Student 3
Agenda and Resolutions

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

1. Resolution No. S3-301	Support a Study on Minimum Competencies and Scope of Medical Scribe Utilizations
2. Resolution No. S3-302	Support of the Research of the Efficacy of Situational Judgment Testing (SJT) /Computer-Based Assessment for Sampling Personal Characteristics (CASPer) in the Evaluation of Medical School Applicants
3. Resolution No. S3-303	Evaluation of The Healer's Art Course in Building Compassion in Medical Students
4. Resolution No. S3-304	Transparency of Procedural Expectations and Conscience Policies in the Residency Application Process
5. Resolution No. S3-305	A Virtual Platform for Wellness and Burnout Prevention
6. Resolution No. S3-306	Enhanced Understanding of MACRA, Medicare Access and CHIP Reauthorization Act of 2015, for Resident and Student AAFP Members
7. Resolution No. S3-307	Talking Explicitly About Impact Bias
8. Resolution No. S3-308	Lobby to End Step 2 CS and Level PE
9. Resolution No. S3-309	Partnerships in Developing a Rural Training Database
10. Resolution No. S3-310	Recycling at National Conference
11. Resolution No. S3-311	The American Academy of Family Physicians to Support Accreditation Council for Graduate Medical Education Accredited Residencies in obtaining Osteopathic Recognition
12. Resolution No. S3-312	Student Debt Reform
13. Resolution No. S3-313	Offering Guidance to the ABFM Regarding the Maintenance of Certification Family Practice (MC-FP)

14.	Resolution No. S3-314	Supporting Medicare Drug Negotiating Powers
15.	Resolution No. S3-315	Protecting Rural Family Medicine Training Programs During the AOA/ACGME Merger
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17.	Resolution No. S3-317	Promoting Cross-Cultural and Linguistic Education for Residents and Medical Students About Hispanic and Latino Populations to Improve Health Care Communications

RESOLUTION NO. S3-301

Support a Study on Minimum Competencies and Scope of Medical Scribe Utilizations

Introduced by: Kyle Gleaves, Scranton, PA
Elisa Giusto, Philadelphia, PA

WHEREAS, Nearly 1 in 5 physicians currently employ medical scribes who are unlicensed workers hired to enter patient history and physical exam findings into the electronic health record (EHR) at the direction of a physicians or practitioner and,

WHEREAS, while medical scribes were initially used in emergency rooms and urgent care centers, they are now currently used throughout hospitals and every type of clinic, and

WHEREAS, several studies suggest that medical scribes improve clinical satisfaction, productivity, time-related efficiencies, revenue, and patient-clinician interactions since EHR-use can be cumbersome and time-consuming, and

WHEREAS, federal law inhibits medical scribes from entering certain patient information including but not limited to prescription medication and lab and imaging orders, but there is no enforcement mechanism to ensure adherence, and

WHEREAS, the use of medical scribes can pose potential risks to patients if they are allowed to enter orders into the EHR and the risk of such action is high, and

WHEREAS, ScribeAmerica, one of the dozens of companies employing scribes and the largest professional medical scribe training and management company in the United States, only provides two weeks of training for new medical scribes, and

WHEREAS, because medical scribes have no patient care responsibilities, they are not currently required to undergo specific training or meet any background requirements prior to starting their positions, and

WHEREAS, only one-third of the current 15,000 medical scribes in America are certified by the American College of Medical Scribes Specialists, created by ScribeAmerica's founders in 2012, and

WHEREAS, there has been skepticism among ScribeAmerica's s competing medical scribe training and management companies regarding the legitimacy of this certification, and

WHEREAS, there will be an estimated 100,000 medical scribes in 2020 with no national standardization of training in place, and

WHEREAS, individual institutions, such as The Mayo Clinic, have resorted to developing custom training curricula to address shortcomings in medical scribe training, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians partner with The Joint Commission and other stakeholders to study the minimum skills and competencies required of a medical scribe regarding documentation performance and clinical boundaries of medical scribes utilization.

RESOLUTION NO. S3-302

Support of the Research of the Efficacy of Situational Judgment Testing (SJT) /Computer-Based Assessment for Sampling Personal Characteristics (CASPer) in the Evaluation of Medical School Applicants

Introduced by: Jennifer Soloman, Johnson City, TN
Kaitlyn Jongkind, Johnson City, TN
Margaret Smith, Johnson City, TN
Katelin McCall, Johnson City, TN

WHEREAS, The American Academy of Family Physicians (AAFP) promotes the Patient Centered Medical Home (PCMH) model, which emphasizes physician-led practice, and

WHEREAS, these practices require physicians with leadership qualities, who exhibit excellent communication and interpersonal skills with a strong moral and ethical foundation, and

WHEREAS, few medical schools in the United States actively cultivate the communication and leadership skills required of physicians in the PCMH, and

WHEREAS, medical schools emphasize the importance of strong academic performance in medical school admissions, yet few have a model for selecting students with the necessary morals and ethics for physicianship, and

WHEREAS, Computer-Based Assessment for Sampling Personal Characteristics (CASPer) is a form of electronic Situational Judgement Testing (STJ) to evaluate a medical school applicant's character and judgement skills prior to the admission interview , and

WHEREAS, SJT/CASPer provides medical admissions committees with information on an applicant's personal morals and ethics, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians encourage partner organizations, such as the Association of American Medical Colleges, to research the efficacy of Situational Judgment Testing/Computer-Based Assessment for Sampling Personal Characteristics with regards to medical school admissions.

RESOLUTION NO. S3-303

Evaluation of The Healer's Art Course in Building Compassion in Medical Students

Introduced by: Jennifer Solomon, Johnson City, TN
Kaitlyn Jongkind, Johnson City, TN
Margaret Smith, Johnson City, TN
Katelin McCall, Johnson City, TN

WHEREAS, The American Academy of Family Physicians (AAFP) supports the Quadruple Aim, which promotes physician and student physician satisfaction through work-life balance and self-care, and

WHEREAS, The Healer's Art course is a class that fosters self-care through introspection, values' clarification, and exploration of the relationship between clinician and patient, and

WHEREAS, the Center for Evaluation of Healer's Art has evaluated and published peer-reviewed studies demonstrating the effectiveness of the course in empathy, commitment and humanism in medical students, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) evaluate The Healer's Art course as a valid opportunity for students to build compassion and self-care in medical education.

RESOLUTION NO. S3-304

Transparency of Procedural Expectations and Conscience Policies in the Residency Application Process

Introduced by: Cecilia Jojola, M.D., M.A., Sacramento, CA
Lauren Weasler, Milwaukee, WI
Brianna Wynne, Milwaukee, WI

WHEREAS, Medical students may select a residency based on the ability of the program to teach competency in a given procedure, and

WHEREAS, medical students may select a residency based on the presence of a program conscience policy, and

WHEREAS, unclear expectations for procedural competencies have led to ethical dilemmas for as many as 68% (n=140) of surveyed family medicine residents, and

WHEREAS, some residencies have developed accessible policies for procedural expectations and conscience policies, and

WHEREAS, not all residency programs currently accessibly list the procedural competencies or conscience policies of their program, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians endorse a policy of transparency in the residency application process by writing a letter to the Association of Family Medicine Residency Directors encouraging residency programs to a) list the procedural expectations of the residency program and b) list the conscience policies of the residency program in a way that is easily accessible to residency applicants.

RESOLUTION NO. S3-305

A Virtual Platform for Wellness and Burnout Prevention

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

WHEREAS, Forty-nine percent of medical students and 50 percent of residents report symptoms of burnout, and

WHEREAS, 9.3 percent of medical students and 8.7 percent of residents report suicidal ideation in the last 12 months, and

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

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

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

RESOLVED, That an online platform for medical students, residents, and attending faculty to enter into an open forum for discussion and prevention and burnout, provide a platform for conducting research that aims to elucidate effective interventions for preventing burnout and promoting resilience among medical students, residents, and attending faculty.

RESOLUTION NO. S3-306

Enhanced Understanding of MACRA, Medicare Access and CHIP Reauthorization Act of 2015, for Resident and Student AAFP Members

Introduced by: Elizabeth Pionk, D.O., Bay City, MI
Daniel Edmondson, Reno, NV

WHEREAS, Medicare Access and CHIP Reauthorization Act of 2015 implements many changes and adopts a quality payment program (QPP) that utilizes a merit-based payment system (MIPS), and alternative payment programs (APMs), and

WHEREAS, medical school and residency programs rarely incorporate payment programs and reform routinely in lectures and curriculum, and

WHEREAS, the American Academy of Family Physicians website addresses practice based learning and physician leadership in patient centered medical homes in recommended curriculum for residency program directors and staff, but neither address MACRA, and

WHEREAS, centralized sources of information regarding payment programs and reform that are dependable, unbiased, and applicable to family medicine resident and medical students are scarce, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) create an online module, handout, or webinar addressing Medicare Access and CHIP Reauthorization Act of 2015 and its quality payment programs (QPP), merit-based payment system (MIPS) and alternative payment programs (APMs), at the appropriate level and context for family medicine residents and medical students on the AAFP website as well as on the Family Medicine Interest Group (FMIG) Network, and be it further

RESOLVED That the American Academy of Family Physicians offer Medicare Access and CHIP Reauthorization Act of 2015 based informative lectures for family medicine residents and medical students at the National Conference for Family Medicine Residents and Medical Students.

RESOLUTION NO. S3-307

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 health care, and be it further

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

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

RESOLUTION NO. S3-308

Lobby to End Step 2 CS and Level PE

Introduced by: Matthew Peters, Boise, ID
Victoria Boggiano, Palo Alto, CA
John Nguyen, MD, Tucson, AZ
Kyle Gleaves, Scranton, PA
Alex Mroszczyk-McDonald, MD, Fontana, CA

WHEREAS, The United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills exam was originally designed to assess the English proficiency, clinical skills, and communication skills of foreign medical graduates who desired to complete residency training in the United States, and

WHEREAS, data from the National Board of Medical Examiners (NBME) demonstrates that pass rates for medical students at United States and Canadian medical schools have been greater than or equal to 95% since 2004, and

WHEREAS, research to date has not shown significant correlations between Step 2 Clinical Skills results and improved patient safety, and

WHEREAS, studies demonstrate clinical skills scores added no additional predictive value beyond the written USMLE exams, and

WHEREAS, a recent study suggested the true cost for detecting a “double failure” (a student who failed the Step 2 CS 2- 3 times and failed to graduate from medical school) may be high as $1.1 million, which does not include cost of travel, lodging, or preparation materials, and

WHEREAS, the USMLE Step 2 Clinical Skills exam costs each student $1,275 for registration (plus travel costs), cumulatively adding approximately $36 million dollars per year to medical students’ already growing debt burden, and

WHEREAS, over 80% of American medical schools currently require that medical students complete an internally-designed clinical skills examination in their third or fourth year of medical school to assess clinical competency, and

WHEREAS, the USMLE Step 2 Clinical Skills exam is graded in a pass/fail system that rarely impacts residency selection for United States medical students, and

WHEREAS, over 90% of all U.S. and Canadian medical schools currently administer an Objective 16 Structured Clinical Examination (OSCE) or variant on this principle, and 74% of all U.S. and Canadian medical schools require a passing score for graduation, and

WHEREAS, over 16,500 individuals, including students, residents, fellows, and attending physicians, have signed an ongoing petition to “End Step 2 CS,” and

WHEREAS, on May 7th, 2016, the Massachusetts Medical Society of House of Delegates voted overwhelmingly in favor of a resolution urging the state’s Board of Registration in Medicine to eliminate the Step 2 clinical skills (CS) exam as a license requirement for graduates of U.S. medical schools who pass their school’s clinical skills exam, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians lobby the Federation of State Medical Boards and their member licensing boards to advocate for elimination of the United States Medical Licensing Examination (USMLE) Step 2 CS and the COMLEX Level 2 PE as a requirement for Liaison Committee on Medical Education accredited and Commission on Osteopathic College Accreditation accredited medical school graduates who have passed a school-administered clinical skills examination.

RESOLUTION NO. S3-309

Partnerships in Developing a Rural Training Database

Introduced by: Matthew Peters, Boise, ID
Julie Petersen, DO, Columbus, OH

WHEREAS, The American Academy of Family Physicians has a large number of members who practice in rural settings, and

WHEREAS, rural practice presents unique challenges and opportunities to family physicians and trainees in family medicine, and

WHEREAS, it is challenging for medical students and residents to find opportunities for rural training unless such offerings are provided by their program or institution, and

WHEREAS, organizations such as Rural Training Track Collaborative and National Rural Health Association are seeking to expand rural training options for students, residents, and practicing family physicians, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians collaborate with the Rural Training Track Collaborative and National Rural Health Association to help develop a database of rural training opportunities for family physicians, residents, and medical students.

RESOLUTION NO. S3-310

Recycling at National Conference

Introduced by: Megan Chock, MD, San Diego, CA
Stewart Decker, MD, Klamath Falls, OR
Redmond Finney, MD

WHEREAS, The American Academy of Family Physicians (AAFP) clearly supports the health of communities as evidence by its efforts of “Family Medicine for America’s Health” and its associated “Health is Primary Campaign”, and

WHEREAS, the environment may arguable represent the largest asset of a healthy community, and

WHEREAS, according to the most recent Environmental Protection Agency (EPA) report, “in 2013, Americans generated about 254 million tons of trash and recycled and composted about 87 million ton of this material, equivalent to a 34.3 percent recycling rate”, and

WHEREAS, on average, each American generates 4.40 pounds of waste and recycled and/or composted 1.51 pounds of our individual waste, and

WHEREAS, according to Chaz Miller of the National Waste & Recycling Association, a key component of improving the overall recycling rate is “further penetration of programs in rural areas and in commercial and multi-family buildings, and

WHEREAS, as of 2016, there is no official recycling system in place at the American Academy of Family Physicians’ National Conference of Family Medicine Residents and Medical Students, and

WHEREAS, there are many organizations and programs, including those sponsored by the EPA such as WasteWise5, which focuses on reducing waste, practice environmental stewardship and incorporate sustainable materials management, and

WHEREAS, Americans have a great opportunity to increase their recycling rates at both societal and individuals levels, now, therefore, be it

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

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

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

RESOLUTION NO. S3-311

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. S3-312

Student Debt Reform

Introduced by: Matthew Varallo, D.O., Rancho Mirage, CA
Nida Naqui, M.D., Wilmington, DE
Julie Powers, Burlington, VT
Uloma Ebere, M.D., Cheverly, MD

WHEREAS, The total outstanding debt from student loans currently exceeds $1.4 trillion, surpassing outstanding car loan and credit card debt, and

WHEREAS, of the 43.3 million borrowers with outstanding federal student loans, 1.8 percent, or 779,000 people owe $150,000, with 346,000 owing more than $200,000, and

WHEREAS, the average undergraduate who borrows, leaves school with about $30,000 in debt, and

WHEREAS, the median education debt for indebted medical school graduates in 2012 was $170,000, and

WHEREAS, eighty-six percent of medical school graduates report having education debt, and

WHEREAS, medical school tuition has quadrupled in the past 20 years, and

WHEREAS, there is critical and worsening shortage of primary care physicians which is projected to reach a shortage of 20,400 physicians by 2020, and

WHEREAS, the large economic burden of student debt is a significant obstacle to pursuing a career in primary care, and

WHEREAS, high financial debt burden is leading to many primary care physicians to no longer treat patients with insurance plans with low reimbursement rates, such as Medicare and Medicaid, and

WHEREAS, the Federal Reserve offers large financial institutions loans at 0.75% interest rate, and

WHEREAS, the prime rate is the most widely used benchmark in setting home equity and credit card rates, and

WHEREAS, as of 2015, the current prime rate is 3.5%, and

WHEREAS, the current average student loan interest rate is 7%, and

WHEREAS, the current adjusted gross income limit to qualify for student loan interest payment deductions are $80,000 for a single individual, and $160,000 for those who file jointly, and

WHEREAS, there is no current adjusted gross income limit to qualify for home mortgage loan interest payment, and

WHEREAS, there is inadequate funding to cover the costs of medical school with discounted primary care student loans, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to support legislation that reduces the debt burden of past and current student borrowers, and be it further

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy to influence the U.S. Congress to enact policies that would curb the growth of tuition, and be it further

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy to influence the U.S. Congress to increase the funding to student loans at a discounted interest rate for medical students who commit to specializing in family medicine, and be it further

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to support legislation that reduces the interest rate of student loans, and be it further

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to support legislation that removes the adjusted gross income cap to qualify for student loan interest payment tax deduction.

Resolution NO. S3-313

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 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 and 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 MOC 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 Maintenance of Certification requirements to be more succinct while utilizing current evidence on adult learning modalities and catering to multiple learning preferences, and be it further

RESOLVED, That 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. S3-314

Supporting Medicare Drug Negotiating Powers

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

WHEREAS, Medicare Part D plans pay for some outpatient prescription drugs and are operated by private insurance companies with oversight by Medicare, and

WHEREAS, Medicare Part D costs $67.67 billion in 2014, $88 billion in 2016 and is projected to double in cost between 2012 and 2022 in part due to an aging population and in part due to improving coverage, and

WHEREAS, Medicare Part D is currently prohibited from negotiating drug prices using the leverage of 39.1 million enrollee's, and

WHEREAS, the Veteran Benefits Administration (VBA) and Medicaid are allowed to negotiate drug prices, and

WHEREAS, Medicare Part D pays on average 73% more than Medicaid and 80% more than VBA for brand-name drugs, and

WHEREAS, 58% of Medicare Part D expenditures went to brand-name drugs in 2011, and

WHEREAS, Medicare Part D would save from $15.2 billion to $16 billion a year if it could secure the same prices that Medicaid or VBA, respectively, receives on the same brand-name drugs, and

WHEREAS, a common argument against allowing price negotiation is the so called "innovation crisis" in which profits become so low that innovation halts, and

WHEREAS, the cost of new drug discovery is often cited at $1.3 billion, however, after breaking down the accounting, the actual cost is ~$60 million, and

WHEREAS, pharmacy companies devote 1.3% of revenues to discovering new molecules while 25% is spent on marketing and promotion, meaning they spend 19 times more money on marketing than research, and

WHEREAS, Minnesota Senator Amy Klobchar has introduced a bill entitled "The Medicare Prescription Drug Price Negotiation Act" in 2013 and 2015 intending to allow Medicare Part D to begin negotiating drug prices, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create policy in support of allowing Medicare Part D to negotiate for drug prices, and be it further

RESOLVED, That the American Academy of Family Physicians write a letter to the appropriate senators, and representatives, encouraging them to support legislation that would allow Medicare Part D to negotiate for drug prices.

RESOLUTION NO. S3-315

Protecting Rural Family Medicine Training Programs During the AOA/ACGME Merger

Introduced by: Julie Petersen, DO, Columbus, OH
Ann Askari, Columbus, OH

WHEREAS, The Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) signed a Memorandum of Understanding for the creation of a single accreditation system by 2020, and

WHEREAS, the AOA currently accredits 257 family medicine residencies, the majority of which are in rural areas or community hospitals, and

WHEREAS, osteopathic programs are reporting potentially program-ending logistical and financial barriers in meeting or even defining the requirements of the ACGME and are often finding existing consultative services to be cost prohibitive, and

WHEREAS, the Centers of Medicare and Medicaid Services established Medicare Resident Limits (caps) in 1997, and

WHEREAS, many AOA-accredited programs were capped at a level below the Accreditation Council for Graduate Medical Education Family Medicine Review Committee requirement of a minimum of four per class, and

WHEREAS, the Rural Training Track Collaborative and National Rural Health Association (NRHA) have existing resources to develop rural training tracts in Family Medicine residencies, and

WHEREAS, rural areas contain 25 percent of the United States population but only 10 percent of the physicians, and

WHEREAS, rural training programs place physicians in rural practices at much higher rates than urban programing, and

WHEREAS, at the 2016 Family Medicine Congressional Conference, the American Academy of Family Physicians (AAFP) devoted ones of its lobbying “asks” to advocate for rural family medicine training programs through Teaching Health Centers, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for continued viability of traditionally osteopathic family medicine residencies throughout the United States, especially in the rural areas, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for expansion of Centers of Medicare and Medicaid Services (CMS) resident caps to allow funding for the full, four-resident class required by the Accreditation Council of Graduate Medical Education (ACGME), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with interested organizations such as the American Osteopathic Association (AOA), Association of Family Medicine Residency Directors (AFMRD), and the American College of Osteopathic

Family Physicians (ACOFP) to expand existing resources for financially accessible consultative services for traditionally osteopathic programs to help understand and achieve requirements set by the ACGME for accreditation, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with organizations such as the Rural Training Track Collaborative and National Rural Health Association (NRHA) to facilitate interested rural family medicine programs in adapting to become rural training tracts of existing larger urban programs.

RESOLUTION NO. S3-316

Promoting the Resident and Student Discussion Forum

Introduced by: Chetan Patel, MD, Columbus, GA
Kyle Gleaves, Scranton, PA

WHEREAS, Students and residents tend to work within silos comprised by the community in their city, state, medical school, residency program and rotation site, and

WHEREAS, improved communication and idea exchange between members from these various silos can improve the efficacy and efficiency of identifying and addressing areas of concern, and

WHEREAS, the idea exchange can help students and residents engage with and improve their local and state medical societies, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians work with chapters, residency programs and medical schools to increase awareness and promote the American Academy of Family Physicians resident and student discussion group to exchange ideas and information.

RESOLUTION NO. S3-317

Promoting Cross-Cultural and Linguistic Education for Residents and Medical Students About Hispanic and Latino Populations to Improve Health Care Communications

Introduced by: Hilary Hopkins, San Antonio, TX
Matt Mullane, Denver, CO

WHEREAS, Hispanics and Latinos comprise nearly 16% of the United States population, and is predicted to increase to 30% by 2050, and

WHEREAS, existing Spanish language and cross-cultural sensitivity programs have been recognized for their usefulness in improving patient-physician interactions, and

WHEREAS, 23% of Hispanics and Latinos in the United States live in poverty, and

WHEREAS, many resident physicians believe that limited English proficiency parents of pediatric patients “never” or “only sometimes” understood medication instructions, discharge instructions, or their child’s diagnosis, and

WHEREAS, medical conference and CME programs often do not provide dedicated programs concerning cross-cultural and linguistic education, and

WHEREAS, Hispanics and Latinos of Mexican and Central American origin face significant obstacle, including language barriers, to obtaining health care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) provide a focused cross-cultural and linguistic educational session at AAFP national conferences to improve communication between physicians and Hispanic and Latino population with limited English proficiency, and be it further

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