to practice in rural and underserved areas, and 65% have remained in Montana.

"Family Physicians are the ideal health care providers for rural and underserved communities because of their broad scope of training," Stenger said. "We seek to train physicians able to meet the needs of small Montana communities – from primary medical and mental health care to emergency medicine and obstetrics."

FMRWM is a three-year family medicine residency program sponsored by UM and affiliated with the University of Washington Family Medicine Residency Network. The program is located at Partnership Health Center in Missoula and Greater Valley Health Center in Kalispell, where residents provide ongoing primary care services.

Rural partners include Barrett Hospital and HealthCare, **Dillon**; Blackfeet Community Hospital, **Browning**; Central Montana Medical Center, **Lewistown**; Clark Fork Valley Hospital, **Plains**; Community Hospital of **Anaconda**; **Deer Lodge** Medical Center; **Eureka** Healthcare; Madison Valley Medical Center, **Ennis**; Bitterroot Health, **Hamilton**; Northwest Community Health Center, **Libby**; Providence St. Joseph Medical Center, **Polson**; Ruby Valley Medical Center, **Sheridan**; St. Luke Community Hospital, **Ronan**; St. James Medical Group & Southwest Montana Community Health Center, **Butte**; StoryBrook Medicine, **Stevensville**; and Tribal Health of the Confederated Salish and Kootenai Tribes, **St. Ignatius**.

UM Starting New PA Program

The Latest Updates

By Thomas A. Bryant, PA-C, MPAS, Associate Professor

Photo from Physician Assistant Programs - Health Care Sciences | Nova Southeastern University

The University of Montana College of Health is full steam ahead with the development of the 1st Physician Associate (PA) program in the Montana University System (MUS).

Pending accreditation, UM plans to matriculate the 1st class in the fall of 2026 for a 2-year course of study.

The 1st year (Phase I) is anticipated to host a cohort of approximately 24 students.

The 2nd year of clinical rotations (Phase II) will begin in the fall of 2027.

The vision of UM's PA department will be to grow PAs for MT from MT communities to fill gaps in desperately needed healthcare delivery throughout the state.

The University of Montana PA program welcomes close collaboration with other educational programs to facilitate overall success.

All educational components and standards are by the Standards, 5th Ed from the Accreditation Review Commission on the Education for the Physician Assistant (ARC-PA).

Successful Accreditation relies on Regional Healthcare Providers' Involvement

Clinical Preceptors Are Required and Needed Now for Accreditation

- We seek eager participants to join us as future clinical preceptors.
- Students will be placed throughout the Montana region and, potentially, in nearby states to complete required clinical training during Phase II of the program.
- Affiliation Agreements (AAs) must be established to become an accredited program.
- We welcome all interested organizations and individuals to contact me for more information.
- We are eager to schedule a video call and visit your facility at your convenience.

Required Rotations

Family Medicine
OB/GYN
Internal Medicine
Surgery
Pediatrics
Emergency Medicine
Behavioral Med/Psychiatry
Electives

Qualified Preceptors

Physicians (MD/DO)
Physician Associates/Assistants
Nurse Practitioners
Any other licensed professional specialized in their field (e.g. Lab, PT)
Note: All preceptors must be board-certified and licensed in their respective state

Program Leadership

Dr. Marci Contreras, PA-C, Ed.D.
Program Director
Marci.contreras@mso.umt.edu

COL (Ret.) Thomas A. Bryant, PA-C, MPAS
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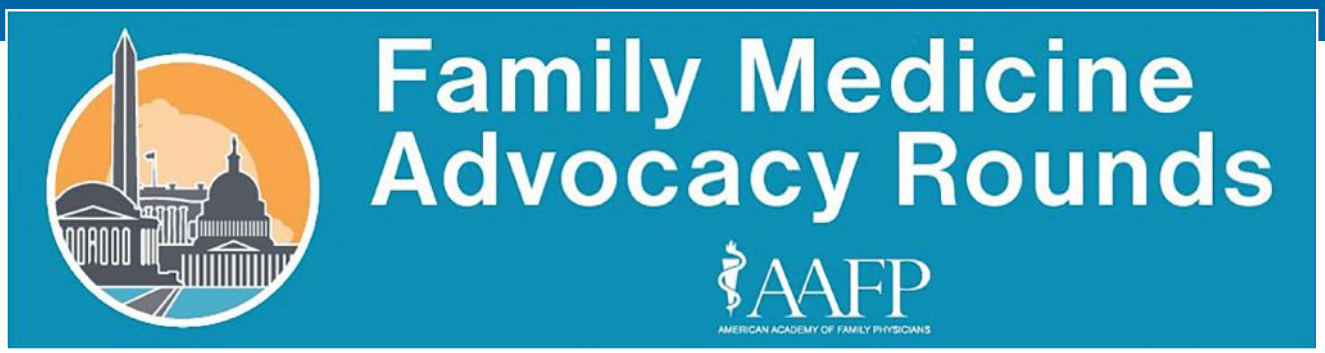

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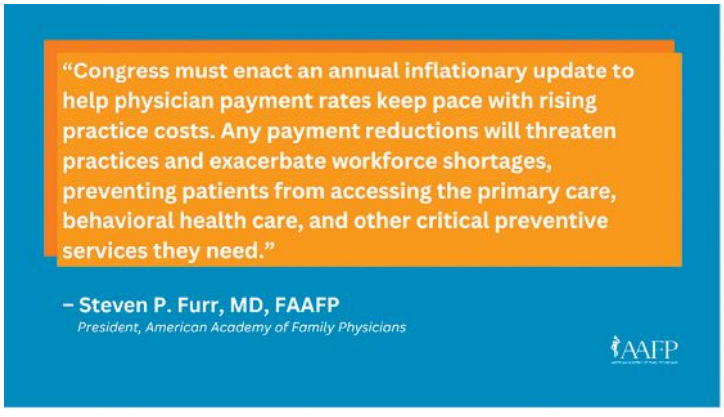
Welcome to Family Medicine Advocacy Rounds—the American Academy of Family Physicians' monthly tip sheet to educate, engage, and update you on the latest policy issues affecting family physicians and their patients.

Medicare Physician Fee Schedule Proposed Rule Signals Need for Sweeping Payment Reform



Why it matters: The Medicare program is essential in helping millions of people access comprehensive, continuous primary care. While the 2025 Medicare physician fee schedule proposed rule includes some proposals to strengthen primary care, its 2.8% reduction in the Medicare conversion factor once again highlights the urgent need for congressional action to ensure that physician payments keep up with the costs of running a practice. Read the AAFP's statement.

What we're working on:

- The AAFP is working with lawmakers to secure positive, inflation-based annual updates for Medicare physician payment. One way to do this is through the Strengthening Medicare for Patients and Providers Act, which would provide physicians with an annual inflation-based payment update tied to the Medicare Economic Index.
- We're grateful that CMS will allow payment for G2211 when billed alongside an evaluation and management (E/M) visit on the same day as an annual wellness visit, vaccine administration, or any Medicare part B preventive services.
- We are also advocating for a payment system that enables family physicians to invest in practice transformation and adopt alternative payment models — something that is out of reach for most primary care practices given the long history of undervalued payment for primary care.
- The AAFP recently submitted a formal response to the Senate Finance Committee's bipartisan white paper on chronic care and physician payment within traditional Medicare. Our feedback provides robust policy recommendations on how to reform Medicare payment and coverage to better value primary care, including providing an annual inflationary update for physician payment and addressing budget neutrality requirements.
- The AAFP also submitted a letter for the record in response to a House Ways and Means Health Subcommittee hearing on improving value-based payment for clinicians and patients. Our letter highlights the need to improve fee-for-service payment as a starting point for improving the transition to value-based payment.
- The AAFP also submitted letters in response to the Ways and Means and Energy and Commerce Committee's respective hearings on improving value-based payment for clinicians and payments.
- The AAFP responded to Senators Whitehouse and Cassidy's proposal to implement a hybrid payment for primary care in Medicare, which amplifies our above recommendations about the need to improve fee-for-service payment first in order to meaningfully and successfully transition to value-based payment.
- Without reform, the current Medicare payment system will further destabilize primary care physician practices, accelerate consolidation, and erode the primary care physician workforce.

Family Physicians Respond to SCOTUS Ruling on EMTALA

The June 27 U.S. Supreme Court decision in the case of *State of Idaho v. United States* upholds the Emergency Medical Treatment & Active Labor Act (EMTALA). This helps physicians treat patients in life-threatening medical situations, including pregnant patients in distress. While we support the outcome of this case, access to care is still at risk as EMTALA continues to be challenged in the country's legal system.

The AAFP has long made clear that patients must be able to depend on their physicians to help them in making critical decisions about their health. Physicians must be able to practice medicine that is informed by the available evidence alongside their years of medical education, training, and experience.

Read more in the AAFP's statement.

AAFP Provides Recommendations to Congress on GME Reform

Why it matters: The AAFP has long been concerned about the shortage of primary care physicians in the U.S., particularly the supply of family physicians, who provide comprehensive, longitudinal primary care services for patients across the lifespan, including chronic disease management, treatment of acute illnesses, and preventive care.

Primary care is the only health care component for which an increased supply is associated with better population health and more equitable outcomes, and we need every tool available to bolster strong future generations of family physicians.

What we're working on:

- The AAFP shared recommendations with the Senate Finance Committee that highlighted several issues and policy proposals to reform traditional graduate medical education (GME) programs.
    - This included increased GME data transparency, increasing and redistributing slots to rural and underserved communities, permanence of Teaching Health Center Graduate Medical Education (THCGME) funding, and ensuring that GME reforms focus on expanding the primary care workforce.
    - We hope to see these recommendations included in a legislative package before the end of the summer.
- The AAFP's Robert Graham Center's recent primary care scorecard dives into the root causes of the primary care workforce shortage and also offers tangible solutions.

AAFP Asks CISA to Update Cybersecurity Reporting Requirements

Why it matters: The AAFP supports policies that guarantee the appropriate security of protected health information while working to improve patients' access to their data, as well as the ability to share patients' health information across the care team. A new proposed rule from the Cybersecurity and Infrastructure Security Agency (CISA) outlines definitions, as well as applicability, reporting, and enforcement requirements for critical infrastructure sectors such as health care.

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What we're working on:

- The AAFP wrote to CISA and shared several recommendations for how the agency can strengthen its proposals, align definitions and reporting requirements in a way that's helpful to family physicians, appropriately regulate health insurance companies and IT vendors, and provide appropriate support to Critical Access Hospitals in the regulation. Specifically, we called for CISA to
    - specifically include health IT vendors and health insurance companies in this regulation by developing applicability criteria for them, due to their potential to have an outsized impact on the health care sector if targeted in a cyberattack; and
    - *not* include additional health care practices engaged in direct patient care in this regulation.

While large hospitals with significant administrative and IT staff and substantial financial reserves may be equipped to fulfill these proposed requirements, small, physician-owned practices are in an entirely different situation — particularly primary care practices that frequently operate on razor-thin margins in the best of times.

The AAFP is looking forward to a final rule that will ease burdens on physicians expected in the fall of 2025.

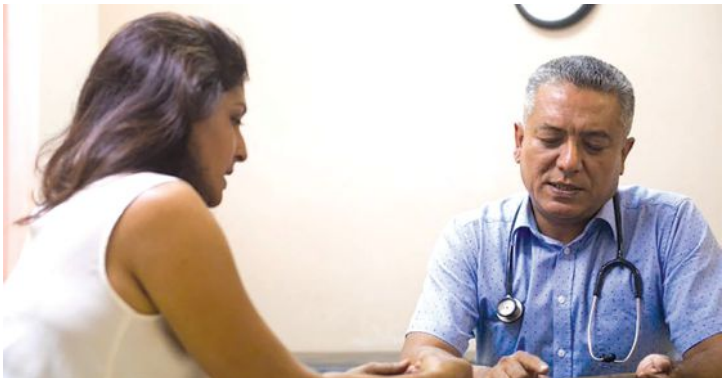
AAFP Shares Health Care Recommendations for FY25 Budget

***Why it matters*:** Each year, provisions that impact primary care are included in the Fiscal Year (FY25) Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill as Congress finalizes the federal budget. The Labor-HHS appropriations bill provides critical funding for agencies and programs that family physicians and their patients rely on for access to care, improved research, primary care workforce programs, and disease prevention and health promotion efforts.

What we're working on:

- In our letter, the AAFP voiced support for appropriate funding for the Health Resources and Services Administration (HRSA), including support for Title VII primary care workforce and training programs such as the National Health Service Corps loan repayment and scholarship programs to help address physician shortages.
- The AAFP urged the Committee to appropriate robust funding for the Centers for Disease Control and Prevention (CDC), including support for increasing routine vaccination rates, data modernization to improve pandemic preparedness and response, firearm injury and mortality, and tobacco and smoking prevention.
- We also asked the Committee to appropriate robust funding for HRSA, CDC, and National Institutes of Health programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health.
- Family physicians are on the front lines of behavioral health, and we encouraged the Committee to appropriate robust funding for mental health and substance use disorder programs, such as HRSA's Pediatric Mental Health Care Access Program, to ensure that children and adolescents can access mental health services and support the integration of behavioral and mental health services into primary care settings.

Family Physicians Secure Wins in Final E-Prescribing Regulations



In a win for AAFP advocacy, CMS recently finalized e-prescribing health IT standards and implementation specifications for the Medicare Advantage program and Medicare Prescription Drug Benefit Program.

The AAFP commented on the proposed rule last winter, and we applaud CMS for finalizing regulations that will provide enhancements to e-prescribing capabilities, including the ability to communicate with long-term care settings and pharmacies to improve health outcomes.

CMS also listened to AAFP recommendations and finalized rules to increase transparency and give physicians a more complete view of patient-specific medication options and costs to select the most clinically appropriate medication at the point of care. The AAFP is also pleased that CMS will now support enhancements that will enable payers to provide additional product-level details about coverage and formulary status.

Family Physicians Join Coalition to Protect Access to Preventive Services

The AAFP joined other leading health care groups in forming a new advocacy coalition: Promoting Health Through Prevention (PHtP). PHtP works to promote the availability of preventive services for no out-of-pocket cost under the Affordable Care Act. Proactive screenings for cancer, behavioral health conditions, and heart disease, among other conditions, can help keep Americans of all ages healthy and identify potential problems early.

The coalition will use multiple communications channels and draw attention to several tools and services to educate Americans about the importance of preventive services, including the use of MyHealthfinder, developed by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services.

What We're Reading

- AAFP President Steve Furr, M.D., FAAFP, spoke to MedCentral about the impact of the 2025 Medicare physician fee schedule proposed rule. "It's really just totally devastating. Many practices are struggling to survive. Not only do we not get an inflationary update, but we get a cut on top of that," he said.

- AAFP President-elect Jen Brull, M.D., FAAFP, spoke to Time magazine about which vaccines to get this fall and winter. The AAFP continues to advocate to ensure that patients can access all vaccines at their family physician's office.

- Robert Graham Center Director and family physician Yalda Jabbarpour, M.D., spoke to KFF Health News about how concierge medicine can affect access. Separating from a doctor who's transitioning to concierge care "breaks the continuity with the provider that we know is so important for good health outcomes," she said.

For the latest policy updates on family medicine, follow us at @aafp_advocacy.

About American Academy of Family Physicians

Founded in 1947, the AAFP represents 130,000 physicians and medical students nationwide. It is the largest medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits — that's 192 million visits annually or 48 percent more than the next most visited medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care. To learn more about the specialty of family medicine and the AAFP's positions on issues and clinical care, visit www.aafp.org. For information about health care, health conditions, and wellness, please visit the AAFP's consumer website, www.familydoctor.org.

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