### Communication and Good Governance



Napa Confab

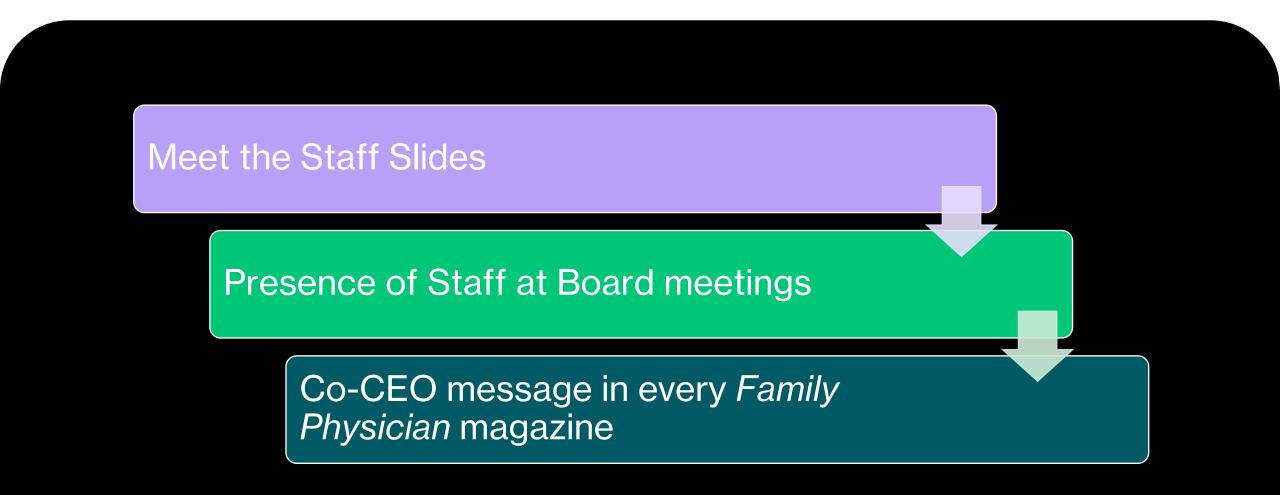


January 17, 2025



9:30 - 10 am

### **Beyond Agendas and Minutes**





#### co-ceo insights

#### Things That Keep **Us Up At Night**

here are many factors that keep us awake at night: caffeine, poor bedtime habits, medications, or pain. And yes, stress! Without the distractions of the day, stress keeps us awake as intrusive thoughts jolt us up in the middle o the night. Maybe we're consumed by what happened earlier that stantly thinking about the to-do list that's waiting

Here's what keeps IAFP up at night AND what helps us sleep better! At a Senate Finance Committee hearing in April, AAFP President Steven Furr, MD, FAAFP, testified that "the physician workforce skews heavily toward non-primary care specialists, and we have fewer primary care physicians relative to the population than in other countries. This is having severe impacts on patient access."

According to a study released in March by the Commonwealth Fund, among 10 high-income countries, the U.S. trails its peers in access to and continuity of primary care. The study compares the state of primary care in the U.S. with nine other high-income nations Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, and the United Kingdom. More information about the report is available here. Findings from the analysis show:

- 1. At least 86% of respondents in all 10 countries reported having a regular physician or place to go for care. However, adults in the LS. (87%), Swedne (88%) and Canada (86%) had the lowest when the lowest control of Canada (86%) had the lowest when the lowest control of Canada (86%) had t
- 2. Only about 2 of 5 adults in the U.S. and Australia reported having been with their primary care physician for five years or more, a significantly lower proportion than in the other
- 3. Less than 4 in 10 physicians in the U.S. reported usually receiving information about changes to their patient's care or medication plans from specialists or hospitals.
- 4. At the same time, three-quarters of U.S. adults (73 percent) say

Recent posts and studies show the U.S. saw a net loss in clinician Too few physicians are delivering primary care even as patient demand is rising. That's the message of a new report called "The Health of U.S.

Primary Care: 2024 Scorecard Report — No One Can See You Now."

The Scorecard's Data Dashboard provided a breakdown for both workforce and usual source of care:

6 Spring 2024 Liafp.com



and Chief Advocacy



. From 2016-2021, the percentage physicians in Illinois practicing primary care decreased from 29.4 to 27. Nationally, the decrease went from 27.9 to 26.6.

. From 2010-2021, the percentage of the adult population without a usual source of care in Illinois remained flat (20.7 to 21.1) while it grew nationally from 23.6 to 28.7. The same held true for the percentage of children without a usual source of care which remained flat in Illinois (4.6 to 4.9), but ncreased nationally from 10 to 13.6 percent

As Dr. Furr stated, "...this data is telling. People are losing their trusted relationship with a primary care physician and, in turn, their trust in the health care system."

Relationships matter. Dr. Eurs's testimony moke to the work family physicians do to maintain meaningful relationships with patients, especially those with more complex needs. Evidence ontinues to suggest this type of longitudinal relationship with

According to a Robert Graham Center Policy One-Pager, family ue to offer the most comprehensive care. Againa usual source of care is associated with better patient satisfaction, enhanced equity, and lower costs.

We continue to use these reports and scorecards at the state level about the Match in this issue as well as the uplifting medical student stories and promising efforts through our IAFP leaders' ations with those high school students looking for a career

#### Editor's note:

can access the Commonwealth Fund State of Primary Care at https://www.commonwealthfund.org/publications/issuebriefs/2024/mar/finger-on-pulse-primary-care-us-nine-countries and The Milbank Fund report at https://www.milbank.org/publications/ the-health-of-us-primary-care-2024-scorecard-report-no-one-can-see-you-now/ and the Robert Graham Center One-pager at https:// www.aafp.org/pubs/afp/issues/2021/1200/p560.htm

# Family Physician

# Co-CEO Messages

#### CEO Message

#### We Need Your Voice



our email to iafp@iafp.com. Please include a preferred one number in your email.

Next up: Plan to attend the IAFP Celebration wher

all new board members will be installed from 12-3 p.m.

on October 27th at the Marriott Marquis McCormick

physicians by promoting the value of the specialty of family medicine in Illinois and improving health

for all through advocacy, education, and professions growth. Our goal is to hear your powerful voice and

work to accomplish the strategic plan's vision of family

Place alongside the AAFP FMX activities. Our members will gather in celebration of our new leaders and IAFP awards honorees. Learn more and RSVP at



The primary mode of self-expression is our voice. In · Became more proactive in advocating for patient enables us to share opinions, tell our story, spread focused issues as strongly as we do for physicianawareness, bring forth ideas, and yes, speak up.

For many of us, it's easier to advocate for others than it is supported the need for universal, equitable access to high-quality health care. to speak up for ourselves. Speaking up about something Provided more in-person or easier online access to that's on your mind is needed, even if it's a difficult issue. When you speak up, you publicly, assertively, and honestly communicate for the rights and needs of yourself and others. It is at the root of all social change, CME at no cost to easily obtain mandatory state Do these resonate? Each voice gifts us with perspective

For those who spoke up and completed IAFP's alland knowledge on things that matter to our memb and knowledge on things that matter to our members. Please continue to use your voice and share your brilliant ideas and burning questions! Your Board of Directors wants to hear from you; your email can be about IAFP's strategic plan, policy, an action item request, or member survey, THANK YOU, We received many constructive comments and feedback. Look for a synopsis of the results in an upcoming communication. Here are just a few of the open-ended responses that show our members living into their values and speaking their truth: suggestions to improve service to our members. Send

- reimbursement to physicians.
- Being respected by corporate medical groups.
- Balancing work/life demands in context of increasing patient's needs and decreasing workforce to meet those needs. Inbox management and the pressures for
- productivity within a broken system
- · Keeping independent and dealing with staffing
- Accessing behavioral health for patients. · Keeping current educationally.
- Getting it all done.
- I believe IAFP could serve our members even better if we.... · Were more effective in our lobbying efforts.
- · Connected to members in more ways.
- Staved out of social activism.
- Engaged more medical students and residents.
- physicians thriving in a health care environment that enables them to provide safe, quality, equitable care for every person in Illinois.

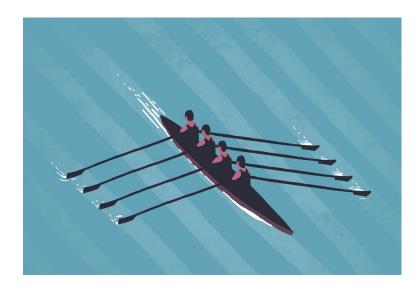
www.iafp.com/iafp-annual-meeting. IAFP's mission is to be the voice of Illinois family

6 Summer 2023 | iafp.com

# In Sync

It's essential that a Board understand:

- \* who their staff are
- \* what they do
- \* their unique professional expertise and competencies



EVERYONE thrives on strong relationships and open communication with those who support their efforts.

#### Charting the Transition: Our Report to Leadership December 2024



#### A Journey Balancing Innovation and Practicality

As Co-CEOs from December 2020 and careers spanning 28 and 32 years with IAFP, we are happy to reflect on a transformative shift in programming at IAFP. While honoring where we started, we appreciate how far we've come. We're shaping our path forward by asking:

- . How do we use our core strengths to forward IAFP's mission and vision?
- What opportunities can we pursue, and what tasks can we let go of to create room for them?
- How can we streamline our operations for greater efficiency and impact?

Together with our staff of professionals, we remain committed to embracing new possibilities.

Co-CEO Domains of Practice: In the world of association management, the American Society of Association Executives (ASAE) helps associations grow, excel and achieve. As the premier source of learning, knowledge, and future-oriented research, it is our higher standard of professionalism. The ASAE identified 8 essential domains of practice that reflect the role of a chief staff executive of an association. They're listed here with select highlights from our scope of work that have advanced our transition.

#### Governance

- Created continual leadership development topics for the second half of each Board meeting.
- ✓ Offered a Governance Workshop for the Chair, President, President-elect. and Co-CEOs.
- Provided a narrative to the Executive Committee delineating our roles among these organizations: IAFP,
   Family Health Foundation, and Family Medicine Midwest.

#### Executive Leadership

- ✓ Implemented a regular "update" to the Board.
- Adapted during the pandemic by hosting a virtual rural health summit, virtual Annual Meeting, and increasing member communications with COVID resources to remain relevant to our membership.
- ✓ Established a diversity policy.

#### Organizational Strategy

- Increased transparency on Delegate and Alternate Delegate processes, Board term limits, and listing of IAFP members serving on AAFP Commissions.
- ✓ Improved Cloud preservation of institutional knowledge (manuals, recurrent calendar tasks, etc.).
- Conduct quarterly Deep Dives with staff which include problem-solving and concept-mapping.

#### Operations

- ✓ Paid off outstanding debt \$340k.
- ✓ Conducted legal review of Employee Handbook, Conflict of Interest, and Anti-Trust statements. Suggestions were adopted and all are in compliance.
- ✓ For FY2025 budget, earmarked a \$50k line item for Residents/New Physicians and a \$50k line item for a new website and new membership software.

#### Business Development

- Strengthened relationships with professional organizations and state agencies.
- Shifted grant writing for projects and education within our scope and of impact to the specialty of family medicine: vaccines, dementia, behavioral health, lifestyle medicine, obesity, diabetes, antimicrobial stewardship, substance use disorder. etc.
- ✓ Created Podcasts and YouTube CME.

#### Member and Stakeholder Engagement

- Started the President's Member Message to increase touchpoints with membership.
- Recognized a need for new physician engagement and created a Task Force on New Physicians.
- Provided a New Physicians and Residents learning track at Annual Meeting addressing their specific needs.

#### Advocacy and Public Policy

- ✓ Dedicated a <u>website</u> for advocacy, including legislative tracking, legislator advocacy, and background briefs.
- ✓ Developed an Advocacy Elective for resident physicians.
- Improved synergy with AAFP on issues transcending state impact like scope of practice and importance of primary care.

#### Marketing and Communications

- Improved presence on social media and among partner organizations.
- Increased awareness with the public on family physicians' role in improving health outcomes.
- Trusted voice for investigative journalism on stories impacting members and their patients.

#### Charting the Transition: Our Report to Leadership December 2024



Looking Ahead: Our work continues. In the coming year, you'll see a new website, robust additions to our CME library, greater offerings for our resident and new physicians to help them grow and connect to peers and the family medicine community, a virtual Essential Evidence Update in the spring, and Spring Into Action returns in the non-election year.

As our Board, your role will include updating the strategic plan, identifying and mentoring upcoming leaders, recruiting new and lapsed members, weighing in on our financial strength, sharing your accomplishments so others may learn and grow from your experiences.

Excited to continue this journey,

Gordana Krkic, CAE Jennifer O'Leary Chief Executive Officers



## Keeping Them Apprised

# President, President-Elect, and Board Chair:

Monthly Meeting with Co-CEOs

#### **Executive Committee:**

- On an as-needed basis with Co-CEOs
- In-person at AAFP Congress of Delegates

#### Full Board of Directors

- Secure Board home page of resources
- Quarterly Co-CEO Update
- On an as-needed basis

### Leadership Development Programming

# Dedicated time during every Board meeting

Homework and Follow-up Activities

### Topics include:

- DISc Assessment for Leaders
- Take the Test Eagle Center for Leadership
- Facilitated Discussion on:
  - New Physician Engagement and Recruitment Strategies
  - Advocacy Case Studies

# Formula for Success

#### **Building Mutual Trust:**

- ❖A Board should familiarize themselves with staff roles and contributions.
- When the staff feels valued and understood, the Board gains confidence in the team's ability to execute initiatives and provide reliable insights.

#### Result:

- ❖A foundation of trust ensures that everyone is aligned in achieving the organization's goals.
- ❖A well-informed Board is an empowered Board – and knowing the staff is a key part of that empowerment.

Thank you!

Gordy & Jen

