



Resident 1 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 28-30, 2016 - Kansas City, MO

1 **RECOMMENDATION: The Resident 1 Reference Committee recommends the following**
2 **consent calendar for adoption:**

3
4 **Item 1:** Adopt Substitute Resolution No. R1- 401 "Resident Physician Wellness Program" in lieu
5 of Resolution No. R1-401 (p.1).

6
7 **Item 2:** Adopt Substitute Resolution No. R1- 402 "Increase Access to Appropriate Nutritional
8 Resources for Residents on Night Call" in lieu of Resolution No. R1-402 (pp.1-2).

9
10 **Item 3:** Adopt Resolution No. R1-403 "Oath of AAFP Fellows" (p.2).

11
12 **Item 4:** Adopt Substitute Resolution No. R1- 405 "Call for Physical Activity Vital Signs" in lieu of
13 Resolution No. R1-405 (pp. 3-4).

14
15 **Item 5:** Adopt Substitute Resolution No. R1- 406 "Endorse Access without Age Restriction to
16 Over-the-Counter Oral Contraceptive Pills" in lieu of Resolution No. R1-406 (p.4).

17
18 **Item 6:** Adopt Substitute Resolution No. R1- 407 "A Virtual Platform for Wellness and Burnout
19 Prevention" in lieu of Resolution No. R1-407 (pp.4-5).

20
21 **Item 7:** Adopt Substitute Resolution No. R1- 409 "Advocate for Green Initiatives at AAFP
22 events" in lieu of Resolution No. R1-408 "Recycling at National Conference", R1-409 "Reduce
23 Food Waste at the American Academy of Family Physician Conference Events" and R1-415
24 "Repurposing Food Waste" (pp.5-6).

25
26 **Item 8:** Adopt Resolution No. R1-410 "Involving the Center for Global Health Initiatives In the
27 Coordination and Planning of the National Conference" (pp.6-7).

28
29 **Item 9:** Adopt Substitute Resolution No. R1-412: "CPT Coding System Revision" in lieu of
30 Resolution No. R1-412 (p.7).

31
32 **Item 10:** Adopt Resolution No. R1-413 "Allow Natural Death Terminology in Code Status and
33 End-of-Life Discussions" (pp.7-8).

34
35 **Item 11:** Not Adopt Resolution R1-416: "Establishing a Relationship between the American
36 Academy of Family Physicians and the American Psychiatric Association" (p.8)

37
38 **Item 12:** Adopt Substitute Resolution No. R1- 417 "Support for Sexual Orientation and Gender
39 Expression Nondiscrimination" in lieu of Resolution No. R1-417 (pp.8-9)

40
41 **Item 13:** Adopt Resolution No. R1-418 "Feasibility of Virtual Resolution Meetings" (p.9)

42 **Item 14:** Adopt Substitute Resolution No. R1- 419 "Improving Medical Care in Immigrant
43 Detention" in lieu of Resolution No. R1-419 (pp.9-10)

44

45 **Item 15:** Adopt Substitute Resolution No. R1- 420 "Revisiting the Creation of an Electronic
46 Health Record by the American Academy of Family Physicians" in lieu of Resolution No. R1-420
47 (pp.10-11).

48

49 **Item 16:** Adopt Substitute Resolution No. R1-421 "Improving Anal Cancer Care" in lieu of
50 Resolution No. R1-421. (pp.11).

51

52 **Item 17:** Adopt Resolution No. R1-422 "Promoting Cross-Cultural and Linguistic Education for
53 Residents and Medical Students about Hispanic and Latino Populations to Improve Health Care
54 Communications" (pp.11-12).

55

56 **REAFFIRMATION CALENDAR (pp 12-14):**

57 a) Resolution No. R1-404 "Sustaining Clinical Collaboration and Integration with Advanced
58 Practice Nurse Practitioners"

59 b) Resolution No. R1-411 "Increasing the Visibility of Global Health on the American
60 Academy of Family Physicians Website"

61 c) Resolution No. R1-414 "Early Postpartum Long-Activing Reversible Contraception
62 Coverage for Medicare and Medicare Patients"



Resident 1 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 28-30, 2016 - Kansas City, MO

1 **The Resident 1 Reference Committee has considered each of the items referred to it and**
2 **submits the following report. The committee's recommendations will be submitted as a**
3 **consent calendar and voted on in one vote. Any item or items may be extracted for**
4 **debate.**

5

6 **ITEM NO. 1: RESOLUTION R1-401: RESIDENT PHYSICIAN WELLNESS PROGRAM**

7

8 RESOLVED, That the American Academy of Family Physicians develop and implement
9 a resident physician wellness program available throughout residency training.

10

11 The reference committee heard positive testimony on the resolution. The reference committee
12 believed the resolution was being addressed by AAFP staff cross-divisional team. The AAFP is
13 currently working to develop member resources, including a toolkit, position paper and CME on
14 physician wellness. A strategic objective on this issue will be up for consideration at the
15 September board meeting. One member suggested an amendment to begin to coordinate these
16 efforts with American Medical Association and other organizations to avoid duplication. The
17 substitute language reflects this amendment.

18

19 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
20 **R1-401, which reads as follows, be adopted in lieu of Resolution R1-401:**

21

22 **RESOLVED, That the American Academy of Family Physicians continue their work**
23 **on resident physician wellness and coordinate these efforts with other**
24 **organizations.**

25

26 **ITEM NO. 2: RESOLUTION R1-402: INCREASE ACCESS TO APPROPRIATE NUTRITIONAL**
27 **RESOURCES FOR RESIDENTS ON NIGHT CALL**

28

29 RESOLVED, That the American Academy of Family Physicians develop policy
30 supporting access to well-balanced food options, as recommended by the United States
31 Department of Agriculture (USDA), for residents during all work hours to include night
32 shifts, and be it further

33

34 RESOLVED, That the American Academy of Family Physicians write a letter to the
35 Accreditation Council for Graduate Medical Education (ACGME) outlining its support for
36 well-balanced food options as recommended by the United States Department of
37 Agriculture (USDA), for residents during all work hours to include night shifts, and be it
38 further

39
40 RESOLVED, That this resolution be referred to Congress of Delegates.
41

42 The reference committee heard positive testimony for this resolution. The reference committee
43 strongly agreed with the importance of the availability of well-balanced food options for residents
44 at all times of the day. The reference committee did not feel it was necessary to send this
45 resolution to the Congress of Delegates (COD). Resolutions approved by the resident congress
46 will be disseminated to the appropriate commission for organization wide action. Referring to the
47 COD would be an unnecessary intermediate step.

48
49 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
50 **R1-402, which reads as follows, be adopted in lieu of Resolution R1-402:**

51
52 **RESOLVED, That the American Academy of Family Physicians develop policy**
53 **supporting access to well-balanced food options, as recommended by the United**
54 **States Department of Agriculture (USDA), for residents during all work hours to**
55 **include night shifts, and be it further**

56
57 **RESOLVED, That the American Academy of Family Physicians write a letter to the**
58 **Accreditation Council for Graduate Medical Education (ACGME) asking them to**
59 **require that well-balanced food options, as recommended by the United States**
60 **Department of Agriculture (USDA), be made available for residents during all work**
61 **hours including night shifts.**

62
63 **ITEM NO. 3: RESOLUTION R1-403: OATH OF AAFP FELLOWS**

64
65 RESOLVED, That the Pledge of Fellowship for the American Academy of Family
66 Physicians (AAFP) Degree of Fellow be changed to the following drafted by the AAFP
67 Commission on Membership and Member Services:

68
69 As a Fellow of the American Academy of Family Physicians I promise to dedicate
70 myself
71 to the principles upon which our Academy was founded,
72 to providing comprehensive lifelong care to my patients,
73 to exemplifying the highest traditions of my profession, and
74 to enhancing my professional skills through continuing medical education.

75
76 I pledge my commitment to improving the health of my patients, their families,
77 and communities, and to advancing the specialty of Family Medicine, now and in
78 the future.

79
80 The reference committee heard positive testimony regarding this issue. The reference
81 committee understood that the Board of Directors has acted on this issue in the past year but
82 felt that the need was not addressed by the board action. The reference committee wanted to
83 reiterate the importance of language in defining organizational culture. Thus, the resolution
84 deserves further consideration.

85
86 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-403**
87 **be adopted.**

88 **ITEM NO. 4: RESOLUTION R1-405: CALL FOR PHYSICAL ACTIVITY VITAL SIGNS**

89
90 RESOLVED, That the American Academy of Family Physicians policy reflect and
91 formally endorse the World Health Organization policy that adults aged 18-64 should do
92 at least 150 minutes of moderate-intensity aerobic physical activity throughout the week
93 or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the
94 week or an equivalent combination of moderate – and vigorous-intensity activity, and be
95 it further

96
97 RESOLVED, That the American Academy of Family Physicians develop policy
98 endorsing the routine and widespread practice of measuring patient's habitual physical
99 activity, and consider physical activity a "vital sign", which is assessed at every clinical
100 visit to engage patients in conversation and preventative counseling to ensure they are
101 aware of and understand the proven connection between regular physical activity and
102 optimal health, and be it further

103
104 RESOLVED, That the American Academy of Family Physicians partner with like-minded
105 organizations, such as American Society of Sports Medicine, American College of
106 Sports Medicine, Exercise is Medicine, among others, to provide tools, references, and
107 resources to allow physicians to better and more accurately assess patient's physical
108 activity, counsel them, and connect them to resources in the community accordingly.

109
110 The reference committee heard positive testimony on this resolution. The reference committee
111 agreed that this is an important issue that should be addressed with every patient. However, the
112 committee felt that addressing this topic at every patient visit did not add significant clinical
113 information to necessitate the burden of collection. The reference committee understood the
114 value of these data and modified the resolution in an attempt to balance the importance of the
115 data with the burden of collection.

116
117 The third resolved clause was modified to read "explore collaborations" in order to afford the
118 AAFP the latitude to work on the tools, references and resources while waiting for collaborators.

119 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
R1-102 be adopted in lieu of Resolution No. R1-102, which reads as follows:

120
121 **RESOLVED, That the American Academy of Family Physicians policy reflect and**
formally endorse the World Health Organization policy that adults aged 18-64
should do at least 150 minutes of moderate-intensity aerobic physical activity
throughout the week or do at least 75 minutes of vigorous-intensity aerobic
physical activity throughout the week or an equivalent combination of moderate –
and vigorous-intensity activity, and be it further

122
123 **RESOLVED, That the American Academy of Family Physicians develop policy**
endorsing the routine and widespread practice of measuring patient's habitual
physical activity and to engage patients in conversation and preventative
counseling in order to ensure they are aware of and understand the proven
connection between regular physical activity and optimal health, and be it further

124
125 **RESOLVED, That the American Academy of Family Physicians explore**
collaborations with like-minded organizations, such as American Society of
Sports Medicine, American College of Sports Medicine, Exercise is Medicine,

139 among others, to provide tools, references, and resources to allow physicians to
140 better and more accurately assess patient's physical activity, counsel them, and
141 connect them to resources in the community accordingly.

142

143 **ITEM NO. 5: RESOLUTION R1-406: ENDORSE ACCESS WITHOUT AGE RESTRICTION TO**
144 **OVER-THE-COUNTER ORAL CONTRACEPTIVE PILLS**

145

146 RESOLVED, That the American Academy of Family Physicians endorse the policy that
147 there be no age restriction to oral contraceptive pill availability over-the-counter, and be
148 it further

149

150 RESOLVED, That the American Academy of Family Physicians write to the U.S. Food
151 and Drug Administration (FDA) to urge that all adolescents be included in the over-the-
152 counter (OTC) oral contraceptives studies required by the FDA (e.g., label
153 comprehension study, actual use study) to determine whether OTC access is
154 appropriate for this population.

155

156 The reference committee heard mixed testimony on the resolution. Those speaking in
157 opposition stated that the resolved clauses were contradicting each other. The reference
158 committee felt uncomfortable allowing women of any age (e.g. 12 year olds) access to over the
159 counter oral contraceptives especially given their safety and the efficacy of tools like the
160 American College of Obstetrics and Gynecology's "contraindication checklist" have not yet been
161 studied in this age group. Recognizing the utmost importance of removing barriers to
162 contraception, the reference committee acknowledges that such access would limit
163 opportunities for patient-physician conversations regarding sex and reproductive health. Once
164 sufficient studies have demonstrated safety and efficacy in this age group, a change to policy
165 would be appropriate.

166

167 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
168 **R1-406 be adopted in lieu of Resolution No. R1-406, which reads as follows:**

169

170 RESOLVED, That the American Academy of Family Physicians write to the
171 appropriate entities to urge that adolescents be included in the over-the-counter
172 (OTC) oral contraceptives studies to determine whether OTC access is
173 appropriate for this population.

174

175 **ITEM NO. 6: RESOLUTION R1-407: A VIRTUAL PLATFORM FOR WELLNESS AND**
176 **BURNOUT PREVENTION**

177

178 RESOLVED, That the American Academy of Family Physicians (AAFP) create a
179 comprehensive online platform for medical students, residents, and attending faculty to
180 enter into an open forum for discussion and prevention of burnout, and be it further

181

182 RESOLVED, That an online platform for medical students, residents, and attending
183 faculty to enter into an open forum for discussion and prevention and burnout offer
184 resources, discussion blogs, and webinars to address burnout prevention and wellness
185 promotion, and be it further

186

187 RESOLVED, That an online platform for medical students, residents, and attending
188 faculty to enter into an open forum for discussion and prevention and burnout, provide a
189 platform for conducting research that aims to elucidate effective interventions for

190 preventing burnout and promoting resilience among medical students, residents, and
191 attending faculty.

192
193 The reference committee heard no testimony. The reference committee believed this could be
194 easily implemented utilizing the newly-implemented online discussion forum platforms. These
195 platforms could easily support forums, blogs, webinars, etc. The third resolved clause lacked
196 clarity. Namely, the reference committee was unsure if the author's intent was for a separate
197 research platform or a platform powerful enough to house the resources, blogs, webinars AND
198 data collection mechanisms. The existing online platform could easily be used to share
199 resources and plan research, but is not a format amenable to "data mining" for research.

200
201 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
202 **R1-407 be adopted in lieu of Resolution No. R1-407, which reads as follows:**

203
204 **RESOLVED, That the American Academy of Family Physicians (AAFP) create a**
205 **comprehensive online platform for medical students, residents, and attending**
206 **faculty to enter into an open forum for discussion and prevention of burnout, and**
207 **be it further**

208
209 **RESOLVED, That resources, discussions blogs, and webinars to address burnout**
210 **prevention and wellness promotion be made available to medical students,**
211 **residents, and faculty utilizing an online platform.**

212
213 **ITEM NO. 7: RESOLUTION R1-408: RECYCLING AT NATIONAL CONFERENCE**

214
215 RESOLVED, That the American Academy of Family Physicians work to implement a
216 recycling program at National Conference of Family Medicine Residents and Medical
217 Students, and be it further

218
219 RESOLVED, That the goal of the recycling program be to produce a recycling rate of
220 greater than 40% during the AAFP National Conference of Family Medicine Residents
221 and Medical Students, and be it further

222
223 RESOLVED, That a recycling program at the National Conference of Family Medicine
224 Residents and Medical Students be in place and achieve its goal by 2020. .

225
226 **RESOLUTION R1-409: REDUCE FOOD WASTE AT THE AMERICAN ACADEMY OF**
227 **FAMILY PHYSICIAN CONFERENCE EVENTS**

228
229 RESOLVED, That the American Academy of Family Physician (AAFP) will investigate
230 how much food is discarded at AAFP conferences, and be it further

231
232 RESOLVED, That the American Academy of Family Physician collaborate with and
233 encourage vendors and caterers to adopt less wasteful practices, and be it further

234
235 RESOLVED, That the American Academy of Family Physician encourage vendors to
236 donate all donatable food products that would otherwise be discarded in accordance
237 with local regulations.

238
239 **RESOLUTION R1-415: REPURPOSING FOOD WASTE**

241 RESOLVED, That the American Academy of Family Physicians work towards having a
242 zero food waste initiative at its conferences by 2020 or sooner, and be it further
243

244 RESOLVED, That the American Academy of Family Physicians particularly focus this
245 zero food waste initiative according to the Environmental Protection Agency's Food
246 Recovery Hierarchy focusing first on source reduction, feeding hungry people and
247 feeding animals, and be it further

248 RESOLVED, That the planning committee for the American Academy of Family
249 Physicians National Conference of Family Medicine Residents and Medical Students
250 include environmentally friendly efforts into its planning decisions, including repurposing
251 food waste

252
253 The reference committee heard positive testimony on Resolution R1-408, R1-408 and R1-409
254 at the same time. The reference committee agreed that finding recycling dispensers within the
255 convention center was difficult, most notably in the exhibit hall, and also agreed that increasing
256 mechanisms for waste reduction were valuable endeavors that were well within the vision and
257 scope of the AAFP. The reference committee determined some resolved clauses identifying
258 specific goals that included tracking and metrics would be difficult.

259
260 Due to the similar nature of the resolutions R1-408, R1-409, and R1-415, they were combined
261 and expanded to ensure these efforts were explored at all AAFP events.

262
263 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
No. R1-409 titled "Advocate for Green Initiatives at AAFP events" be adopted in lieu of
Resolutions Nos. R1-408, R1-409 and R1-415 which reads as follows:

264
265 **RESOLVED, That the planning committees for American Academy of Family**
Physicians events include environmentally friendly efforts into their planning
decisions, including repurposing food waste and implementing recycling
programs, and be it further

266
267 **RESOLVED, That the American Academy of Family Physician collaborate with and**
encourage vendors and caterers to adopt less wasteful practices, and be it further

268
269 **RESOLVED, That the American Academy of Family Physician encourage vendors**
to donate all donatable food products that would otherwise be discarded in
accordance with local regulations.

270
271 **ITEM NO. 8: RESOLUTION R1-410: INVOLVING THE CENTER FOR GLOBAL HEALTH**
INITIATIVES IN THE COORDINATION AND PLANNING OF THE NATIONAL CONFERENCE

272
273 RESOLVED, That the American Academy of Family Physicians Center for Global Health
274 Initiatives be involved in the planning and coordination of all global health related
275 programming at the National Conference of Family Residents and Medical Students, and
276 be it further

277
278 RESOLVED, That the National Conference of Family Medicine Residents and Medical
279 Students increase the number of global health related speakers and skills based
280 workshops.

291 The reference committee heard positive testimony on the resolution. The reference committee
292 believed that there was value in allowing the Center for Global Health Initiatives to assist in
293 coordination and planning of global health-related topics at National Conference. Global health
294 topics offer a significant draw, thus the AAFP should continue to assure that future National
295 Conference events have global health sessions available.

296

297 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-410**
298 **be adopted.**

299

300 **ITEM NO. 9: RESOLUTION R1-412: CPT CODING SYSTEM REVISION**

301

302 RESOLVED, That the American Academy of Family Physicians delegation to the
303 American Medical Association encourage the creation of new CPT codes that capture all
304 of the physician's work and complexity to allow family physicians to adequately care for
305 all of their patients' concerns in each visit and be compensated accordingly, and be it
306 further

307

308 RESOLVED, That the American Academy of Family Physicians begin to develop an
309 alternative coding system for value-based care.

310

311 The reference committee heard mixed testimony on this resolution. Advocating for increased
312 payment for family medicine is a top priority of the AAFP and is well represented at the CPT
313 Editorial Panel and Relative Value Scale Update Committee, where the AAFP already has
314 representatives. The reference committee noted that the first resolved clause is current policy.

315

316 Regarding the second resolved clause, the reference committee determined this was outside
317 the scope of the AAFP. The reference committee noted that the AAFP had investigated similar
318 endeavors concerning E&M codes which resulted in significant expense and no usable product.
319 With Medicare Access and Chip Reauthorization Act of 2015 (MACRA) implementation and its
320 associated changes to reimbursement looming in 2018, the reference committee did not feel
321 this was a good use of resources.

322

323 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
324 **No. R1-412 be adopted in lieu of Resolutions No. R1-412, which reads as follows:**

325

326 **RESOLVED, That the American Academy of Family Physicians delegation to the**
327 **American Medical Association encourage the creation of new CPT codes that**
328 **capture all of the physician's work and complexity to allow family physicians to**
329 **adequately care for all of their patients' concerns in each visit and be**
330 **compensated accordingly.**

331

332 **ITEM NO. 10: RESOLUTION R1-413: ALLOW NATURAL DEATH TERMINOLOGY IN CODE**
333 **STATUS AND END-OF-LIFE DISCUSSIONS**

334

335 RESOLVED, That the American Academy of Family Physicians joins the Hospice
336 Patients Alliance and palliative care communities in endorsing the terminology "Allow
337 Natural Death" as a compassionate alternative to "Do Not Resuscitate" during code
338 status and end-of-life discussion, and be it further

339

340 RESOLVED, That the American Academy of Family Physicians advocate for The Joint
341 Commission to endorse "Allow Natural Death" as acceptable language for code status

342 orders, set specific standards for code status discussions and require institutions to
343 demonstrate compliance with these standards to be accredited.

344
345 The reference committee heard passionate testimony for this resolution. The reference
346 committee agreed that this language helps shape culture, and this shift is an excellent
347 opportunity to enact a necessary cultural change. By using "Allow Natural Death", family
348 physicians would be reframing conversations at the end of life to be more patient centered,
349 compassionate, and less emotionally taxing to patients and families. Further, the reference
350 committee agrees that this change deserves broader application and thus necessitates
351 conversation with The Joint Commission in order to catalyze adoption by the medical field in
352 general.

353
354 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-413**
355 **be adopted.**

356
357 **ITEM NO. 11: RESOLUTION R1-416: ESTABLISHING A RELATIONSHIP BETWEEN THE**
358 **AMERICAN ACADEMY OF FAMILY PHYSICIANS AND THE AMERICAN PSYCHIATRIC**
359 **ASSOCIATION**

360
361 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate
362 initiatives, discussions and projects by the American Psychiatric Association (APA) that
363 can be referenced to establish a relationship with the APA to help support family
364 physicians who work with patients with mental illness in their communities, strengthen
365 the collaboration between health professionals in the medical home, and improve mental
366 health care in the community.

367
368 The reference committee heard testimony in support of the resolution. However, the testimony
369 was not from the author of the resolution and thus we were unable to clarify the intent of the
370 resolution. The reference committee was unsure if the author was requesting a liaison to the
371 APA, a resource sharing partnership, permission to host resources on our website or in our
372 journal, or simply to begin conversations with the APA to identify areas of potential collaboration
373 on thus far unidentified projects or initiatives.

374
375 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-416**
376 **be not adopted.**

377
378 **ITEM NO. 12: RESOLUTION R1-417: SUPPORT FOR SEXUAL ORIENTATION AND**
379 **GENDER EXPRESSION NONDISCRIMINATION**

380
381 RESOLVED, That the American Academy of Family Physicians develop a policy in
382 support of sexual orientation and gender expression nondiscrimination specifically with
383 regard to employment, housing, access to public places, education, and any other areas
384 where lesbian, gay, bisexual, and transgender (LGBT) discrimination occurs, and be it
385 further

386
387 RESOLVED, That the American Academy of Family Physicians actively encourage the
388 United States Congress to pass the current proposed Equality Act in both the Senate
389 and House of Representatives.

390
391 The reference committee heard testimony in support of the resolution. The reference committee
392 reviewed AAFP policy titled "Discrimination, Patient" and found the first resolved clause was

393 already being met within the current wording. The reference committee determined it was
394 appropriate for the AAFP to advocate for the pending legislation based upon that policy
395 statement.

396
397 **RECOMMENDATION: The reference committee recommends that Resolution No.R1-417**
398 **be adopted.**

399
400 **ITEM NO. 13: RESOLUTION R1-418: FEASIBILITY OF VIRTUAL RESOLUTION MEETINGS**

401
402 RESOLVED, The American Academy of Family Physicians investigate the use of virtual
403 meetings (via video chat, social media, discussion forums, etc.) to provide a means for
404 dialogue with residents and students in order to result in improved resolution
405 development prior to the National Conference of Family Medicine Residents and Medical
406 Students.

407
408 The reference committee heard testimony in support of the resolution. The reference committee
409 was informed that other medical organizations, such as the American Medical Association, have
410 robust mechanisms allowing for submission and evaluation of resolutions before conferences.
411 This would simultaneously allow for less stressful and time consuming deliberations as well as
412 offer an avenue of involvement for those residents and students who cannot afford coming to
413 conference themselves but have excellent, as of yet unheard ideas. This would also address
414 the actually-delightful-and-desirable problem of increasing resolution volume.

415
416 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-418**
417 **be adopted.**

418
419 **ITEM NO. 14: RESOLUTION R1-419: IMPROVING MEDICAL CARE IN IMMIGRANT**
420 **DETENTION**

421
422 RESOLVED, That the American Academy of Family Physicians advocate through
423 appropriate channels for detained immigrants to receive healthcare to meet or exceed
424 Commission on Correctional Health Care standards for prison and jail healthcare, and
425 be it further

426
427 RESOLVED, That the American Academy of Family Physicians advocate through
428 appropriate channels to reduce immigrant detention by releasing people with serious
429 medical and mental health needs, particularly when individuals require higher-level care,
430 and be it further

431
432 RESOLVED, That the American Academy of Family Physicians advocate channels to
433 shift current funding for detention to community based alternatives which will allow
434 people to seek medical attention and receive support from family, legal counsel and
435 community, and be it further

436
437 RESOLVED, That the American Academy of Family Physicians advocate to remove
438 supervision of medical care in immigrant detention centers from Immigration and
439 Customs Enforcement to maintain clinical independence, and be it further

440
441 RESOLVED, That the American Academy of Family Physicians advocate to ensure that
442 inspections of medical care at immigrant detention centers provide meaningful oversight.

443 The reference committee heard favorable testimony regarding this resolution. The testimony
444 highlighted both the need for adequate medical care for detained immigrants and, though the
445 resolved clauses do not specifically mention it, the reference committee felt that testimony
446 intoned a desire to progress towards reduction in use of these centers. The reference
447 committee agreed wholeheartedly with improving medical care at these centers to at least the
448 minimum standards of the Commission on Correctional Healthcare for prison and jail
449 healthcare. The reference committee felt the intent of the second resolved clause was being
450 met within the first resolved clause. The third resolved clause was moved to the beginning in an
451 effort to group-related topics. Finally, a sentence was included to the now second resolved
452 clause to clarify the intent of meaningful oversight.

453
454 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
455 **No. R1-419, which reads as follows, be adopted in lieu of Resolution No. R1-419:**
456

457 **RESOLVED, That the American Academy of Family Physicians advocate for**
458 **detained immigrants to receive healthcare to meet or exceed Commission on**
459 **Correctional Health Care standards for prison and jail healthcare, and be it further**

460
461 **RESOLVED, That the American Academy of Family Physicians advocate that**
462 **inspections of medical care at immigrant detention centers provide meaningful**
463 **oversight in order to assure that healthcare delivery meets or exceeds**
464 **Commission on Correctional Health Care standards, and be it further**

465
466 **RESOLVED, That the American Academy of Family Physicians advocate to**
467 **remove supervision of medical care in immigrant detention centers from**
468 **Immigration and Customs Enforcement to maintain clinical independence, and be**
469 **it further**

470
471 **RESOLVED, That the American Academy of Family Physicians advocate for**
472 **channels to shift current funding for detention to community-based alternatives**
473 **which will allow people to seek medical attention and receive support from family,**
474 **legal counsel and community.**

475
476 **ITEM NO. 15: RESOLUTION R1-420: REVISITING THE CREATION OF AN ELECTRONIC**
477 **HEALTH RECORD BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS**

478
479 RESOLVED, That the American Academy of Family Physicians create their own
480 electronic health record system, particularly developed for family physicians, and be it
481 further

482
483 RESOLVED, That the American Academy of Family Physicians develop and publish
484 person centric guidelines of what should be included in an electronic health record.

485
486 The reference committee heard mixed testimony on this resolution. The reference committee
487 understands the frustration with electronic health records but do not feel it would be a good use
488 of AAFP resources to develop our own electronic health record at this time. The reference
489 committee acknowledges that the AAFP did attempt to develop its own EHR in 2003 without
490 success and the current environment is hostile to self-development of an EHR. This is largely
491 due to market maturity and increased regulations rendering new-start EHR development not
492 feasible for an organization such as the AAFP. A summary of the 2003 action is copied below:

493 2003 COD Resolution No. 306, "Electronic Health Record," committed the
494 Academy to making available by 2009 an "open source electronic health record"
495 to all family physicians. They found that the Open EHR project required
496 substantial capital and the support of additional medical societies to succeed, but
497 neither materialized within a reasonable time. Furthermore, 10,000 users were
498 needed within 12-18 months to meet the open source project's business goals
499 and without the support of other specialty societies, that level of users was
500 unattainable. The 2004 board report notes that the commission determined to
501 not recommend that the Academy pursue an "open source EHR"
502

503 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
504 **No. R1-420, which reads as follows, be adopted in lieu of Resolution No. R1-420:**

506 **RESOLVED, That the American Academy of Family Physicians develop and**
507 **publish person-centric guidelines of what should be included in an electronic**
508 **health record.**

510 **ITEM NO. 16: RESOLUTION R1-421: IMPROVING ANAL CANCER CARE**

512 RESOLVED, That the American Academy of Family Physicians educate its members
513 about anal cancer and the risks and benefits of screening, diagnosis, and treatment, and
514 be it further

516 RESOLVED, That the American Academy of Family Physicians develop clinical practice
517 guidelines for family physicians in the screening, diagnosis, and treatment of anal
518 cancer.

520 The reference committee heard testimony in support of this resolution. Understanding that
521 there are no clinical guidelines available at this time on anal cancer, the reference committee
522 agreed it is incredibly important for the AAFP to educate members on this topic.

524 Regarding the second resolved clause, clinical practice guidelines are exclusively based on
525 systematic evidence review, and thus the AAFP cannot publish clinical guidelines until this
526 review is complete. The AAFP nominated the topic of screening recommendations of anal
527 cancer to the United States Preventive Services Task Force (USPSTF) in response to a
528 resolution from the National Conference of Constituency Leaders.

530 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
531 **No. R1-421, which reads as follows, be adopted in lieu of Resolution No. R1-421:**

533 **RESOLVED, That the American Academy of Family Physicians educate its**
534 **members about anal cancer and the risks and benefits of screening, diagnosis,**
535 **and treatment.**

537 **ITEM NO. 17: RESOLUTION R1-422: PROMOTING CROSS-CULTURAL AND LINGUISTIC**
538 **EDUCATION FOR RESIDENTS AND MEDICAL STUDENTS ABOUT HISPANIC AND**
539 **LATINO POPULATIONS TO IMPROVE HEALTH CARE COMMUNICATIONS**

541 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a
542 focused cross-cultural and linguistic educational session at AAFP national conferences

543 to improve communication between physicians and Hispanic and Latino population with
544 limited English proficiency, and be it further
545

546 RESOLVED, That the American Academy of Family Physicians disseminate cross-
547 cultural and linguistic education resources to Family Medicine Interest Groups across the
548 country to improve communication between physicians and Hispanic and Latino
549 populations with limited English proficiency.
550

551 The reference committee heard testimony only from the author in support of this resolution. The
552 reference committee agrees that a cross-cultural and linguistic educational session would be
553 helpful to both our constituents and patients. Cross-cultural and linguistic education resources
554 are already readily available to FMIGs. Therefore, the second resolved clause is currently being
555 addressed. The reference committee encourages individual FMIGs to make use of these
556 resources.
557

558 **RECOMMENDATION: The reference committee recommends that Resolution No.R1-422**
559 **be adopted.**
560

561 REAFFIRMATION CALENDAR

562 The following items A through C are presented by the Reference Committee on the
563 Reaffirmation Calendar. Testimony in the Reference Committee hearing and discussion by the
564 Reference Committee in Executive Session concurred that the resolutions presented in Items A
565 through C are current policy or are already addressed in current projects. At the request of the
566 National Congress of Family Medicine Residents, any item may be taken off the Reaffirmation
567 Calendar for an individual vote on that item. Otherwise, the Committee will request approval of
568 the Reaffirmation Calendar in single vote.

569

570 **A) RESOLUTION R1-404: SUSTAINING CLINICAL COLLABORATION AND**
571 **INTEGRATION WITH ADVANCED PRACTICE NURSE PRACTITIONERS.**

572 RESOLVED, That the American Academy of Family Physicians renew national
573 and state-level advocacy efforts to promote improved collaboration and
574 integrated practice agreements with advanced practice nurse practitioners, and
575 be it further
576

577 RESOLVED, That the American Academy of Family Physicians provide
578 resources and support to local chapters in order to facilitate political advocacy
579 efforts to preserve and promote improved collaborative practice agreements and
580 integrated practice agreements.
581

582 The reference committee heard positive testimony on the resolution. The reference
583 committee felt the resolution was being addressed by the current AAFP commission
584 deliberations. Of note, in January 2017 the Commission on Quality and Practice will re-
585 convene concerning nurse practitioners and how the current environment affects team
586 based care. The reference committee also noted that the newly created Center for State
587 Policy has been created to assist states with these types of issues.
588

588
589 **B) RESOLUTION R1-411: INCREASING THE VISIBILITY OF GLOBAL HEALTH ON THE**
590 **AMERICAN ACADEMY OF FAMILY PHYSICIANS WEBSITE**

591 RESOLVED, That the American Academy of Family Physicians streamline its
592 website to highlight and improve access to existing global health resources, and
593 be it further

595 RESOLVED, That the American Academy of Family Physicians coordinate
596 website changes involving global health-related materials with the Center for
597 Global Health Initiatives.

599 The reference committee heard testimony from the author in support of the resolution.
600 The reference committee recognized that this issue has been presented in previous
601 years, and thus is of continued importance. The reference committee was informed that
602 this issue is currently being addressed by our web development team. Special
603 consideration will be given going forward to keyword linkages and navigability.

604
605 **C) RESOLUTION R1-414: EARLY POSTPARTUM LONG-ACTIVING REVERSIBLE**
606 **CONTRACEPTION COVERAGE FOR MEDICARE AND MEDICARE PATIENTS**

608 RESOLVED, That the American Academy of Family Physicians support
609 coverage for Long-Acting Reversible Contraceptive and their placement in the
610 early postpartum period prior to discharge from Labor and Delivery admission,
611 and be it further

613 RESOLVED, That the American Academy of Family Physicians write a letter to
614 the Centers for Medicare and Medicaid Services advocating for full coverage,
615 separate from the global fee, of Long-Acting Reversible Contraceptives for all
616 women choosing this method in the immediate postpartum period, prior to
617 hospital discharge from their Labor and Delivery admission.

619 The reference committee heard positive testimony for this resolution. The reference
620 committee was informed that the AAFP has a policy, titled "Coverage, Patient Education,
621 and Counseling for Family Planning, Contraceptive Methods, and Sterilization
622 Procedures" that addresses the first resolved clause. The policy specifically "*supports
623 assuring coverage of Long-Acting Reversible Contraceptives devices and placement
624 prior to hospital discharge, separate from the global fee, for all women who select this
625 method.*" In addition, a letter was sent to CMS in April 2016 asking for review and
626 revision of coverage of contraceptive options. This letter specifically references the
627 policy above.

628
629 **RECOMMENDATION: The Reference Committee recommends that Items A through C**
630 **on the Reaffirmation Calendar be approved as current policy or as already being**
631 **addressed in current projects.**

632 I wish to thank those who appeared before the reference committee to give testimony
633 and the reference committee members for their invaluable assistance. I also wish to
634 commend the AAFP staff for their help in the preparation of this report.

635
636 Respectfully submitted,

637
638
639
640 Stewart Decker, MD, Chair
641
642 Anna Dalrymple, MD
643 Uloma Emma-Ebere, MD
644 Jacqueline Huynh, MD
645 Scott Morris, DO
646 Libby Pionk, DO
647 Melissa See, MD, MPA