



AMA - Resident Fellow Section Resident Delegates 2016 Annual Report

AAFP RESIDENT DELEGATES TO AMERICAN MEDICAL ASSOCIATION RESIDENT FELLOW SECTION (AMA-RFS)

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Jason Butler, DO, MS - Resident Representative Report

Purpose & Scope of Work

The purpose of the AMA- Resident and Fellows Section (RFS) is multifactorial and includes a direct means for members of RFS to participate in activities and policy making, maintain communication and encourage outreach to the AMA-House of delegates and subsections. It is also intended to promote code of medical ethics and ensure fairness from match through fellowship graduation.

The intent in serving as an AAFP Delegate to the AMA-RFS is to represent the AAFP resident interest to the AMA-RFS. This seems basic, however, the AMA organization and specifically RFS section is very intricate and political in nature. The RFS is broad from a specialty and state society perspective, all which bring their goals and perspective on medicine. As a primary care provider and specifically family medicine resident we have our own unique perspective to medicine as we strive to ensure adequate healthcare for all and more importantly make sure health is primary.

Activities& Achievements

There were two meetings attended this past year to include the AMA- interim meeting in Atlanta this past November and the AMA-Annual meeting this June in Chicago.

At the interim meeting there were 3 late resolutions, 11 on-time resolutions and 2 reports considered and discussed. Of note, one late resolution discussed clarifications of medical necessity for treatment of gender dysphoria, which encouraged shared decision making for treatment purposes and rewording prior HOD policy. The second resolution opposed arbitrary timelines for inpatient services when determining eligibility for extended care services. Both of these late resolutions were adopted as amended and sent to the House of Delegates (HOD).

Concerning on-time resolutions, resolution 3 received significant attention, titled opposing funding reductions on health centers receiving title X and/or Medicaid funding. This resolution was immediately forwarded to HOD, where it continued to receive significant attention and testimony with the majority of testimony in support of the resolution.

Other resolutions included topics concerning in-flight medical emergencies, student loans, sexual education, resident grievances and prescription drug formularies.

At the annual meeting in June 2016, several educational sessions were held, including a session on the importance of a healthy social media presence by Dr. Kevin Pho, better known for his identity as "KevinMD." David Shulkin, Under Secretary of Health for the U.S. Department of Veterans Affairs also held a discussion on how the VA is influencing American medicine.

Policy resolutions at the annual meeting were numerous, mainly focused on increasing advocacy efforts. Topics included treatment of gender dysphoria, expansion of the Public Service Loan Forgiveness Program to residents working in "for-profit" institutions, protections for GME Funding and increased funding for Zika virus research. Other policy resolutions included universal prescriber access to prescription drug monitoring programs, methods of reducing perioperative narcotic consumption, and the elimination of legacy status from medical school admission applications. The RFS section also joined with the MSS section in advocating for the elimination of the Step 2 CS Examination. The RFS also joined with the MSS and Young Physician section in calling on Congress to lift the ban on gun violence research.

Lessons Learned and the Value of Serving on AMA-RFS

My initial exposure to policy making/resolution writing occurred at AAFP national congress and provided a basic exposure and introduction to resolution writing and policymaking. Upon arrival to the AMA-RFS, my understanding of policy-making expanded quickly. The level of discussion and scrutinization of policies, which ranged from the simple differentiation between one word to another, to the intense debate regarding controversial topics, provided an in depth perspective of resolution writing at the national stage. Lessons learned not only included deliberation of resolutions but also taught the importance of gaining the support of other resident, which is necessary to bolster approval and backing of resolutions important to AAFP. This highlighted the need for networking at these meetings.

Both meetings provided educational opportunities, as noted above, which included discussions from KevinMD, David Shulkin, Under Secretary of Health for the U.S. Department of Veterans Affairs, and presentations about publications to include impact factors as well as which journals to publish.

Overall this position provided great networking opportunities, education on multiple topics and insight into an organization with national implications regarding healthcare related policy. This is a great opportunity to advance your leadership skills on a national stage and I would encourage any interested resident to pursue.

Jason Woloski, MD - Resident Representative Report

Purpose & Scope of Work

As noted on the AMA website, the American Medical Association Resident & Fellow Section (AMA-RFS) "represents and advocates for resident physicians, provides essential career development resources, and educates residents about issues facing the profession." AMA members who are in a residency or fellowship program are automatically members of the AMA-RFS. The section not only aims to pass policy resolutions advocating for improvements in healthcare and medical education, but also works to develop tools and guidance for professional and personal growth as well.

The RFS Assembly meets twice per year, a few days prior the AMA House of Delegates at the Interim and Annual meetings. During these assembly meetings the RFS debates and adopts policies which impact the assembly itself and potentially become AMA policy as well. Policy resolutions are crafted by residents and are voted on by resident delegates at these meetings. The AAFP sends a delegate and an alternate delegate to the AMA-RFS each year to represent the voice of Family Medicine and influence positive change for primary care.

Activities & Achievements

At the interim meeting in November 2015 there were three late resolutions, eleven on-time resolutions and two reports considered and discussed. Of note, one late resolution discussed clarifications of

medical necessity for treatment of gender dysphoria, which encouraged shared decision making for treatment purposes and rewording prior HOD policy. The second resolution opposed arbitrary timelines for inpatient services when determining eligibility for extended care services. Both of these late resolutions were adopted as amended and sent to the House of Delegates (HOD).

Concerning on-time resolutions, one particular resolution titled "Opposing funding reductions on health centers receiving title X and/or Medicaid funding," received particular attention and was immediately forwarded to HOD, where it continued to receive overwhelming support. Other resolutions included topics concerning in-flight medical emergencies, student loans, sexual education, resident grievances, and prescription drug formularies.

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Any Subcommittee Work:

The AMA-RFS Section is further subdivided by regions. While most regions are geographically distributed, there is also a region for all specialty representatives, Region 8. During the AMA-RFS I actively participated with these interdisciplinary Region 8 meetings, collaborating with other specialties regarding the policy issues being debated. This was a great experience to represent the Family Medicine voice among so many other specialty representatives. We were able to achieve productive discussions on how various policies affect field of medicine as a whole and specialty interests.

Lessons Learned and the Value of Serving on

I had a truly uplifting experience serving as an AMA-RFS Delegate this past year. Networking with various leaders within Family Medicine and other specialties fueled my desire to inspire change even further. Seeing first-hand the impact various AMA policies can have both within the field of medicine and also on a national level was also a valuable lesson I learned. Many of the issues being debated at the meetings were broadcasted by local and national media outlets.

Despite the busy schedules and work demands a career in medicine entails, physicians have a responsibility to continue to adapt to changes in healthcare and the needs of patients. Policy development is just one unique way we are able to achieve this goal. Through vocalization of support for policies which lead to improvements in the primary care workforce, I am confident on some level I was able to help lay groundwork on the creation of a sustainable, energetic, and comprehensive Family Medicine workforce for America. It became clear that the Family Medicine voice is strong when it is united. Together we can make positive and meaningful changes for our patients and specialty as a whole!

Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit aafp.org.