Group 1—Advocacy Strategy

**Problem Statement:**

*More than doubling the number of residents in family medicine will require advocacy on many levels—federal and state governments, large clinically integrated systems like HCA and individual health systems. At $100-180K/resident/year of subsidy, the national financial lift is huge, and many of the existing proposals represent only a small percentage of the need. Obvious opportunities include Medicaid funding, rural residency expansion, working with emerging mega-systems like HCA and targeting GME naïve hospitals. Where and how should Family Medicine target its advocacy efforts?*

**Focus Question:**

What should our strategic priorities be for legislation and advocacy to support residency expansion?

**Pre-Reading:**

- Document on numbers of residencies - this lays out recent trends in allopathic and osteopathic residencies and residents and suggests the numbers of residents or residencies needed.
- The organizational report from AAFP
- The advocacy reports from AAFP, CAFM and ABFM

**Group Charge:**

Develop the most important 3-5 general priorities for advocacy for residency expansion addressing funding available (e.g. Medicaid, private sources), target (rural vs general vs all), balance of federal vs state/regional advocacy, and the role of large clinically integrated systems like HCA.

**Questions for Consideration:**

1. What should our federal strategy priorities be—legislatively, CMS, National Academies of Science?
2. What is the role of state and regional advocacy, and how best should national organizations support this work?
3. What should our strategy be with HCA and other large for-profit systems?
4. How should we advocate for social accountability for graduate outcomes, with respect to practice location, service of underserved populations and scope of practice?
5. Should we address initiatives to expand training for and develop fellowships/residencies for NPs/DNPs/Pas?