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American Academy of Family Physicians

From Exam Room to Policy Change

Advocacy in Healthcare and Its Impact on Family Medicine

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LEARNING OBJECTIVES

By the end, participants will be able to...

1. Explain how family medicine advocacy translates daily exam-room realities into systemic policy change.

2. Discuss strategies for protecting primary care funding, reducing prior authorization burdens, defending public health infrastructure, and preserving access to federal student aid and medical training.

3. Apply grassroots storytelling backed by national data to tell the primary care story.

CORE IDEA

Advocacy is clinical care at scale

Policy changes can remove barriers one patient visit at a time cannot solve.

Family physicians see the system before policymakers do.

Every day, exam rooms reveal patterns: delayed care, unaffordable coverage, workforce gaps, misinformation, underfunded prevention, and administrative friction. Advocacy converts those patterns into policy solutions that protect patients and strengthen primary care.

The goal: turn clinical credibility into actionable change.

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TRANSLATION MODEL

How exam-room realities become policy change

A simple framework participants can use for any advocacy issue.

1. Observe

Start with patient and practice experience.

2. Pattern

Name the recurring barrier, not just one case.

3. Policy lever

Identify who/what can change it — payer, regulator, legislation, etc.

4. Evidence

Pair stories with national and state data.

5. Action

Ask for a specific policy, funding, or rule change.

Advocacy translates credibility into leverage.

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POLICY LANDSCAPE

Four policy examples where family medicine advocacy matters

Each issue has a patient story, a system barrier, and a policy lever.

$ Protect primary care funding

Not investing in primary care causes severe harms, including worse overall health outcomes, surging healthcare costs, and deepening health disparities.

4.6% of U.S. health spending goes to primary care (Milbank/RGC).

! Reduce prior authorization burden

Streamline, automate, standardize, and eliminate unnecessary PA requirements that delay care and drain practice resources.

94% of physicians report prior authorization delays needed care (AMA).

+ Defend public health infrastructure

Preserve vaccine access, evidence-based prevention, robust data systems, and health department capacity.

53% proposed cut to the CDC budget threatens public health capacity (TFAH).

Λ Preserve access to aid and training

Protect the student aid and training pathways that create the next generation of family physicians.

86,000 physician shortage projected by 2036 without more residency training (AAMC).

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Example One

Protecting primary care funding

Funding advocacy is about keeping the front door of health care open.

1	**LISTEN** *What are you hearing?*	**EXAMPLE ANSWER** A patient with diabetes now drives 90 minutes for a visit after two local practices closed for lack of funding.
2	**PATTERN** *What's the recurring barrier?*	**EXAMPLE ANSWER** Practices across the county can't staff to meet demand — primary care runs on a sliver of the budget.
3	**POLICY LEVER** *What can change it?*	**EXAMPLE ANSWER** State lawmakers. Several states have passed primary care funding targets to shift greater investment toward foundational care.
4	**EVIDENCE** *What's the proof?*	**EXAMPLE ANSWER** Primary care draws just four-and-a-half percent of U.S. health spending yet drives better outcomes at lower total cost.
5	**ACTION** *What's the ask?*	**EXAMPLE ANSWER** Vote yes on legislation that mandates measuring primary care investment to specified spending targets.

Aim for one specific sentence per step — swap in your own issue, story, and number.

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Example Two

Reforming prior authorization

Prior-auth advocacy is about getting patients the care they need without needless delay.

1	**LISTEN** *What are you hearing?*	**EXAMPLE ANSWER** A patient waited nine days for insurer sign-off before starting the medication I prescribed — her symptoms worsened while we waited.
2	**PATTERN** *What's the recurring barrier?*	**EXAMPLE ANSWER** My team spends roughly two days a week on prior-authorization paperwork instead of caring for patients.
3	**POLICY LEVER** *What can change it?*	**EXAMPLE ANSWER** State legislatures and CMS set the rules — they can require faster decisions and gold-card exemptions for trusted physicians.
4	**EVIDENCE** *What's the proof?*	**EXAMPLE ANSWER** In national surveys, about 94% of physicians report that prior authorization delays care, and one in four link it to a serious adverse event.
5	**ACTION** *What's the ask?*	**EXAMPLE ANSWER** Vote yes on reform requiring 72-hour decisions, electronic processing, and gold-carding for consistently approved physicians.

Aim for one specific sentence per step — swap in your own issue, story, and number.

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Example Three

Defending public health infrastructure

Public-health advocacy is about protecting the systems that stop problems before they reach your exam room.

1	**LISTEN** *What are you hearing?*	**EXAMPLE ANSWER** When our county health department lost staff, a measles exposure took days to trace — families kept coming in unsure whether they had been exposed.
2	**PATTERN** *What's the recurring barrier?*	**EXAMPLE ANSWER** Every outbreak season we absorb the fallout of a public health system cut to the bone — thin surveillance, limited lab capacity, no slack for emergencies.
3	**POLICY LEVER** *What can change it?*	**EXAMPLE ANSWER** Congress and state legislatures set public health budgets — they can restore core funding for immunization programs, disease surveillance, and local health departments.
4	**EVIDENCE** *What's the proof?*	**EXAMPLE ANSWER** Only about 3% of national health spending goes to public health and prevention, even though it is the first line of defense against outbreaks and chronic disease.
5	**ACTION** *What's the ask?*	**EXAMPLE ANSWER** Vote yes on sustained funding for immunization access, disease surveillance and lab capacity, and the local public-health workforce.

Aim for one specific sentence per step — swap in your own issue, story, and number.

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Example Four

Preserving access to student financial aid and training

Student financial aid-and-training advocacy is about keeping medicine reachable so the next generation can actually enter it.

1	**LISTEN** *What are you hearing?*	**EXAMPLE ANSWER** A gifted student in our program wants to practice primary care back home, but the price of medical school is making her reconsider the whole path.
2	**PATTERN** *What's the recurring barrier?*	**EXAMPLE ANSWER** Debt is quietly steering graduates away from primary care and rural practice — the exact places patients wait longest for a doctor.
3	**POLICY LEVER** *What can change it?*	**EXAMPLE ANSWER** Congress sets the terms — it can protect student aid, fund service-linked scholarships, and add the residency slots that let the workforce grow. State lawmakers can also authorize spending on things like scholarships, GME and other financial incentives.
4	**EVIDENCE** *What's the proof?*	**EXAMPLE ANSWER** Graduating medical students carry a median education debt of about $200,000, and that burden shapes where and what they practice.
5	**ACTION** *What's the ask?*	**EXAMPLE ANSWER** Vote yes on protecting PSLF and income-driven repayment, funding NHSC scholarships and loan repayment, and expanding residency training slots.

Aim for one specific sentence per step — swap in your own issue, story, and number.

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MESSAGE TOOL

A message map for telling the primary care story

Use this as a fill-in template for talks, meetings, testimony, or video asks.

Listen	*In my practice, I see…*
Pattern	*This keeps happening because…*
Policy lever	*The lever to change it is…*
Evidence	*National/state data show…*
Action	*I am asking you to…*

Example issue prompts: prior authorization, Medicaid/Medicare payment, public health funding, GME/THCGME, student aid, vaccine access, rural practice stability.

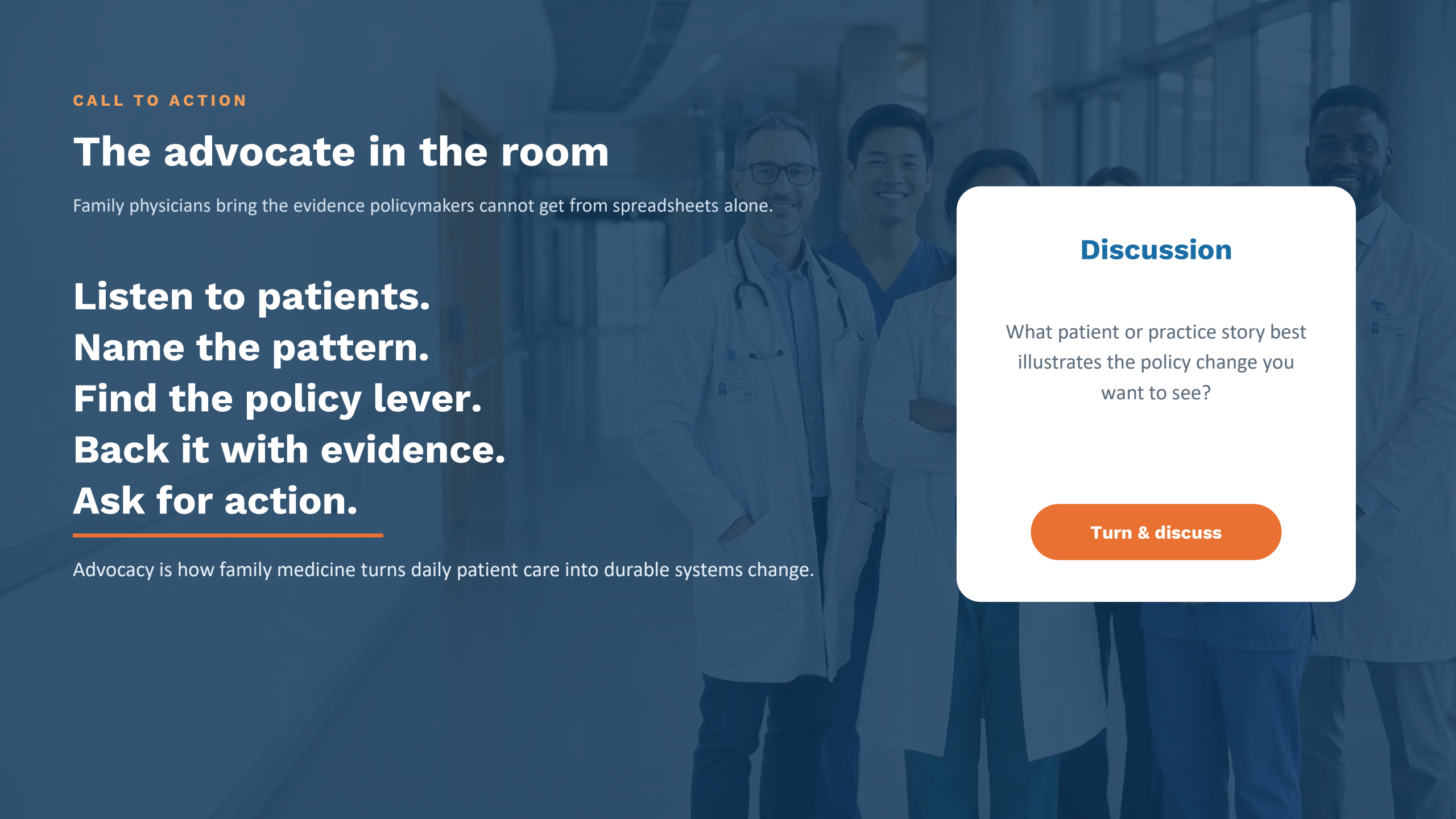
CALL TO ACTION

The advocate in the room

Family physicians bring the evidence policymakers cannot get from spreadsheets alone.

Listen to patients.
Name the pattern.
Find the policy lever.
Back it with evidence.
Ask for action.

Advocacy is how family medicine turns daily patient care into durable systems change.



Discussion

What patient or practice story best illustrates the policy change you want to see?

Turn & discuss

Ways to Engage with AAFP Advocacy

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TAKE ACTION

Ways to engage in AAFP advocacy

Three ways family physicians can turn everyday patient care into policy influence.

1 Take action online

Respond to AAFP Speak Out alerts and contact your legislators directly on the bills that shape family medicine.

2 Share your patient stories

Give policymakers the frontline evidence that data alone cannot convey about your patients and practice.

3 Attend advocacy events

Join the Family Medicine Advocacy Summit or chapter Advocacy Days in state capitols and meet face to face with lawmakers on the issues that matter.

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GET INVOLVED

Become an Advocacy Ambassador

1,020+ members strong

A grassroots volunteer role pairing family physicians with federal lawmakers.

What it is

The program pairs family physicians with members of Congress and elected officials who champion family medicine. Launched in 2025 from the former Key Contacts program, it adds grassroots strength to the Academy's formal lobbying.

As an Ambassador you build relationships with lawmakers, amplify AAFP Speak Out campaigns, meet representatives in your home district, and support FamMedPAC.

How it works

1. Join free on the AAFP website — open to any member, no political experience needed.
2. Climb the 365 Path — four levels of grassroots tasks and rewards.

   green, teal, orange, blue
3. Gain training modules, quarterly meetings, Ambassador swag, and a national community.

Ready to raise your voice for family medicine?

Scan the code to join the Advocacy Ambassadors program — free for AAFP members.

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TAKE ACTION

Make August Recess Count

2026 August Recess Campaign

JOIN THE CHALLENGE

August Recess Advocacy Challenge

Scan to sign up

Free for AAFP members

Why it matters

Each August, Congress leaves Washington for weeks back in home districts — town halls, clinic tours, and local meetings. It's the best chance to put a face on family medicine and shape how lawmakers vote on Medicare payment, prior authorization, and primary care funding.

How to take part

1. Sign up for the Challenge and download the AAFP toolkit of talking points and templates.
2. Invite your member of Congress to your practice, or meet them at a local town hall or event.
3. Share your patient stories, then report your visit back to AAFP to log your impact.

Climb the live leaderboard Earn points for every action you take — the first-place advocate wins free registration to FMAS.

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Thank you