



# Mississippi Academy of Family Physicians Strategic Direction 2016

*The MAFP is dedicated to advancing the specialty of Family Medicine through improving the health of all people in Mississippi.*

The leadership and staff of the Mississippi Academy of Family Physicians met at Marriott Grand Hotel in Point Clear, Alabama on Sunday, November 1 to set a roadmap for family medicine in the state. Prior planning sessions were held in 2003, 2007 and 2011.

MAFP was founded in 1949 and is an affiliated chapter of the American Academy of Family Physicians. The MAFP is a medium size chapter (401-1001 Active members) of the AAFP with 967 total members (as of October, 2015) which includes 546 Active members representing 79.4 percent of potential members paying dues. The retention rate for Active members is 94.9%. There are 64 Resident members and 262 Student members. The Academy recognizes the importance of engaging first-year new physicians and offers a 50% discount to this member segment. 90% of MAFP graduating Resident members converted to Active membership. The MAFP dues are \$275 and AAFP dues are \$430.

The IRS has designated MAFP as a 501(c) (6) trade association or professional society and it is affiliated with the Mississippi Academy of Family Physicians Foundation, designated as a 501(c) (3) charitable organization.

Planning participants:

- Sam Crosby, MD, President
- Walter Burnett, MD, President-Elect
- Katie Patterson, MD, Secretary
- Jennifer Gholson, MD, Immediate Past President
- Luke Lampton, MD, AAFP Delegate, Past President
- Susan Chiarito, MD, AAFP Alternate Delegate, Past President
- John Mitchell, MD, AAFP Alternate Delegate, Past President
- Erin DeWitt, MD, District 1 Director
- James Griffin, MD, District 2 Director
- David Wheat, MD, District 4 Director
- Brent Smith, MD, District 7 Director
- Diane Beebe, MD, Dept. of FM Chair
- Beth Embry, Executive Director, staff
- Ashley Thompson, Legislative Consultant, staff

Existing mission statement: Dedicated to advancing the specialty of Family Medicine and improving the health of all people in Mississippi.

Proposed mission statement: Dedicated to advancing the specialty of Family Medicine **through** improving the health of all people in Mississippi.

Existing vision statement: For every person in Mississippi to have access and availability to a well-trained family physician to manage their medical care.

There were no suggested changes to the vision statement.

Existing values: The principles are suggested to guide successive MAFP leaders and the professional staff:

- Integrity in our leadership
- Accountability for our actions
- Responsiveness to specialty needs
- Excellence in the Academy
- Sustainability of the profession

Tagline: MAFP – We Care

Suggested changes to the values:

- Responsiveness
- Accountability
- Integrity
- Sustainability
- Excellence

Suggested Tagline: MAFP – RAISE

Goals – The Core Competencies of MAFP

Five goals were set to position the profession, promote patient care and advance the mission and value statements.

- I. Advocacy – Serving as the unified voice of family physicians in Mississippi.
- II. Academy – Maintaining a dynamic association through an engaged membership, leadership and sufficient resources.
- III. Workforce – Expanding the family physician workforce to meet patient and community needs.
- IV. Professional Development – Providing relevant education through a variety of delivery mechanism.
- V. Public Awareness – Improving public awareness of the roles and position of family physicians.

**I. ADVOCACY** – Serving as the unified voice of family physicians in Mississippi. (legislative committee)

A. Create and maintain a legislative committee to promote the interests of MAFP within government affairs.

- 1) Federal level
- 2) State level
- 3) Local level
- 4) Legislative information bank

B. Increase visibility & presence of MAFP in government affairs

- 1) Capitol Day
- 2) Doc of the Day

### 3) Grassroots

#### C. Promote the importance of Family Medicine

- 1) Create brochures, positions and data supporting the importance of family physicians
- 2) Provide a patient section on website
- 3) Identify existing resources of data on scope of practice and family medicine to promote the role of family physicians
- 4) Promote economic impact of family physicians

#### D. Political Action Committees

- 1) FAMDOC PAC – create, participation, other assistance
- 2) AAFP PAC
- 3) MSMA PAC

#### E. Increase participation of family physicians on state and medical society boards and committees

- 1) Board of Medical Licensure, Board of Health
- 2) MSMA, MHA, OPW, Rural Scholars

#### F. Collaboration with stakeholders on pertinent issues

#### G. Liability reform

#### H. Health care system reform

- 1) Monitor national and state progress and initiatives
- 2) Identify and engage allies for fair reimbursement and compensation
- 3) Collaborate with nps and others to improve patient care

## II. **ACADEMY** – Maintaining a sustainable association through engaged membership and leadership. (bylaws, budget, nominating committees)

#### A. Recruitment and retention

#### B. Review member benefits and services

#### C. Develop and maintain website for membership enhancement

#### D. Build relationships with students and residents

#### E. Identify and recommend members with interest in leadership positions and committee involvement

#### F. Maintain financial stability

#### G. Assist MAFP staff with compilation of membership directory

III. **WORKFORCE** – Expanding the family physician workforce to meet patient and community needs.

A. Student interest and recruitment

- 1) Rural scholars
- 2) Student recruitment
- 3) Career promotion
- 4) Debt relief

B. GME training

- 1) OPW
- 2) Residency slots
- 3) Scope of training
- 4) Procedures
- 5) Environment
- 6) Location
- 7) Leadership Skills

C. New physician engagement and retention

D. Practice settings (hospital, academic, independent)

- 1) Contract negotiations
- 2) Breadth of practice

E. Academy involvement

F. Debt relief

G. Physician happiness

- 1) Compensation
- 2) Retention
- 3) Burnout
- 4) Practice transition
- 5) Team based care

H. Continued involvement

- 1) Wealth management
- 2) Involvement/Education
- 3) Continued engagement
- 4) Preceptor

IV. **PROFFESIONAL DEVELOPMENT**- Providing timely education through a variety of delivery mechanisms.

A. Continuing education

- 1) Courses
- 2) Workshops
- 3) Webinars

B. Population health

- 1) Quality metrics
- 2) ACOs
- 3) Medical homes

C. Technology in medicine

- 1) Telemedicine
- 2) Electronic health records
- 3) Resources (electronics)

D. Member networking

- 1) List serves
- 2) Socials

E. Family Medicine faculty development

- 1) Preceptor
- 2) Program director
- 3) Faculty for residency program

F. MAFP/AAFP leadership

- 1) Commissions and committees
- 2) Officers

G. Degree of Fellow promotion

H. Encourage MC-FP

**V. PUBLIC AWARENESS** – Improving public awareness of the roles and position of family physicians. (awards committee)

A. Website evolution

B. Journal production

C. Physician publicity

- 1) Press releases –templates for papers or journals
- 2) Submit articles
- 3) Awards, achievements

- 4) Social media
- 5) Special events – Family Doc Day
- 6) Healthy Living license plate
- 7) Identify and encourage family physician participation in media
- 8) Health is Primary 2017

D. Community Involvement

- 1) School health council boards
- 2) Doctor back to school
- 3) PowerPoint for civic clubs
- 4) Speaker bureau

E. Patient Education Resources

It was suggested members of the board will serve as chairman of the following committees.

Academy – President-Elect

Advocacy – Delegate or Officer

Workforce – Vice President

Professional Development – Secretary

Public Awareness – Delegate