Resident 2
Agenda and Resolutions

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

1. Resolution No. R2-501	Dementia Awareness, Taskforce, and Toolkit Creation
2. Resolution No. R2-502	Advocating for the Removal of Prescriber Restrictions for Hepatitis C Direct Acting Antivirals
3. Resolution No. R2-503	Fostering Training in Hepatitis C Primary Care
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6. Resolution No. R2-506	Residency Closure Assistance Program
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RESOLUTION NO. R2-501

Dementia Awareness, Taskforce, and Toolkit Creation

Introduced by: Jason R. Woloski, MD, Hershey, PA

WHEREAS, Alzheimer's disease is the sixth leading cause of death in the United States, and

WHEREAS, over five million Americans are living with Alzheimer's (1 in 9 people age 65 and older), and

WHEREAS, in 2015 more than 15 million caregivers provided an estimated 18.1 billion hours of unpaid care related to dementia, and

WHEREAS, morality related to dementia is higher than breast and prostate cancer combined, and

WHEREAS, in 2016 costs related to dementia are estimated to be $236 billion, and

WHEREAS, earlier dementia detection allows for additional time for future planning and increases the likelihood for clinical trial acceptance, and

WHEREAS, it is estimated every 66 seconds someone in the United States develops dementia, and

WHEREAS, the American Academy of Family Physicians has proven effectiveness of task forces in the past, such as through the Primary Care Valuation Task Force, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a dementia task force, comprised of at least one student and one resident physician representative, to further efforts aimed at increased dementia research funding, awareness, diagnosis, and treatment, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for comprehensive dementia research and awareness initiatives, and be it further

RESOLVED, That the American Academy of Family Physicians develop on online dementia toolkit to assist primary care providers with office based tools, advocacy efforts, and community engagement, and be it further

RESOLVED, That this resolution be referred to the 2016 Congress of Delegates.

Resolution NO. R2-502

Advocating for the Removal of Prescriber Restrictions for Hepatitis C Direct Acting Antivirals

Introduced by: Britt Gayle, Monroeville, PA

WHEREAS, The most recent Centers for Disease Control and Prevention (CDC) surveillance data indicates that approximately 3.5 million people in the United States are estimated to have Hepatitis C, and

WHEREAS, the CDC has also concluded that Hepatitis C kills more people than any other infectious disease in the United States, and

WHEREAS, Direct Acting Antivirals (DAAs) are significantly more effective, less toxic and require progressively shorter treatment courses than interferon based regimens, and

WHEREAS, the current prices of DAAs represent a significant challenge to health insurance budgets, but still cost less per cure than interferon containing regimen and are starting to decrease in price due to market competition, and

WHEREAS, the cost of treatment is significantly exceeded by the costs of hepatic and extrahepatic complications and viral transmission, and

WHEREAS, according to an assessment published in the Annals of Internal Medicine in 2015, in all 14 states Medicaid requires the prescriber of DAAs to be a gastroenterologist, hepatologist, infectious disease or transplantation specialist, and

WHEREAS, in 15 states Medicaid requires that a specialist consultation precedes prescription of DAAS, and

WHEREAS, some commercial insurance plans have similar restrictions, and

WHEREAS, limiting DAA prescription prior authorizations to specialists increases health care costs to the patient, health insurance and health system and creates an additional barrier to health care access and medication adherence, and

WHEREAS, many family physicians across the country are successfully treating and caring for patients with Hepatitis C, using the Hepatitis C management guidelines that are freely available online, and

WHEREAS, data from the Hepatitis C ASCEND study demonstrates that primary care providers equipped with additional training can deliver equally effective care when compared to specialists, and

WHEREAS, the American Academy of Family Physicians in conjunction with other organizations has issued a request to the Centers for Medicare and Medicaid Services (CMS) to remove prescriber restrictions and specialist consultation requirements, and

WHEREAS, the CMS and Children's Health Insurance Program Services has already expressed concerns that state programs are restricting access to DAAs contrary to statutory requirements, now therefore, be it

RESOLVED, That the American Academy of Family Physicians create a collection of advocacy resources to disseminate to chapters in states where prescriber restrictions exist in order to assist in raising awareness of the impact of Direct Acting Antiviral (DAA) prescriber restrictions and advocating for their removal, and be it further

RESOLVED, That the American Academy of Family Physicians establishe a task force comprised of private, academic, rural and resident family physicians to augment advocacy efforts at a national level to remove Direct Acting Antiviral prescriber restrictions.

RESOLUTION NO. R2-503

Fostering Training in Hepatitis C Primary Care

Introduced by: Britt Gayle, M.D., Monroeville, PA

WHEREAS, The most recent Centers for Disease Control and Prevention (CDC) surveillance data indicates that approximately 3.5 million people in the United States are estimated to have Hepatitis C, and

WHEREAS, the CDC has also concluded that Hepatitis C kills more people than any other infectious disease in the United States, and

WHEREAS, family physicians play a significant role in identifying those infected with Hepatitis C, and

WHEREAS, numerous family medicine residency programs have started incorporating Hepatitis C care into their curricula and some have established fellowships, and

WHEREAS, many family physicians across the country are successfully treating and caring for patients with Hepatitis C, and

WHEREAS, the Hepatitis C management guidelines are freely available online, and

WHEREAS, entities such as the American Association for the Study of Liver Diseases (AASLD) and the International Antiviral Society-USA (IAS-USA) have online and in-person educational opportunities focusing on Hepatitis C care, and

WHEREAS, certification programs providing specialized training in HIV care and Tropical Medicine already exist and are held by many family physicians, and

WHEREAS, recent evidence demonstrates that primary care providers equipped with additional training can deliver equally effective Hepatitis C care when compared to specialists, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a curriculum guideline on Hepatitis C detection and management, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with entities that already have Hepatitis C primary care-oriented educational content to create a certification process focusing on Hepatitis C management.

RESOLUTION NO. R2-504

Incorporating Health Policy Education Into Medical Schools and Residency Programs

Introduced by: Laura Doan, MD, Los Angeles, CA
Jeremy Mosher, Vallejo, CA
Megan Chock, San Diego, CA
Redmond Finney, Baltimore, MD
Abeer Mousa, Tucson, AZ

WHEREAS, Evidence shows that medical students have significant gaps in knowledge concerning the U.S. health-care system, and

WHEREAS, evidence shows that most medical students perceive that these deficiencies are not adequately addressed in the medical school curriculum, and

WHEREAS, 96 percent of surveyed medical students felt that knowledge of health policy is important to their career, and

WHEREAS, there have been several recent calls for increased attention to health policy in medical education, both in the undergraduate and post-graduate education of physicians, and

WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) endorses "systems-based practice," which requires a broader knowledge of the health-care system, as one of the six general competencies expected of all residents, and

WHEREAS, the Society of General Internal Medicine Task Force for Residency Reform recommended increased training to reduce health disparities, which should include curricular focus to address social and cultural issues of care, health policy, and health economics, and

WHEREAS, there is a growing awareness that doctors need more training in the non-clinical parts of health care, and

WHEREAS, there are several excellent and long-standing health policy courses educating residents on health policy topics applicable to daily physician practices, exposing residents to health policy careers through visits with policy makers and analysts, and promoting personal engagement in health policy, now, therefore, be it

RESOLVED That the American Academy of Family Physicians (AAFP) explore a model two-to-four week or longitudinal health policy curriculum that can be modified by chapters based on local policies and that medical schools and residency training programs can use to teach students and residents, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) ask the Liaison Committee on Medical Education (LCME) and American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) to consider using the AAFP's model curriculum as part of their accreditation guidelines for medical schools, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) ask the Accreditation Council for Graduate Medical Education (ACGME) to consider using the AAFP's model curriculum as part of their accreditation guidelines for family medicine residency programs.

RESOLUTION NO. R2-505

Support Contraceptive Implant Training Among Family Physicians

Introduced by: Margot Brown, Santa Rosa, CA
Matt Mullane, Denver, CO

WHEREAS, The American Academy of Family Physicians (AAFP) supports that "long-acting reversible contraception be offered as a first-line contraceptive method for women with reproductive capacity," and

WHEREAS, the AAFP Curriculum Guidelines for Family Medicine Residents (2014) advocates for competency in Intrauterine Device (IUD) insertion and removal and subcutaneous implant insertion and removal, and

WHEREAS, contraceptive implants are highly effective and safe for most women, including adolescents and nulliparous women, and

WHEREAS, contraceptive implants may decrease rates of unintended pregnancy compared to shorter acting methods, such as the oral contraceptive pill, and

WHEREAS, IUD use among women 15-44 who use contraception has increased from 1.5% in 2002 to 6.4% in 2013, implant use has only increased from .3% to.8% in the same time period, and

WHEREAS, one barrier to obtaining implants for appropriate and interested women is lack of family physician training regarding eligibility, insertion and removal of the devices, and

WHEREAS, a 2016 study found that only 11.3% of practicing family physicians insert and/or remove the contraceptive implant, compared to 51.3% of obstetricians/gynecologists, and

WHEREAS, a further barrier to implant access is a required in-person or web-based provider training sponsored by the manufacturer, and

WHEREAS, family physicians who completed residency less than 21 years ago are more likely than those who completed residency longer than 21 years ago to insert or remove implants, suggesting the CME is needed to address this training gap, and

WHEREAS, physicians who receive continuing education on implant insertion and removal have a five times greater odds of implant utilization within their practice, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians offer implant insertion and removal training for both residents and practicing family physicians, including consistent provision of hands-on training at state and national conference, and be it further

RESOLVED, That the American Academy of Family Physicians petition the implant manufacturers to remove the mandatory industry-sponsored insertion and removal training session in favor of a peer–based training model.

RESOLUTION NO. R2-506

Residency Closure Assistance Program

Introduced by: Michael Richardson, MD, Boston, MA

WHEREAS, Closures of family medicine residency programs are disruptive to resident learning and are emotionally challenging to navigate, and

WHEREAS, Columbia University was able to overturn their residency closure in 2015 by garnering outside support to advocate for family medicine and its need in the community, and

WHEREAS, the most current published researched on program closures was in 2003, noting that 27 residency programs submitted requests to withdraw accreditation between July 1, 2000, and July 1, 2002 , and

WHEREAS, there is a lack of research on the impact of family medicine residency program closures and how to prevent them, and

WHEREAS, the American Academy of Family Physicians (AAFP) Residency Program Solutions consultant group provides customized consultation services to address residency program needs at the request of residency directors and family medicine departments, and

WHEREAS, there are currently AAFP resources for residents to navigate program closures, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop resources for residents and faculty to navigate program closures, such as an online reference guide and an active list of residency programs with open resident positions, and be it further

RESOLVED, That the American Academy of Family Physicians examine the impact of program closures on residents and their affected communities, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) identify a representative in the AAFP's Residency Program Solutions consultant group to serve as a contact person for residents concerned about residency program closures.

RESOLUTION NO. R2-507

Physician Suicide Prevention

Introduced by: Joseph Brodine, Washington, DC
Kristina Dakis, MD, Chicago, IL
Mary Warren, Washington, DC
Emily Graber, Chicago, IL

WHEREAS, Physicians are two-three times more likely to commit suicide compared to the general U. S. population, and

WHEREAS, 10 percent of medical students and residents have experienced suicidal ideation in the last year, and

WHEREAS, physicians need to care for themselves in order to be fit to care of patient, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create an evidence-based online toolkit for medical students, residents, and practicing physicians for suicide prevention.

RESOLUTION NO. R2-508

Supporting Common Sense Gun Legislation

Introduced by: Stewart Decker, MD, Klamath Falls, OR
Redmond Finney, Baltimore, MD
Maya Siegel, Baltimore, MD

WHEREAS, There were 33,636 gun deaths in the United States in 2013, which is a representative number over the last decade, and

WHEREAS, 62 percent of these deaths were completed suicides, 36 percent were homicides, and 2 percent were accidental deaths, and

WHEREAS, only 5.6 percent of all suicide attempts are with firearm, but 51-55 percent of completed suicides are with firearm, meaning that suicide attempts by firearm are 85 percent fatal, and

WHEREAS, firearms were used in 69.9 percent of all homicides in 2012, again a representative number, and

WHEREAS, if a person's preferred suicide method is unavailable, it is unlikely they will switch to a different one, and

WHEREAS, in the first week after the purchase of a handgun, the rate of suicide by means of firearms among purchasers was 57 times higher than the general population, and

WHEREAS, in the 11 states that have "waiting periods" there is a lower overall suicide rate ($P=.001$), a lower firearms suicide rate ($P<.001$), and a lower proportion of suicide deaths resulting from firearms, and

WHEREAS, in the year immediately following the repeat of their 48-hour waiting period law, South Dakota saw a 7.6-percent increase in its overall suicide rate compared with 3.3 percent for the United States in general, and

WHEREAS, in the year following implementation of a law that extended the waiting period for acquiring a handgun, Washington, DC, saw a 2.2-percent decrease in their overall suicide rate compared with a 2.1-percent increase in the United States overall, and

WHEREAS, states with laws that required background checks at the point of transfer or before obtaining a permit to purchase a handgun from a private seller exhibited a lower overall suicide rate ($P<.001$), a lower firearms suicide rate ($P<.001$), and a lower proportion of suicide deaths resulting from firearms (36.8 percent vs. 58.8 percent, $P<.001$), and

WHEREAS, when threatening intimate partners, gun owners are 7.8 times more likely to threaten their partners with a gun than non-gun owners, and

WHEREAS, family and intimate partner assaults with firearms are 12 more times likely to result in death than non-firearm assaults, and

WHEREAS, the American Academy of Family Physicians (AAFP) currently "supports increased research," "supports strong and robust enforcement of existing federal, state, and local laws and regulations regarding the manufacture, sale and possession of funds," "supports legislation

restricting unsupervised access to both firearms and ammunition by children," and "opposes private ownership of weapons designed primarily to fire multiple (greater than 10) rounds quickly," and

WHEREAS, the AAFP has also stated that the "background-check requirement should be expanded to include the sale of firearms at gun shows, over the Internet and in classified ads, and has "call(ed) for 'an elimination of the ban on federal funding for objective, scientific research on gun violence,'" and

WHEREAS, the AAFP has been uncharacteristically silent on gun control interventions such as waiting periods and laws about removing guns from homes with domestic violence claims, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) support gun laws that demonstrably decrease morbidity and mortality associated with gun violence in any of its forms, including but not limited to a receipt of a gun-waiting period and allowance for removal of guns from houses during domestic violence complaints.

Resolution NO. R2-509

A Shot in the Dark: The Lack of Gun Violence Research is a Public Health Issue

Introduced by: Meray Ohanassian, Gainsville, FL
Ashlin Mountjoy, MD, Seattle, WA
Alexander Langley, MD, Seattle, WA

WHEREAS, Gun violence accounts for 33,000 deaths and 76,000 non-fatal gun injuries each year in the United States, and

WHEREAS, the United States has a homicide rate from gun violence that is 25.2 times greater than other high-income developed countries, and

WHEREAS, there remains a ban on research determining the cause of this disparity, and

WHEREAS, Japan, Germany, Australia, and the United Kingdom have developed stricter gun laws and decreased the homicide rates due to gun violence, and

WHEREAS, the United States has no evidence that previously implemented gun control policies have had a similar effect, and

WHEREAS, public health research into motor vehicle accidents and tobacco use has guided evidence-based interventions and policies to reduce the disease burden from these issues, and

WHEREAS, gun violence continues to be a key political issue with significant uncertainty regarding the best solutions, and

WHEREAS, the American Academy of Family Physicians (AAFP) has policies on the prevention of gun violence, violence as a public health concern, and firearms and safety issues, and

WHEREAS, the AAFP has partnered with other organizations to author a letter to US Representatives and Senators requesting removal of restrictions on gun violence research by the Centers for Disease Control and Prevention, and

WHEREAS, there has still not been action on this issue by the US Congress, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians continue to partner with other health organizations and the Fam Med PAC to actively lobby for the removal of restrictions on gun violence research.

RESOLUTION NO. R2-510

Improving Patient Education of Limited English Proficiency Patients

Introduced by: Sway Wu, Detroit, MI
Katie Zurek, MD, Traverse City, MI
Mike Collins, MD, Flint, MI
Max Weston, MD, Seattle, WA

WHEREAS, Fifty-seven million (20%) of the United States population speak a language other than English at home, and

WHEREAS, 25 million (8.6%) of the United States population are defined as limited English proficiency, and

WHEREAS, when professional interpreters are not used at admission or discharge, the length of hospital stay for patients with limited English proficiency is increased, and

WHEREAS, patients limited English proficiency face barriers to medical information comprehension, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians add links such as ethnomed.org to its official website, and be it further

RESOLVED, That the American Academy of Family Physicians provide continuing medical education at such events as the Family Medicine Experience and National Conference of Family Residents and Medical Students to educate physicians on providing culturally competent care, and be it further

RESOLVED, That the American Academy of Family Physicians familydoctor.org website provide more patient information in more languages for physician and patient use.

RESOLUTION NO. R2-511

Improving Mental Health Care in the Primary Care Setting

Introduced by: Sway Wu, MD, Detroit, MI
Katie Zurek, MD, Traverse City, MI
Michael Collins, MD, Flint, MI
Max Weston, MD, Seattle, WA

WHEREAS, 43.8 million (about 20%) of adults in the United States experiences mental illness in any given year, and

WHEREAS, only half of the patients with a mental health disorder are diagnosed, and

WHEREAS, only half of diagnosed patients are effectively treated, and

WHEREAS, access to mental health care is of significant national public health concern, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians provide a liaison to the American Psychiatric Association to facilitate cohesion between mental health and family medicine patient care, and be it further

RESOLVED, That the American Academy of Family Physicians website provide links to the American Psychiatric Association for physician use in identifying mental health disorders, and be it further

RESOLVED, That the American Academy of Family Physicians provide continuing medical education at such events as Family Medicine Experience and the National Conference of Family Medicine Residents and Medical Students to improve physician diagnosis of mental health disorders.

Resolution NO. R2-512

Offering Guidance to the ABFM Regarding the Maintenance of Certification Family Practice (MC-FP)

Introduced by: Alex Mroszczyk-McDonald, MD, Fontana, CA
Matthew Peters, Boise, ID

WHEREAS, The American Academy of Family Physicians (AAFP) member physicians join the American Board of Family Medicine (ABFM) in supporting lifelong learning that reinforces and updates medical knowledge critical to patient safety and professional excellence, and

WHEREAS, the Winter 2016 ABFM newsletter "The Phoenix" was a welcome indicator of the ABFM's openness to listen to and collaborate with physicians in evolving the Maintenance of Certification for Family Physicians (MC-FP) process to better meet the above mentioned goals, and

WHEREAS, based on current estimates, 60% of family physicians are employed, and

WHREAS, physician employers report Accountable Care Organizations (ACO), meaningful use, Physician Quality Reporting System (PQRS) and Patient-Centered Medical Home (PCMH) to payer agencies making Performance in Practice Modules redundant for the majority of family medicine physicians, and

WHEREAS, the current self-assessment activities covering three topics in three years are too limited and does not reinforce or update the broad range of topics encountered by family physicians, and

WHEREAS, a yearly review of a broad range of topics regularly encountered by family physicians based on literature from recognized family medicine journals would be more useful, and

WHEREAS, multiple, frequent clinically based assessments over time are more effective earning opportunities than a single, high-stakes examination, and

WHEREAS, family physicians should be free to schedule their MC-FP time commitment, and

WHEREAS, the ABFM could simplify Maintenance of Certification (MOC) for physicians by allowing the AAFP to accredit activities that will count for MOC, and

WHEREAS, there is a precedent for such a change as the American Board of Internal Medicine has recently revised their standards for Maintenance of Certification in partnership with the Accreditation Council for Continuing Medical Education (ACCME), now, therefore be it

RESOLVED, That the American Academy of Family Physicians recommend the American Board of Family Medicine reevaluate MOC requirements to be more succinct while utilizing current evidence on adult learning modalities and catering to multiple learning preferences, and be it further

RESOLVED, the American Academy of Family Physicians recommend that the American Board of Family Medicine allow the AAFP credit system to certify Continuing Medical Education (CME)

events as meeting Maintenance of Certification requirements provided they meet mutually agreed upon standards.

RESOLUTION NO. R2-513

The American Academy of Family Physicians to Support Accreditation Council for Graduate Medical Education Accredited Residencies in obtaining Osteopathic Recognition

Introduced by: Matthew Varallo, DO, Rancho Mirage, CA
Jeremy Mosher, Vallejo, CA
Stewart Decker, MD, Klamath Falls, OR

WHEREAS, The American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME) have signed a memorandum of Understanding to create a single accreditation system, and

WHEREAS, all family medicine residencies will be accredited by the ACGME and AOA accreditation will no longer exist, and

WHEREAS, there is strong evidence that Osteopathic Manipulative Treatment can help to treat acute low back pain and provides relief of chronic musculoskeletal pain, and

WHEREAS, Osteopathic Manipulative Treatment is a sought after skill by both MD and DO residents to help diagnose and treat musculoskeletal pain, and

WHEREAS, residency programs certified with ACGME Osteopathic Recognition would incorporate training of osteopathic principles to both MD and DO residents, now, therefore, be it

RESOLVED, That the American Academy of Family Physician (AAFP) create a statement of support regarding residency programs seeking to obtain osteopathic recognition, and be it further

RESOLVED, That the American Academy of Family Physician create and make available a “How to Guide” on how to achieve osteopathic recognition for residency programs and list mentors available to serve as a resource in the process.

RESOLUTION NO. R2-514

Talking Explicitly About Impact Bias

Introduced by: Ashlin Mountjoy, Seattle, WA
Jeremy Mosher, Vallejo, CA
Michael Collins, MD, Grand Blanc, MI
Max Weston, MD, Seattle WA

WHEREAS, Medical students hold both negative implicit and explicit biases about groups, which can negatively impact physician-patient interactions, and

WHEREAS, high levels of implicit bias among physicians produces more negative interactions with patients, and

WHEREAS, implicit bias interventions can be an effective way to reduce biases, and

WHEREAS, while the American Academy of Family Physicians has acknowledged the effects of racism on health, there are no formal recommendations for addressing this, and

WHEREAS, the joint commission has issued an advisory brief with proposed solutions, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians publish a position paper on the impact of implicit bias in health care, and be it further

RESOLVED, That the American Academy of Family Physicians prioritize research on the impact of implicit bias and effective interventions for reducing implicit bias in healthcare, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) as the Accreditation Council for Graduated Medical Education to consider using AAFP's model curriculum as part of their accreditation guidelines for family medicine residency programs, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) as the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation to consider using the AAFP's model curriculum as part of their accreditation guidelines for medical schools.

RESOLUTION NO. R2-515

Educating AAFP Constituents on Anti-violence Movements in the Community

Introduced by: Sarah Skog, MD, Portland, OR
Stuart Zeltzer, MD, Klamath Falls, OR

WHEREAS, Safety and security are fundamental social determinants of health, and

WHEREAS, communities that don't feel safe are denied the foundation necessary for growth, development and longevity, and

WHEREAS, physicians may neglect to address the subject of guns and/or violence further perpetuating the inequity of safety, and

WHEREAS, physicians often don't know or understand current social movements like Black Lives Matter that fight for social justice and safety, now, therefore, be it

RESOLVED, That American Academy of Family Physicians educate its members via its media channels with periodic reviews of current social anti-violence movements so that members can better understand their communities and hopefully better address this important public health issue.

RESOLUTION NO. R2-516

Resolution in Support of Promoting Health in Trade Agreements

Introduced by: Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
Stewart Decker, MD, Klamath Falls, OR

WHEREAS, The U.S. is currently engaged in negotiating a new generation of massive multilateral trade agreements outside the World Trade Organization (WTO) including the Trans Pacific Partnership (TPP), and the Transatlantic Trade & Investment Partnership (TTIP) and the Trade in Services Agreement (TiSA), and

WHEREAS, these negotiations are often occur secretly without meaningful civil society participation and

WHEREAS, trade agreement negotiations should be transparent, and

WHEREAS, both released and leaked text include provisions detrimental to public health, access to medicines and the practice of medicine, and

WHEREAS, these trade agreements may include Trade-Related Aspects of Intellectual Property Rights (TRIPS-plus) intellectual property provisions that increase the cost of medications for patients and may reduce access to medicines in order to increase industry profits, and

WHEREAS, these provisions are likely to impact the most vulnerable populations including United States seniors who face increasingly unsustainable drug prices and delayed access to low cost generic drugs, and

WHEREAS, organizations which represent these patient populations have publicly opposed intellectual property provisions in the TPP and TTIP which reduce access to medicines, and

WHEREAS, Investor-State Dispute Settlement (ISDS) provision in these trade agreements may enable multinational corporations to challenge evidence-based laws and regulations that protect public health, and

WHEREAS, these trade agreements including the TPP may include provisions that will threaten environmental protection and environmental health including climate change mitigation and adaptation commitments, and

WHEREAS, physicians and organized medicine has a professional obligation to advocate for patients and public health in trade agreement negotiations, and

WHEREAS, a released TPP text contains an alleged tobacco exemption, such an exemption is not a true exemption and is unlikely to protect public health regulation from potential challenge by tobacco companies, and

WHEREAS, the AAFP has signed on to letters urging a tobacco exemption in trade agreements including the TPP, now, therefore, it be

RESOLVED, That the American Academy of Family Physicians urge the U.S. Congress and U.S. Trade Representatives to ensure that trade agreements promote public health, access to

medicines and access to care by opposing Investor-State Dispute Settlement (ISDS) and restrictive intellectual property provisions, and be it further

RESOLVED, That the American Academy of Family Physicians urge the U.S. Trade Representative (USTR) to ensure transparency and openness in all trade agreement negotiations including public access to negotiating texts and meaningful opportunities for stakeholder engagement during agreement negotiations.

RESOLUTION NO. R2-517

Resident Rotation Exchange

Introduced by: Shivum Agarwal, MD, Fort Worth, TX
Samuel Mathis, MD, Stafford, TX

WHEREAS, In a recent survey of Texas family medicine residents, a consistently top-scoring issue has been the availability of procedural training opportunities in their respective home programs, and

WHEREAS, a struggle of residency programs nationwide is to provide robust experiences in all aspects of family medicine such as pediatrics, surgical obstetrics, general surgery, outpatient procedures, etc., and

WHEREAS, Medicare data has demonstrated that physicians who provide broader procedural capabilities significantly lowers cost of care, and, therefore, decreases the financial burden on our strained medical economic system, and

WHEREAS, a broadly held goal of various family medicine authorities and organizations including the Council of Academic Family Medicine is to develop broadly trained, capable physicians who can perform a gamut of procedures ranging from laceration repair to appendectomy, and

WHEREAS, in light of recent Society of Teachers of Family Medicine, Lancet and World Health Organization publications on solutions for global surgical needs, family medicine has been highlighted as a proposed solution to the global surgical crisis, and

WHEREAS, the essential spirit of family medicine is to encourage collaboration over competition with teamwork over individual accomplishment, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) establish an online rotation exchange program to identify and facilitate contact and communication between residency programs offering complementary procedural and non-procedural educational training needs, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with appropriate governing organizations to create a policy that allows greater flexibility in training such that residency rotational exchanges may occur without repercussions and minimize administrative burden for the rotating resident or program, and be it further

RESOLVED, That the American Academy of Family Physicians create an agenda item or commission to explore other innovative means of expanding procedural training in family medicine.

RESOLUTION NO. R2-518

Support of Physician Transparency (& Sunshine)

Introduced by: Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
Stewart Decker, MD, Klamath Falls, OR

WHEREAS, The Patient Protection and Affordable Care Act included “Sunshine Act” provisions which mandate reporting of gifts from industry to physicians, and

WHEREAS, the profession has not consistently engaged in or promoted transparency, and

WHEREAS, the evidence on the effect of any transfer of value to physicians and their prescribing practices is overwhelming and industry influence on prescribing practices increases drug costs for both payers and patients, and

WHEREAS, transparence on physicians relationships with industry are critical to maintaining the integrity and credibility of the profession, and

WHEREAS, failure to disclose conflicts of interest by a physician should constitute unprofessional behavior, and

WHEREAS, the pharmaceutical and medical device industry invests resources in educational materials and gifts for physicians because such incentives change prescribing practices and may undermine evidence-based prescribing and patient safety, and

WHERAS, existing AAFP policy and advocacy has opposed effective implementation of key Sunshine Act provisions, and

WHEREAS, the AAFP has signed on in support of legislation to further expand reporting exemptions, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support transparence and open reporting of family physician’s relationships with pharmaceutical and medical device manufacturers including support of effective and efficient implementation of existing Physician Payment Sunshine reporting requirements, and be it further

RESOLVED, That the American Academy of Family Physicians oppose legislative efforts to expand current Physician Payment Sunshine exemptions.

RESOLUTION NO. R2-519

Ending Direct Consumer Adverting

Introduced by: Stewart Decker, MD, Klamath Falls, OR
Redmond Finny, Baltimore, MD

WHEREAS, The United States (U.S.) and New Zealand are the only two countries in the world that allow direct-to-consumer advertising (DTCA) of prescription drugs, and

WHEREAS, DTCA spending in the U.S. was $4.23 billion in 2014, up from 18% from $3.83 billion in 2013, and

WHEREAS, drug spending increased 86% between 1997 and 2001, up about 18% from $3.83 billion in 2013, and

WHEREAS, increases in DTCA between 1999 and 2000 accounted for 12% of drug sales growth during that period, resulting in an additional $2.6 billion in drug spending in 2000, and

WHEREAS, physicians wrote 34.2% more prescriptions in 1999 than in 1998 for the 25 most DTCA – promoted drugs, and

WHEREAS, physicians wrote only 5.1% more prescriptions for all other prescription drugs, and

WHEREAS, the Food and Drug Administration (FDA) is charged with regulation of the accuracy, honesty, and legality of DTCA but is increasingly unable to do so efficiently due to underfunding despite expansion of responsibilities, resulting in a decreased number of regulatory letters and delay in receipt of them (the FDA sees the ads after they air, when the public does), and

WHEREAS, 78% of physicians believe their patients understand the possible benefits of advertised drugs very well or somewhat well but only 40% believe their patients understand the possible risks, and

WHEREAS, 65% of physicians believe DTC ads confuse patients about the relative risks and benefits of prescription drugs, and

WHEREAS, 75% of physicians believed that DTC ad cause patients to think that the drug works better than it does, and

WHEREAS, 58% of physicians agreed strongly that DTC ads make the drugs seem better than they really are, and

WHEREAS, the success or failure of a pharmaceutical should depend on its safety and efficacy rather than the skill of its marketing team, and

WHEREAS, the American television viewer watches as many as nine drug ads a day, totaling 16 hours per year, which far exceeds the amount of time the average individual spends with a primary care physician, and

WHEREAS, in November 2015 the American Medical Association called for “Ban on Direct to Consumer Advertising of Prescription Drugs and Medical Devices” by convening a physician

task force and launching an advocacy campaign to promote prescription drug affordability through pushes for greater transparency from drug makers in how they price their medicines, and

WHEREAS, The American Academy of Family Physicians (AAFP) policy on DTCA currently states “The AAFP supports efforts by manufacturers of prescription pharmaceuticals, nonprescription medications, health care devices and health related products and services to provide general health information to the public. At the same time, the AAFP urges that any direct-to-consumer advertising of prescription drugs by pharmaceutical companies be based on disease state only, without mention of a specific drug by name,” and includes a list of conditions that must be met to maintain acceptability, now, therefore, be it

RESOLVED, The American Academy of Family Physicians change its policy to support a ban on and/or limitations on direct-to-consumer advertising of prescription drugs and medical devices, and be it further

RESOLVED, That the American Academy of Family Physicians reach out to the American Medical Association to coordinate on efforts to advocate in support of a ban on and/or limitation on direct to consumer advertising.

RESOLUTION NO. R2-520

Against Public Funding of Crisis Pregnancy Centers

Introduced by: Maya Siegel, Baltimore, MD
Naomi Gorfinkle, Baltimore, MD
Redmond Finney, Baltimore, MD
Stewart Decker, MD, Klamath Falls, OR

WHEREAS, The importance of the patient-physician relationship is integral to patient health, trust of physicians, and the health care system as a whole, and

WHEREAS, “crisis pregnancy centers” often masquerade as women’s health clinics, misleading women in relation to their reproductive health, while often not having a physician or nurse on staff, and

WHEREAS, many of these centers choose names similar to women’s health clinics to confuse patients, and

WHEREAS, these centers often try to frighten patients with misleading films or pictures to influence women seeking abortion care against obtaining an abortion, and

WHEREAS, these centers are known to give incomplete or misleading information about pregnancy options including abortion, adoption, and parenting, and

WHEREAS, many states have introduced legislation that would require women to attend these centers prior to obtaining an abortion, and

WHEREAS, these centers have been known to misinform women of their pregnancy status and dating thereby leading women to think they are earlier along in their pregnancy, and

WHEREAS, these efforts to misinform can divert women from accessing comprehensive and timely care from appropriately trained and licensed medical providers, and

WHEREAS, the American Academy of Family Physicians policy states that “the woman considering an elective abortion should be informed adequately of the potential health risks of both abortion and continued pregnancy”, and

WHEREAS, women who go to one of these centers often feel mislead and may lose trust in medical providers as a whole, and

WHEREAS, 12 states provide public funding to these centers, and

WHEREAS, 20 states refer women to crisis pregnancy centers or compel physicians to provide a list of these centers to patients, and

WHEREAS, the public funding of these centers indicates a public support of these institutions, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians oppose funding of “crisis pregnancy centers” at the national level and other organizations that mislead patients to further

a political or religious agenda, or to delay them from getting adequate reproductive care, and be it further

RESOLVED, That the American Academy of Family Physicians oppose legislation that requires women to attend crisis pregnancy centers prior to obtaining an abortion or requires physicians to provide information about crisis pregnancy centers.

RESOLUTION NO. R2-521

Advocacy for a Federal Ban on Reparative Therapy

Introduced by: Juan Carlos Venis, Muncie, IN
Aisha Harris, Washington, D.C.
Stewart Decker, MD, Klamath Falls, OR
Vivian Jiang, MD, Rochester, NY

WHEREAS, Multiple professional societies, including the American Academy of Family Physicians (AAFP), oppose "conversion therapies," also known as "reparative" or "ex-gay therapies," and their practice on minors in attempts to change their sexual orientation or gender identity, and

WHEREAS, many expert organizations accept sexual orientation and gender identity as immutable characteristics of an individual, and

WHEREAS, multiple studies have demonstrated the harm of such "conversion" practices and their association with increased risk of depression, substance abuse, high-risk behaviors, and suicidality, and

WHEREAS, youth involuntarily subjected to such practices and poor acceptance from their families have higher rates of self-harm and suicide, and

WHEREAS, the United Nations High Commissioner for Human Rights recommends that member states ban conversion therapy when forced, or otherwise involuntary, due to breach of the prohibition on torture and ill-treatment, and

WHEREAS, more than 75% of known American lesbian-gay-bisexual-transgender (LGBT) population lives in states with no laws banning conversion therapy for minors, and

WHEREAS, President Obama's administration supports the banning of such therapies' use on minors and there has been considerable public attention drawn to this and similar issues in recent years, and

WHEREAS, United States federal LGBT and child welfare protections as they currently stand continue to allow these harmful practices by licensed professional, even those state-funded, and

WHEREAS, the American public continues to witness the senseless deaths of our queer youth as a result of these quack practices, and

WHEREAS, the AAFP serves to advocate for the health of all children and all Americans regardless of gender identity or sexual orientation, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to place a federal ban on "reparative therapy" practiced by licensed professionals on minors and recognize this practice as harmful under federal law.

RESOLUTION NO. R2-522

Advocacy and Policy Education and Training in Family Medicine Residency Programs

Introduced by: Melissa See, MD, Salt Lake City, UT

WHEREAS, Family physicians are positioned to represent and speak on the primary health-care needs of the communities that they serve, and

WHEREAS, family medicine residents are expected to advocate for quality patient care and optimal patient-care systems per the Accreditation Council for Graduate Medical Education (ACGME) Program Requirements for Graduate Medical Education in Family Medicine, and

WHEREAS, in the Recommended Curriculum Guidelines for Family Medicine Residents Leadership states, "the resident should demonstrate the ability to apply knowledge of political advocacy," and

WHEREAS, family physicians are viewed as a critical resource by legislatures when seeking information on the healthcare needs of their constituents addressing both the needs of patient care and clinical practice, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) support family medicine residency programs to encourage their residents to engage in advocacy and policy education and training, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) strengthen the educational materials and promotion of materials currently available on http://www.aafp.org/advocacy to address the need for education, training, and skills development in advocacy and policy during residency.