

COUNCIL ON WORKFORCE AND MEMBER ENGAGEMENT

Thursday, November 7, 2024

2:30 – 5 p.m.

Location: Montgomery A, The Woodlands Waterway Marriott Hotel

Zoom connection information: Meeting ID: 897 4786 4161 Passcode: 735209

AGENDA

1. Call to order by Laura Nietfeld MD, chair (Eric Lee, MD, vice chair)
2. Introductions
3. Approval of report – April 12, 2024
4. Current business
 - A. Student and Resident Summit
 - B. FMLE revitalization
 - C. Resident Graduation Gift update
 - D. Preceptorship resolution update
 - E. AAFP's Residency Ambassador program
 - F. HOSA updates
5. Other business
 - A. Recognize outgoing chair, welcome incoming chair and vice chair.
6. Adjourn

Kathy McCarthy and Juleah Williams are the staff liaisons for this group.

COUNCIL ON WORKFORCE AND MEMBER ENGAGEMENT REPORT

Author: Juleah Williams

Meeting date: April 12, 2024

The following members and guests attended the meeting in person: Laura Nietfeld, MD, Chair; Eric Lee, MD, Vice Chair; Jessica Bracks, MD; Naomi D'Acolatse, MD; Bruce Echols, MD; Taylor McCain, DO; Chelsea Mendonca, MD; Rashmi Rode, MD; Dan Sepdham, MD; Mary Shipman, DO; Gurjeet Shokar, MD; Dana Sprute, MD; Sinha Bharati, MD; Priyanka Kadari; Donald Nino, MD, Board Liaison. Guests: Dr. Terrance Hines, MD. Staff: Tom Banning, Kathy McCarthy, Juleah Williams.

The following members attended the meeting virtually: Vartika Atrey, MD; Rebecca Campos, MD; Tricia Elliott, MD; Tamara McGregor, MD.

ACTION ITEMS

ACTION ITEM: That TAFP support and present to AAFP the attached resolution to increase family physician precepting with incentives like a national tax credit for teaching physicians.

BACKGROUND: Texas needs to work to reduce its primary care shortage, especially in underserved areas. Early exposure to quality family medicine experiences may help encourage medical students to choose family medicine as a career path. Precepting students negatively impacts productivity for family physicians, which is becoming a greater issue now that physician contracts are moving towards a productivity-based model. TAFP is tasked to improve the clerkship participation, therefore increasing the amount of quality family medicine physician preceptors so that there are more opportunities for students to have these experiences. Research by: George Downham, DO, Resident at Conroe Family Medicine

MINUTES

1. The meeting was called to order by Laura Nietfeld, MD, chair at 3:00 p.m.
2. The report from the November 9, 2023, meeting was approved as written.
3. Mathew Meeks, the Director of the Joint Admission Medical Program (JAMP) gave a presentation on the JAMP program and how our council members could get involved. JAMP is a state-funded workforce pipeline program. They welcomed their first cohort in 2003. The program provides support for highly qualified economically disadvantaged students from across the state of Texas to successfully matriculate into medical school and pursue a career in medicine. One hundred students are selected annually to participate in JAMP. The program provides support through scholarships, MCAT preparation support, summer internships, and mentoring. If the student meets the program criteria, they are guaranteed admission to a

participating Texas medical school. During the last legislative session additional funding was approved for the program, to increase support and build rural interest. TAFP members can reach out to info@texasjump.org to inquire about volunteering as a physician mentor or offer shadowing experience.

4. The council discussed the progress of the second class of the Resident Leadership Experience. This included suggestions to improve communication and meet-ups with residents from current mentors of the program.
5. Kathy provided information on the status of FMLE and asked for volunteers for an FMLE workgroup to ensure that the program is concise and provides relevant support. She also announced that there will be an FMLE Alumni reunion at ASPCS this fall in the Woodlands. FMLE workgroup volunteers: Eric Lee, MD; Laura Nietfeld, MD; Tamara McGregor, MD; Taylor McCain, DO.
6. Juleah gave an update on the HOSA family medicine competitive event interview matches and asked for volunteers for next year. Kathy asked for volunteers to participate in a HOSA panel and for judges for the competitive event in June in Houston.
7. The meeting was adjourned at 4:48 p.m.

September 2024

TAFP's first-ever Student and Resident Summit was a resounding success, bringing together more than 300 medical students, family medicine residents, physicians, faculty, and other family medicine enthusiasts on August 24 in Grapevine for a day packed with career-building activities, education, and networking.

The summit was preceded by the Family Medicine Leadership Collaborative and the Clerkship and Residency Coordinators Conference on August 23, where 80 leaders from across Texas gathered to share insights and address challenges.

The weekend kicked off with a lively social event, sponsored by the Texas Beef Council, featuring friendship bracelet-making stations, a champagne toast, and free summit T-shirts. We had around 150 people in attendance.

The summit officially began Saturday morning with a warm welcome from TAFP President Terrance Hines, MD, followed by an inspiring keynote from Adrian Billings, MD, PhD, who highlighted the critical need for rural physicians in Texas. Attendees visited with 19 Residency Programs and 6 Career Fair exhibitors, attended informative sessions, and participated in engaging workshops tailored to students and residents, including topics like loan repayment, contracts, value-based care, and leadership. More than 30 students and residents also took part in a hands-on Point of Care Ultrasound (POCUS) workshop led by Dr. Grant Fowler.

Thanks to the TAFP Foundation's Medical Student and Resident travel funding, 130 attendees received travel support, making it possible for many to participate. With overwhelmingly positive feedback, TAFP's inaugural summit proved to be a hit, laying the foundation for it to become an annual event.

Save the date for Saturday, August 23, 2025, at the Westin Dallas Fort Worth Airport Hotel in Irving, Texas.

Breakdown

Students	113	\$40
Residents	65	\$50
Non-member	27	\$100
Res- Pocus	16	\$80
Stud Pocus	17	\$80

TAFP's inaugural Student and Resident Summit a success

By Samantha White

September 04, 2024



From left: Future, current, and former TAFP resident leaders Jose Rincon, MD, Madeline Hazle, MD, and Kasie Okonkwo, MD, attend the first TAFP Student and Resident Summit.

You could say TAFP's first-ever Student and Resident Summit was a hit, full of networking opportunities, education, and an evening social unlike any other. More than 300 Texas medical students, family medicine residents, physicians, faculty, and other family medicine enthusiasts came together August 24 in Grapevine for a day full of career-building events. And thanks to the TAFP Foundation and its many donors, a number of those students and residents received funding to travel to Grapevine and attend.

Before the summit even began, more than 80 people from around the state met for the Family Medicine Leadership Collaborative facilitated by the Faculty Development Center as well as the Clerkship and Residency Coordinators Conference, held all day Friday, August 23. These were attended by leaders of Texas family medicine educational organizations including department chairs, residency program directors, administrators, faculty, clerkship coordinators, and other family medicine champions. The groups spent the day sharing experiences and ideas, discussing common challenges, and hearing from various speakers.

[View summit photos](#)

Friday ended with a networking social unlike any other in TAFP's history, complete with friendship bracelet making stations, a champagne toast to celebrate the inaugural summit, and a packed house of around 150 people. Summit registrants were encouraged to arrive early and attend the social to get their free summit T-shirts. Thank you to the Texas Beef Council for sponsoring the social.

The summit began Saturday morning with a bang, thanks to a welcome from TAFP President Terrance Hines, MD, followed by a breakfast keynote from TAFP Parliamentarian Adrian Billings, MD, PhD. Billings, a rural community physician in Alpine, spoke about his experience being a rural family physician, the sharp decline in rural hospitals in Texas in recent history, and the stark need for clinicians in rural Texas.

Medical students and residents then explored the Residency and Career Fair, which boasted 20 Texas residency programs and six companies featured in the career fair. After a fair break, the students and residents split into their respective tracks for the morning. The student track learned about loan repayment, global health and rural medicine, and leadership in family medicine, while the resident track focused on onboarding and financial management.

All attendees came back together for a lunch break, which began with a TAFP 101 from TAFP Board Chair Emily Briggs, MD, MPH, followed by a keynote panel on exploring careers in family medicine. The panel was led by TAFP board member Amanda Mohammed-Strait, MD, and also included TAFP members Mark Ambler, MD, Vicky Bakhos Webb, MD, MBA, and Lesca Hadley, MD, MBA.

After another break for the Residency and Career Fair, the student attendees learned about the Match, CV writing, social media, and had the opportunity to participate in Family Medicine Speed Dating with TAFP members who hold a variety of positions in family medicine. For the afternoon, the resident track included speakers on contracts, value-based care, and research opportunities. Additionally, more than 30 students and residents participated in a Point of Care Ultrasound (POCUS) Workshop put on by the National Procedures Institute.

The TAFP Foundation graciously funded 130 medical students and family medicine residents attending the summit through the newly established Medical Student and Resident Engagement Fund. Thank you to all Foundation donors for making summit attendance happen for so many!

Between the large group in attendance and feedback received through a post-event survey, we'd say the first TAFP Student and Resident Summit was a huge success and will hopefully become an annual event. Thank you to everyone who attended. [Next up — Annual Session and Primary Care Summit!](#)

September 2024

With a few years of declining applications and more than 140 alumni, we paused FMLE for 2024 with the intent to relaunch in 2025. A group of alumni volunteered to be part of a task force this spring. We surveyed the alumni on their experience. A task force meeting was held on Thursday, August 29 on Zoom to review the survey results and help staff decide on changes to the format and curriculum. Drs. Fozia Ali, Tatiana Cordova, Taylor McCain, Maria Montanez, Laura Nietfeld, and Irvin Sulapas participated along with Kathy McCarthy and Jonathan Nelson.

The changes address comments in the survey and borrow a little from TAFP's newer Resident Leadership Experience. Applications will open in September for the 2025 class with a first meeting occurring during TAFP's C. Frank Webber Lectureship and Interim Session in April 2025. The class will be limited to 20 participants.

Curriculum

April – **Team Leadership and Interpersonal Skills** – We'll start with a personality assessment and a module on leading effective teams on day one, and keep negotiation and conflict resolution on day two. Also includes time for discussion of the project and mentor selection. We will explore alternatives to Myers-Briggs for the personality assessment.

June – **Communications and Advocacy**. A two-day program in Austin. Day one will include media training, a more personal communications presentation like the one on crafting a powerful personal brand, and the elevator pitch activity, in which everyone takes a turn giving a 2-minute persuasive pitch. Day two will include the presentations Tom and Joe Gagen have done on the rules of engagement, understanding the reality of advocacy, etc. The exercise to prepare for and do a mock legislative visit will be included, but the group suggested not having a former legislator and not bringing back the mock hearing. Attendees will get some information on the legislative issues to be used when they arrive to allow those who wish to prepare before day two.

November – **Next Steps in Leadership**. As we've done before, we'll start by having the class attend the TAFP Member Assembly. The curriculum for the day (still Friday during ASPCS) will include participants doing presentations on their projects, a presentation on getting involved in organized medicine (previously presented in the communications session), a panel of FMLE alumni talking about their experience in leadership, speed dating with FMLE alumni and current TAFP leaders, a closing keynote from the visiting AAFP VIP, and graduation with TAFP officers awarding pins. We'll also ask the participants to document what they envision for their next steps in leadership.

Mentors

There were many comments on the survey about wanting more interaction with FMLE alumni and current leaders. We added the speed dating to the final session, but we also want to introduce a mentor component. We'll use the structure that RLE uses to have one mentor with a group of 4-5 participants. Rather than randomly assign the groups, we'll have a way to showcase the mentors (their practice type, leadership

experience, interests, etc.) in the first session and ask the participants to rank which mentors they would like to be paired with, and staff will use that ranking to assign groups.

We're still defining what we want the groups to do, but likely we'll want them to connect in a virtual meeting in May and get to know each other and talk about projects. We'll want them to reconnect in August or September and check in on the projects.

Projects

We spent a great deal of time discussing projects and most of the group found them valuable – both doing them and hearing what others had done. They acknowledged that the projects may be an easier item for members who work in academic settings and may be beneficial to them in a way that they are not for private practice physicians. We will keep the projects as a component, but not penalize anyone for not doing a project.

We will work to better explain the projects and make suggestions of some simple or turnkey projects. We'll also use the first session to encourage participants to work together. For example, if three members are interested in starting up Walk with a Doc in their area, even if they are in different parts of the state, they can work together on planning, support each other as they move forward, and develop a group presentation for the final session. Working together could enhance the experience for participants and develop stronger bonds.

Advocacy

One suggestion was to have FMLE participate in an advocacy day. Because of the timing of the program and the legislative session, it doesn't really work to do it during their year in the program. Instead, we came up with the idea of designating one of TMA's First Tuesdays to encourage FMLE alumni to come to Austin. It would probably be whichever First Tuesday is focused on primary care. Perhaps we could arrange something special for them.

September 2024

Communication:

- Sent a "Congratulations on Your Residency Graduation" email, urging residents to fill out the new contact information form to receive a graduation.
- An initial congratulations email was sent to residents in May 2024.
- Follow-up emails were sent to residency directors and coordinators in June 2024 including the form and a list of residents who hadn't responded.
- We made sure to tell residents in the initial email to expect the gift in August, allowing for relocation.

The Gift:

- Our gift box includes a Stanley dupe with the phrase "everyone deserves a Family Physician," our logo, a TAFP logo notepad, a TAFP pen, and AAFP badge holder, and a postcard with information about the Welcome to Practice Initiative.

Ordering, Packing and Shipping the Gifts:

- We chose a local company that could handle production, packing, and shipping of the gift boxes.

Collecting Contact Information:

- Downloaded the list of current graduating residents and their address on file so we can track the response rate.
- Utilized a Microsoft form to collect data.
- Included a question asking if they are going into a fellowship, if so, what program.
- Updated new contact information in the AAFP Chapter portal.
- For those entering a fellowship, we emailed AAFP and cc'd the resident for additional information to ensure resident status is maintained during their fellowship.

Receiving and Unboxing:

- I reached out to a group of residents to provide feedback on the items and asked them to share a picture on their social media. We only had a few post this year.

Among the 348 resident members that graduated in June 2024, we're pleased to report that we received responses from 208 individuals, a 60 percent response rate. There were 203 graduation gift boxes mailed out.

Of those that responded, 40 are going into a fellowship, 8 are in the JPS 4-year program, 49 are moving out of state, 5 didn't respond to a follow up email asking for an address.

We're planning to monitor the retention rates within this specific group of recipients. For the first cohort, as of September, those still in Texas who responded to the form renewed their membership at 71.8% versus those who didn't complete the form who renewed at 53.4%.

September 2024

Attached is the resolution we submitted to AAFP. It was co-sponsored by Tennessee and Utah. The reference committee recommended the substitute resolved clauses below and they passed the COD:

RESOLVED, That the American Academy of Family Physicians advocate for a national tax credit or tax deduction for physicians serving as community preceptors for medical students and residents without payment from an educational institution, and be it further

RESOLVED, That the American Academy of Family Physicians delegation to the American Medical Association (AMA) bring a resolution to the AMA House of Delegates that the AMA advocate for a national tax credit or tax deduction for physicians serving as community preceptors for medical students and residents without payment from an educational institution.

RESOLUTION NO. 303 (Texas A)

Increasing Family Physician Preceptorships with Incentives

Introduced by the Texas Chapter (Co-Sponsoring Chapter(s): Tennessee and Utah)

WHEREAS, The American Academy of Family Physicians (AAFP) supports training for medical students that emphasizes high-quality, continuous, compassionate and coordinated care through robust family medicine preceptorship programs, and

WHEREAS, evidence shows that early, consistent, longitudinal mentorship and preceptorship increases medical student choice of family medicine as a career, and

WHEREAS, existing AAFP policy calls for all members to prioritize role modeling and teaching throughout their careers and practice, including providing clinical preceptorships and shadowing experiences for both medical students and premedical students, respectively, and

WHEREAS, the purpose of preceptors is to provide a one-on-one relationship with a medical student to help the student develop the needed clinical skills and practical experience working with patients to better understand the diversity within the patient population and treatment settings, and

WHEREAS, clinical preceptors are often not members of the student's educational institution as faculty, instead are actively practicing, volunteer family physicians in the community, and

WHEREAS, current fee-for-service and Relative Value Unit based compensation models are largely or solely based on productivity in the clinic and does not include reimbursement for precepting and teaching students, and

WHEREAS, many volunteer, community preceptors are concerned about increased time commitments from teaching that takes them away from their patients, leading to lower productivity in their role as physicians, and

WHEREAS, the supply of preceptors has been shrinking as some are dropping out of the roles, and schools are unable to offer enough incentive for preceptors to stay, and

WHEREAS, eight states have passed legislation providing tax credits or tax deductions as a way to incentivize new physicians to serve as preceptors in the medical school and residency processes, and

WHEREAS, the AAFP has affirmed that it will serve as an advocate for students, preceptors, departments, and institutions in the creation and maintenance of such preceptorships, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for a national tax credit or tax deduction for physicians serving as community preceptors without payment from an educational institution, and be it further

RESOLVED, That the American Academy of Family Physicians investigate creating a Current Procedural Terminology (CPT) code or modifier to compensate physicians who precept medical students, and be it further

RESOLVED, That the American Academy of Family Physicians delegation to the American Medical Association (AMA) bring a similar resolution to the AMA House of Delegates.

(Received 7/17/24)

Fiscal Note: \$13,200. This would be a multi-year effort so the financial impact would be an annual amount of at least \$13,200.

Political Risk Assessment: Low

Background

The first resolved clause asks the AAFP to advocate for a national tax credit or tax deduction for physicians serving as community preceptors without payment from an educational institution. The AAFP currently supports [federal legislation](#) that would provide a \$1,000 tax credit to preceptors that are working in rural areas. Legislation providing a \$1,000 tax credit to all preceptors in community-based settings that are not employed by the educational institution would require legislative text drafting and introduction.

The second resolved clause asks the AAFP to investigate creating a Current Procedural Terminology (CPT) code or modifier to compensate physicians who precept medical students. The AAFP has not previously and is not currently investigating creation of such a CPT code or modifier. Investigating creation of a code or modifier requires, at minimum, research to find supporting evidence in the peer-reviewed literature. Creation of a CPT code or modifier does not guarantee payment for the services.

The third resolved clause asks the AAFP delegation to the AMA House of Delegates to bring forward a similar resolution in that venue. The AAFP has not done so to date.

Current Policy

[Preceptorships](#)

September 2024

Texas has been chosen as a pilot for AAFP's new Residency Ambassador program. We've identified several new physician members who will be trained by AAFP to deliver a didactic lecture on jumpstarting your career to be delivered at as many programs possible. The Ambassadors will establish relationships with the residents and be a resource for them. We believe that the presentation will be valuable content and hope that having it delivered by a peer, it will be well received.

- Training for the Ambassadors will be at the AAFP headquarters in Leawood, Kansas, on Saturday, November 16.
- AAFP would like the visits with the programs to be in-person, but there may be exceptions made for virtual visits. We think that it will be for programs that are far from any of our ambassadors, or those who don't have in-person didactics, which are very small (or some combination of the three).
- TAFP sent a survey to the programs to gather some information about when these presentations would work best for each program, if they have in-person didactics, which years participate, and who the best point of contact is.

September 2024

Family Medicine Competitive Event:

If you would like to volunteer to be interviewed by a high school HOSA student for the 2025 cycle, please let Juleah know at the end of this meeting, or email Juleah Williams at jwilliams@tafp.org. You can learn more about this program for HOSA students here, <https://www.aafp.org/students-residents/premed-medical-students-educators/advising-pre-med-students/hosa-career-knowledge-test.html#competition>

HOSA International Leadership Conference June 26-29, 2024, in Houston, Texas

During the conference Dr. Botsford delivered a presentation, while Dr. Brendon Martin, Dr. Kristie Tu, and Dr. Irvin Sulapas served as panelists. We also had an excellent turnout of judges including Dr. Donald Nino, Dr. Adam Mendonca, Dr. Rashmi Rode, Dr. Jonnae Atkinson, Dr. Joaquin Villegas, Dr. Payal Gaba, Antonio Pontifes, and Amber Maredia.

Reimagining Texas' Health Care System by Investing in Primary Care Research and Innovation

By Tom Banning, CEO

Texas Academy of Family Physicians

Until 2021, most Texans didn't think twice about the state's electrical grid. But that year, the grid widely failed when an Arctic snowstorm strained its capacity, leaving millions without electricity or heat for several days, wreaking havoc on the state. The collective shock of that experience drew Texans' attention to the fact that the electrical grid needs regular maintenance, investment, and research and development to ensure it can keep pace with the state's growing population and changing energy needs.

Like the electrical grid, Texas' primary care system has struggled to keep pace with the needs of a modern state. Of the state's 254 counties, 224 are designated as primary care health professional shortage areas. Is it any wonder that getting a primary care appointment can be a nightmare, even if you already have a primary care physician? In a state brimming with world class medical schools, health science centers, and hospitals, many Texans have been left scratching their heads, asking how the state's primary care system got to this point.

We know a robust primary care "grid" is vital to Texas' interests, serving as the bedrock of the state's health care system. Numerous studies show that robust access to primary care benefits both individual patients and communities. Patients with a regular primary care relationship have better health outcomes, higher satisfaction, and lower overall health care costs, while communities with higher numbers of primary practices enjoy better and more equitable population health, making primary care a common good — like electricity.

Nationally, primary care practices provide more than one in three health care visits and often serve as the only source of care for patients, including people with chronic conditions, such as diabetes, or mental health needs. For underserved communities, primary care often is the only option.

Increasing the number of primary care physicians practicing in Texas is the first step to fixing this problem, and it's a step Texas has taken. Over the past several legislative sessions, lawmakers have allocated significant funds to expand graduate medical education, grow rural primary care training programs, increase access to primary care loan repayment, incubate new federally qualified health centers, and more.

However, expanding the primary care workforce without better understanding how to optimize the practice of primary care, its integration into the larger health care system, and its ability to adapt to a rapidly growing population is like installing more power lines without knowing if they're going to the right place or can handle the load. Texas should now pair investments in its primary care workforce with research into how to improve its efficacy and ingenuity, developing strategies to improve patient management, health outcomes, and interprofessional collaboration. In other words, Texas must help primary care practices adapt now so they will be available in the future.

Research dollars dedicated to primary care account for only 0.3% of all federal research funding. Texas similarly spends little to no dollars specifically on primary care practice improvement. As a result, primary care clinicians are reliant upon research conducted in settings unlike theirs or among patient populations that do not directly correspond to primary care.

According to the National Academy of Science, Engineering and Medicine, "The neglect of basic primary care research ... not only adversely affects primary care outcomes but also leads to the lack of a population-based understanding of illness and disease along the health care spectrum. Better [primary care research] support could lead to answers to questions that are critically important for improving population health."

Texas can solve this deficiency by establishing and funding its own Primary Care Research and Innovation Lab, in partnership with the state's health science centers, with the express purpose of evaluating strategies to improve primary care resiliency, capacity, access, efficacy, cost effectiveness, and interprofessional, primary care collaboration.

As the state's primary care system goes, so goes the rest of the health care system. Texas has long incubated state-of-the-art medical and specialty services, such as cancer research to improve cancer treatment, with the goal of improving the health of its own residents as well as the nation. That expertise now should be harnessed to research and reimagine a sustainable, resilient, integrated, cost-effective, and accessible primary care model that can power Texas' health care system.