

FPIN Can Advance Team-Based Care

José E. Rodríguez, MD^a; Santina J.G. Wheat, MD, MPH^b

AUTHOR AFFILIATIONS:

^aDepartment of Family and Community Medicine, Meharry Medical College, Nashville, TN

^bFienberg Northwestern School of Medicine, Chicago, IL

CORRESPONDING AUTHOR:

José E. Rodríguez, Meharry Medical College School of Medicine, Nashville, TN,
jose.rodriguez@mmc.edu

HOW TO CITE: Rodríguez JE, Wheat SJG. FPIN Can Advance Team-Based Care. *Fam Med.* 2026;58(5):391–391. doi: [10.22454/FamMed.2026.286657](https://doi.org/10.22454/FamMed.2026.286657)

FIRST PUBLISHED: May 15, 2026

© Society of Teachers of Family Medicine

TO THE EDITOR:

We want to thank the authors for their thoughtful response to our article. We appreciate their kind words and accurate summary of what Family Physicians Inquiries Network (FPIN) does. FPIN was originally created by family physicians to serve family physicians, but we recognize that family medicine today is delivered by a team of professionals, including nurses, medical assistants, advanced practice clinicians (APCs—physician assistants/associates, advanced practice registered nurses), social workers, and others. Patients greatly benefit from team-based care, and even the National Academy of Medicine has called for reimbursing teams for patient care rather than paying individual doctors for services.¹ We also acknowledge that multidisciplinary education is important for the whole team.

Equipping the team with the best available evidence to guide their practice is a great idea. Introducing an FPIN-like product to PA residencies, APRN residencies, and schools under proper supervision is even better. FPIN has allowed medical students to author FPIN papers² (with faculty coauthors), so it merits consideration in the discussion.

While this author group does not speak for FPIN, we will share the

information with the organization's leadership as they plan for FPIN's future. The authors agree in principle with this letter, and the board of directors will decide whether to act on this idea. We also support the idea of making our member surveys more scientific and are open to analyzing data by profession. A qualitative study of programs with lapsed membership could help inform FPIN, but ultimately, this is also a decision the board would need to make. Such studies involve costs, and a thorough evaluation of their benefits should be done before proceeding.

We invite you to reach out to us to learn more about FPIN and how FPIN can work with and support advanced practice clinicians (APC). Greater engagement with APCs will only benefit our patients.

REFERENCES

1. Eissa A, Rowe R, Pinto A, et al. Implementing high-quality primary care through a health equity lens. *Ann Fam Med.* 2022;20(2):164–169. doi:[10.1370/afm.2785](https://doi.org/10.1370/afm.2785)
2. Pearcy A, Rodríguez JE. What is the best treatment for Graves' disease in women trying to become pregnant. *Evid Based Pract.* 2010;13(3):5–6.