



FMLC Update | August 2024

The American Academy of Family Physicians (AAFP) provides the following organizational report detailing our work on Family Medicine Research, Artificial Intelligence, and POCUS.

Family Medicine Research

The Robert Graham Center (RGC) is celebrating 25 years of impactful policy research this year. In July, the RGC [published in AFP](#) a history of the RGC; where we came from, our impact on primary care over the past 25 years and where we are going. I hope you will all take a moment out of your busy days to read about our rich history.

National Primary Care Scorecard

The second national Primary Care Scorecard released today reveals an intensifying primary care crisis and identifies five reasons why access to affordable, quality primary care services is expected to get worse.

Developed by researchers at the American Academy of Family Physicians' Robert Graham Center and co-funded by the Milbank Memorial Fund and The Physicians Foundation, [The Health of US Primary Care: 2024 Scorecard](#) report and [data dashboard](#) examine critical measures of primary care performance nationally and across all states.

Earlier this month, the AAFP and related organizations have expressed their support for efforts to modernize the National Institutes of Health (NIH) and highlighted the critical role of primary care in the U.S. healthcare system. The letter (see Attachment 1) advocates for increased funding for primary care research to enhance the development of comprehensive healthcare solutions, improve patient outcomes, and ensure health equity. The AAFP emphasizes the importance of integrating primary care research into NIH's broader mission, particularly through initiatives like the new CARE for Health, which focuses on historically underrepresented communities.

Artificial Intelligence

Advocacy

The AAFP continues to monitor federal and industry activities around AI. The AAFP was one of the first medical societies to publish a set of principles for the ethical use of AI. In October of 2023, we publish the [Ethical Application of Artificial Intelligence in Family Medicine](#) policy. Our intent is that this is not the final version or only policy around AI, but rather the first as AI is rapidly advancing and we will need to continue to update our policies in response. Staff are working on a detailed advocacy strategy including both public and private sector efforts. We are planning to complete an internal AI issue brief in February 2024, from which we would create additional documents that can be shared outside of the AAFP.

Education/Resources

The AAFP have created an initial set of educational resources for family physicians around artificial intelligence. We have a free [introductory CME series on AI](#) as well as AI education at

part of our [Using Technology to Reduce Admin Burden](#) CME. There also have been several articles on AI published on our journals, [AFP](#) and [FPM](#).

Research

AAFP had conducted a series of evaluations of AI solutions in family medicine aimed at reducing administrative burden. We interviewed and surveyed family physicians and other primary care physicians and clinicians to better understand how AI can assist in reducing administrative burden. We found that AI assistants for [documentation](#) and [clinical review](#) can dramatically reduce administrative burden for family physicians (73% reduced documentation time and 38% reduced chart review time respectively).

Point of Care Ultrasound

The AAFP provides comprehensive education and training on Point-of-Care Ultrasound (POCUS) through various formats, including live events like FMX and the National Conference, as well as an [online CME course](#). The POCUS Member Interest Group, established in May 2016, now boasts 870 members. This group advocates for fair policies and access to POCUS education, works to improve educational resources, and promotes the integration of POCUS into family medicine practices and medical education.

The AAFP journals, *American Family Physician (AFP)* and *Family Practice Management (FPM)*, have both written extensively on the topic, including articles like:

1. Point-of-Care Ultrasonography (AFP) [link](#)
2. Point-of-Care Ultrasound: A Practical Guide for Primary Care (FPM) [link](#)
3. Point-of-Care Ultrasonography in Family Medicine (AFP) [link](#)



August 8, 2024

The Honorable Cathy McMorris Rodgers
United States House of Representatives
Washington, DC 20515

Dear Chairwoman McMorris Rodgers,

On behalf of the American Academy of Family Physicians and the undersigned organizations, we appreciate your efforts to reform and modernize the National Institutes of Health (NIH). We share your commitment to promoting innovation and improving the NIH's capacity to advance medical research, which is essential for enhancing the health and well-being of all Americans.

Primary care, the largest & most widely distributed platform for health care delivery in the U.S., accounts for more than 400 million visits every year and encompasses every age, organ system, and stage of life and, most notably, is the only health care component where an increased supply is associated with better population health, more equitable outcomes, and reductions in mortality.ⁱ Decades of evidence reveal comprehensive primary care, which involves first contact, continuity, comprehensiveness, and coordination, essential to achieving effective, whole-person care and the nation's Quintuple Aim for healthcare.ⁱⁱ This distinction underscores the need for the NIH to adopt a more inclusive approach to primary care research as well as establishing a pathway for integrating it into its broader mission of advancing medical science.

At the heart of the relationship with a primary care provider is a deep sense of trust developed with patients—this trust forms the foundation for meaningful engagement and improved outcomes in research. Consequently, family medicine research is uniquely positioned to be patient-, family-, and community-centered, which is crucial for enhancing health promotion, improving care for chronic diseases, and advancing healthcare delivery. We aim to emphasize cross-cutting themes of health equity, technology, and team science all of which are vital to our society today.

Despite the foundational role primary care plays in our nation's health care system, primary care research remains significantly underfunded, receiving a fraction of 1 percent of the NIH's total budget.ⁱⁱⁱ This maldistribution of funding presents a significant challenge and undermines efforts to develop comprehensive health care solutions that address the broad spectrum of health issues faced by individuals and communities.

Nearly 95 percent of adults 60 years and older have at least one chronic condition, and nearly 80 percent have two or more.^{iv} This trend is projected to get worse in the coming years as the number of adults 50 years and older with at least one chronic disease is estimated to increase by almost 100 percent from 71.5 million in 2020 to 142.6 million by 2050.^v In order to effectively meet the current and future needs of patients with chronic conditions, we need our nation's research infrastructure to capture the diverse and complex nature of patient presentations and health needs, which is often overlooked in more narrowly focused, disease-specific research endeavors.

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In addition, primary care research is essential to facilitating more effective clinical translation. The ability to translate research findings into practical applications within clinical settings is crucial for improving patient outcomes and delivering high-quality care. Primary care research, with its focus on the heterogeneity of disease and the diverse needs of patients and communities, is uniquely positioned to bridge the gap between research and practice, ensuring that scientific advancements directly benefit patients.

To achieve our national health care goals, it is crucial not only to fund research within primary care but also to invest in research *about* primary care. Understanding the scientific basis of primary care, as well as the dynamics, challenges, and successes of its delivery are crucial to informing better healthcare policies and practices. Only through increased financing of such research can we identify the most effective models of care, improve healthcare delivery, and ensure that primary care remains resilient and responsive to communities.

We are encouraged by NIH Director Monica Bertignolli's recent announcement of a new initiative called [Communities Advancing Research Equity for Health – or CARE for Health](#). This initiative will establish a network for conducting primary care research in real world settings with a focus on communities with historically underrepresented populations and is a good start to a larger, more holistic approach that includes research on translation to primary care settings. The methods of getting the best evidence-based care to the widest population of people possible remains an important target for investigation, and an important target for NIH support.

Given that a significant number of healthcare visits are attributable to primary care, we would suggest that a proportionate percentage of national research funding, including NIH funding, should be allocated to support the need for improved innovation in primary care delivery. We look forward to working with the United States Congress and the leadership of the NIH to facilitate action on this objective.

Sincerely,

American Academy of Family Physicians
American Board of Family Medicine
Association of the Departments of Family Medicine
Association of Family Medicine Residency Directors
NAPCRG
Society of Teachers of Family Medicine

ⁱ Starfield, B., Shi, L., Macinko, J. (2005, Sep) "Contribution of Primary Care to Health Systems and Health" *Milbank Quarterly*. 83(3): 457-502. doi:10.1111/j.1468-0009.2005.00409. Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>

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