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Why criticize the AAFP?

After reading your editorial in the March issue (“Strong Medicine for America,” *J Fam Pract* 2008; 57:148), I completely agree with your assertions that family physicians must continue to be the cornerstone of the American health care system, that we must achieve better payment rates, and that we must attract the next generation of family physicians to our residency programs. That’s why I am puzzled that you went on to criticize the American Academy of Family Physicians’ new vigor in championing family medicine’s issues with government, employers, and other private sector payers. Like it or not, these payers make the decisions that most directly impact our future as a specialty. It would be folly to wish for better outcomes without working for it.

The hard truth is that family physicians will face tougher and tougher times unless we convince payers of our value. We cannot assume that doctors will be paid their worth or that medical students will flock to our residency programs unless and until we strengthen our position within the health care system. That’s why the AAFP has embarked on this important campaign—to educate those who question the relevancy of family physicians in tomorrow’s health care system.

We have a powerful story to tell—a story about the importance of family medicine as an essential building block for an equitable, functioning health care system—one centered on primary care that produces better health outcomes for patients and better value for payers’ dollars. It’s a story that can influence payment rates, policy, and legislation, as well as health plan design decisions made by America’s largest employers along with federal and state governments. Our effort is designed to do just that, by:

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Country medicine and primary care to ensure that decision-makers strengthen our role as the health system evolves;

• Demanding that Congress enact better payment formulas so we can continue to care for Medicare patients and because the federal payment system often serves as a model for states and private insurers;

• Working tirelessly with private-sector payers to quantify and reinforce the improved quality and lower cost of patient care when primary care, particularly family medicine, forms the foundation of that care;

• Engaging our primary care peers and other health care providers to promote the value of the medical home, where an ongoing partnership among a patient, physician, and practice team provides the basis for comprehensive, coordinated care across specialties.

The AAFP’s outreach will help us achieve exactly what you demand—a health care system that relies on “the resiliency and resourcefulness of the next generation of family physicians.”

But it won’t happen if we don’t speak out for it. That’s what we’re doing: carrying the message to new and important audiences on behalf of family physicians and the specialty we all love.

Jim King, MD, President, American Academy of Family Physicians

Dr. Susman responds

Thank you for your thoughtful letter. Clearly, discourse on the direction we choose for our discipline is important for our specialty, our patients, and our communities. I stand by my comments, particularly questioning the wisdom of investing in a tag-line, logo revision, and marketing campaign that do little, in my opinion, to clarify the value of family medicine to the public’s health. I know

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we both are deeply committed to the discipline, and I welcome your candid response. I will continue to call them as I see them—and I trust we can agree to disagree on matters that we hold dearly—but will remain committed to serving our profession, patients, and communities as wisely as possible.

Jeff Susman, MD, Editor-in-Chief,
Journal of Family Practice