



Summary of Actions: 2007 National Conference of Special Constituencies

May 1 – 3, 2008 – Hyatt Regency Crown Center, Kansas City, MO

RESOLUTIONS				
Res. No.	Title and Resolved	Group	Recommended Referrals	Action
1	<p>Group Health Insurance RESOLVED, That the American Academy of Family Physicians (AAFP) examine the feasibility of providing, through a third party, an affordable group health insurance plan for purchase by individual AAFP members and their employees.</p>	Women	<p>Commission on Membership and Member Services</p> <p>12/20/2007: Referred from Commission on Membership and Member Services to Commission on Finance and Insurance</p>	Accepted for information. The Commission on Finance and Insurance reviewed the information provided by the CMMS, including the response from AAFP Insurance Services. Mr. Tom Koch, President of AAFP Insurance Services, indicated that there were no viable options currently available to the AAFP.
2	<p>Topic-Specific Reporting of CME RESOLVED, That the American Academy of Family Physicians include the specific titles of all reported Continuing Medical Education activities in the narrative report of Continuing Medical Education credit available to members through the American Academy of Family Physicians Web site.</p>	New FP	Commission on Membership and Member Services	Accepted for information. The CMMS noted that some states require physicians to have a certain number of CME hours in a certain topic area, thus making topic-specific reporting of CME a benefit to members. Staff indicated that this issue is already being addressed as part of the new association management software (AMS) scheduled to launch in March 2009.
3	<p>American Academy of Family Physicians Tracking System for Maintenance of Certification RESOLVED, That the American Academy of Family Physicians offer to its members a tracking process for Maintenance of Certification similar to the current Continuing Medical Education tracking program.</p>	New FP	Not Adopted	
4	<p>Payment for Administrative Services and Indirect Patient Care RESOLVED, That the American Academy of Family Physicians investigate payment options for indirect services rendered including, but not limited to, referral requests, reviewing patient data (x-rays, labs, specialist consultation reports, etc.), telephone calls and completion of forms.</p>	Women	Not Adopted	
5	<p>Eliminating Barriers to Routine HIV Testing RESOLVED, That the American Academy of Family Physicians adopt</p>	GLBT	AAFP Board of Directors	Accepted for information.

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	<p><i>as policy the Centers for Disease Control "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings," and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians educate its members regarding the Centers for Disease Control "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings," and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage state chapters to advocate for changes in state laws that will facilitate adoption of the Centers for Disease Control's "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings."</i></p>			
6	<p>Repeal the Hyde Amendment <i>RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy statement which reads that women receiving healthcare paid for through health plans funded by state or federal governments should be provided with access to the full range of family planning options, and be it further</i></p> <p><i>RESOLVED, That this substitute resolution be sent to the Board of Directors of the American Academy of Family Physicians.</i></p>	Joint	AAFP Board of Directors	Accepted for information.
7	<p>Enhancing Procedural Training in Family Medicine Residencies <i>RESOLVED, That the 2007 listing of core family medicine procedures as proposed by the Society of Teachers of Family Medicine Group on Procedural Training and Hospital Medicine be referred to the American Academy of Family Physicians' Task Force on Procedural Training and the Commission on Education for consideration as recommendation to the Residency Review Committee for Family Medicine (RRC-FM).</i></p>	Women	Commission on Education	<p>Agreed, with specific recommendation to the board of Directors. <u>RECOMMENDATION – That the AAFP communicate the 2007 listing of core family medicine procedures, developed by the STFM Group on Procedural Training and Hospital Medicine, to the Residency Review Committee for Family Medicine (RRC-FM) to assist the RRC-FM in determining which procedures should be taught in family medicine residencies.</u></p> <p>The COE discussed that the STFM Group on Procedural Training and Hospital Medicine and the AAFP Staff Group on Procedural Training have been actively engaged in a dialogue regarding the development of a listing of core family medicine procedures. The RRC-FM was provided a copy of a draft listing of core procedures generated by the STFM group and accepted it as a framework for future revisions of</p>

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				<p>the program requirements for accreditation. The COE was similarly impressed with the core procedure list from STFM as a starting point from which to work with the RRC-FM in crafting new program requirements.</p> <p>This list is valuable in that it represents a diligently derived consensus of those procedures family medicine residency programs should consider including in their curricula. Such a list of required procedures for family medicine residencies has been resisted in the past based upon the concern that it might limit the credentialing of family physicians to only those procedures. However, the requirements for training of osteopathic family physicians have included such a listing of required procedures for several years without a consequential limitation in credentialing. In addition, a listing of family medicine core procedures would facilitate the AAFP's efforts to support family medicine's broad scope of practice and its favorable impact on family physicians' practices and the care of their patients.</p>
8	<p>Patient/Physician Confidentiality <i>RESOLVED, That the AAFP advocate to legislators, insurers and lab providers the cessation of violations of confidentiality due to explanation of benefits and medical bills, especially for, but not limited to, adolescents.</i></p>	Joint	<p>Commission on Governmental Advocacy and the Commission on Practice Enhancement</p>	<p>The Commission on Governmental Advocacy accepted the resolution for information, considering it similar to Resolution No. 504 from the 2007 Congress of Delegates.</p> <p>***The CGA reviewed Resolution No. 504, <i>Patient/Physician Confidentiality</i> (referred) from the 2007 Congress of Delegates, which asks that the AAFP engage its lobbyists in advocacy to prevent the inadvertent violations of confidentiality that occur when health insurance explanations, benefits or medical bills are sent to the homes of adolescent patients and ensure that adolescents with coverage would be able to use their health insurance plans to obtain confidential services without reports that release sensitive medical information to their parents. The commission stated that this is a particular concern in practices with adolescent patients and wondered if a resolution were a legal or insurance issue. Since parents generally pay the bills, physicians frequently are caught in an awkward position between patient confidentiality and parents' rights. The commission concluded that AAFP could discharge its responsibility to the Congress of Delegates by writing to the major insurance companies reminding them of the difficulties produced by their Explanation of Benefits and billing practices. The members also recommended involvement by AAFP's private sector advocacy team. The CGA recommended to the Board of Directors that the Academy communicate to insurance companies their concerns regarding patient/physician confidentiality as it relates to adolescents and their parents.</p>

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				<p>The Commission on Practice Enhancement considered 2007 National Conference of Special Constituencies Resolution No. 8 and 2007 National Conference of Family Residents Resolution No. R1-403, both of which were entitled, "Patient/Physician Confidentiality." Both resolutions asked that the Academy advocate preventing inadvertent releases of private information, especially of adolescent patients, via explanations of benefits and medical bills.</p> <p>Upon consideration and to fulfill the intent of the resolutions, the CPE determined that the Academy should send a letter over the Board Chair's signature to the top national carriers to provide them with a copy of the AAFP's existing policy on confidentiality and to request they send us a copy of their current policy in this regard.</p>
9	<p>Condemn the Criminalization of Medical Practice <i>RESOLVED, That the American Academy of Family Physicians (AAFP) create an official policy statement on criminalization of medical practice in line with colleague organizations, and be it further</i></p> <p><i>RESOLVED, that Substitute Resolution No. 9 be forwarded to the AAFP Congress of Delegates.</i></p>	Joint	AAFP Congress of Delegates	Not adopted.
10	<p>Promotion of Family Medicine Through Patient Education <i>RESOLVED, That the American Academy of Family Physicians develop a regularly updated patient education toolkit containing publishable articles suitable for release to local media which will educate the community about the role of the family physician and the conditions that they treat.</i></p>	New FP	Commission on Practice Enhancement	Accepted for information. This resolution asks that the Academy develop a regularly updated patient education toolkit containing publishable articles suitable for release to local media which will educate the community about the role of the family physician and the conditions that the family physician treats. Upon consideration, the CPE determined that current and planned AAFP activities meet the intent of the resolution.
11	<p>A Road Map to the Medical Home <i>RESOLVED, That the American Academy of Family Physicians (AAFP) develop and publicize the availability of a patient education handout on the importance of having a "medical home" with a family physician and with guidance on choosing an appropriate alternate location of care which may include retail health clinics, urgent care centers, or emergency departments.</i></p>	New FP	Commission on Practice Enhancement	Accepted for information. The CPE considered NCSC Resolution No. 11, "A Road Map to the Medical Home" and NCSC Resolution No. 58, "Marketing to Patients on Medical Homes vs. Retail Clinics" together. Upon consideration, the CPE determined that the potential use of such materials did not merit the effort to produce them.
12	<p>New Physician and State Chapter Relationships <i>RESOLVED, That the American Academy of Family Physicians assist its constituent/state and local chapters to develop communication networks, mentoring programs,</i></p>	New FP	Commission on Membership and Member Services <i>(Combined original resolutions 12 and 63 for substituted</i>	Accepted for information. The AAFP currently develops and sends targeted promotional materials to New Physicians in conjunction with the <i>Experience the AAFP</i> program. In addition, New Physicians are included as part of the Active Member base comprised of all AAFP members (post-residency completion) on all

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	<i>information packets, and other means to promote active involvement of new physicians in their educational, leadership, and advocacy activities.</i>		<i>resolution 12)</i>	<p>communications with respect to Chapter programs and the AAFP's comprehensive efforts on behalf of its membership, including advocacy, opportunities for leadership/governance participation, and mentoring and educational programs at the Chapter and national level.</p> <p>The New Physician community has also been targeted on the AAFP home page with useful AAFP resources and information relevant to their career development stage. Links include promotion of NCSC and their participation, Scientific Assembly where, historically, a special New Physician networking lunch has been held, and linked information regarding the AAFP New Physician listserv, that encourages interaction with other New Physician members. All AAFP-developed communications and information are shared with State Chapters with sample communications, as well as targeted information on the Chapter Executives web site for their use in communicating with their respective New Physician constituencies.</p> <p>The commission heard of plans at AAFP for current and future activities targeted to new physician members. It was the consensus that any future efforts include closer communication and coordination with constituent chapters. It appears the intent of the resolution will continue to be addressed by AAFP.</p>
13	<p>Tools For Finding Business Consultants <i>RESOLVED, That the American Academy of Family Physicians develop a way, perhaps on its Web site, for physicians to provide feedback regarding business consultants they have used in the practice start-up process.</i></p>	New FP	Commission on Practice Enhancement	<p>The CPE considered NCSC Resolution No. 13, "Tools for Finding Business Consultants." Upon consideration, the commission agreed that the Academy has offered FP Assist to help members locate a consultant. The consultants submit a form and an application fee of \$125.00 and their information is, then, posted on the Academy's member Web site. There has been no system in place, however, to update information or do background checks. It was also noted that there is not a mechanism in place for members to provide feedback on the consultants used.</p> <p>Currently, the Academy's Marketing Division is researching the possibility of utilizing a company for the Affinity program that would encompass many of the tools needed to run a practice. If it is determined that this is a superior product, it could replace FP Assist, generate revenue for the Academy, and provide a user feedback system. The CPE directed staff to continue to work with the Marketing Division on their research of the program. In the meantime, staff will review options to improve FP Assist consistent with this resolution and report back to the commission at the summer meeting.</p>
14	<p>Web Site Area for "Physicians In Transition" <i>RESOLVED, That the American Academy of Family Physicians add</i></p>	New FP	Commission on Membership and Member Services	<p>Accepted for information. The Members section of the AAFP Web site is currently undergoing a thorough review of content and organization. As a result, the new physicians section is also being</p>

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	<p><i>an area on its Web site providing specific links for “Physicians in Transition” (i.e. new residency graduates and physicians changing jobs), which could include, but not be limited to, links to the American Academy of Family Physician’s “On Your Own: Starting a Medical Practice From the Ground Up” book, information on credentialing, legal help, state chapter links, and other member resources.</i></p>			<p>reviewed for relevance of content and organization of resources. It has already been identified that the “New Physician Info Center – Clinical, Practice Management, & FM Specialty” section has been renamed “Info Center” with the link description specifying the content that is included, as well as the applicability of these resources to the physician in transition.</p> <p>The privileging information in the “Your Career” section has been moved to the “Info Center”. Staff has renamed the “Family Medicine” section of the “Info Center” to be “Family Medicine Policy and Advocacy” and has placed a link to the chapter look-up and credentialing resources in this section. Staff also added a link to the “FPM’s online anthology of articles for residents and new-to-practice physicians”, including topics such as dealing with managed care, using technology in practice, coding, and avoiding fraud and abuse. The commission requested that AAFP staff convey relevant materials and sections of the AAFP Web site to the authors of Resolution No. 14.</p>
15	<p>On Your Own: Starting A Medical Practice From The Ground Up RESOLVED, That the “On Your Own: Starting a Medical Practice From the Ground Up” resource book receive a thorough review at least biennially, involving physicians who are currently going through or have recently gone through the process of starting a private practice, and be it further</p> <p><i>RESOLVED,</i> That all “On Your Own: Starting a Medical Practice From the Ground Up” purchases be followed up with a post-marketing survey in order to obtain additional feedback for further updates.</p>	New FP	Commission on Practice Enhancement	<p>The CPE considered NCSC Resolution No. 15, “On Your Own: Starting a Medical Practice From the Ground Up.” The commission noted that the last major update for the “On Your Own: Starting a Medical Practice From the Ground Up” (OYO) was in 2005 and a review of the electronic links for accuracy was done in 2007.</p> <p>The CPE directed staff to initiate a review of OYO in 2008 with members of the commission as requested in this resolution. Staff was also directed to develop, publish, and implement a user feedback survey instrument for inclusion with the publication. Finally, staff will investigate and report back to the commission the feasibility of an online survey that could be used by those who order the publication on a periodic basis.</p>
16	<p>American Academy of Family Physicians Advocacy for International Medical Students RESOLVED, That the American Academy of Family Physicians offer to international medical students the same benefits of membership as received by as American medical students, and be it further</p> <p><i>RESOLVED,</i> That the American Academy of Family Physicians encourage constituent chapters to use the resources of the Family Medicine Interest Groups (FMIG) to assist international medical students upon their arrival to their clinical rotations in the United States and promote the recruitment of</p>	IMG	<p>1st Resolved Clause: Commission on Membership and Member Services <i>(Combined original resolutions 16 and 75 for substituted resolution 16)</i></p> <p>2nd Resolved Clause: Commission on Education</p>	<p>1st Resolved Clause: Accepted for information. The commission was informed that AAFP Medical Students and AAFP International Medical Students currently enjoy the same membership benefits with the exception of AAFP International Medical Students not being allowed to hold national office or appointment and not being eligible to vote in national affairs. They also do not belong to a constituent chapter. All AAFP Medical Student members receive the <i>American Family Physician Journal</i>, published 24 times annually at no extra cost; they have access to the AAFP Student Member’s-only side of the AAFP Web site, along with all the student member benefits and they are also eligible to attend the National Conference of Family Medicine Residents and Medical Students held once a year.</p>

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	<i>international medical student as potential family physicians.</i>			<p>The most significant difference between AAFP Medical Students and AAFP International Medical School Students is their membership dues. AAFP Medical Students pay a one time \$15 membership fee, while the AAFP International Medical Student pays \$110 annually.</p> <p>The explanation behind the eligibility differences between AAFP Medical Students and AAFP International Medical Students is outlined in Chapter III of the AAFP Bylaws, which states that to join the AAFP as a medical student member the individual must be a medical student who is regularly enrolled in a medical or osteopathic school approved by an appropriate United States accrediting institution as defined by the Academy's Commission on Education. AAFP International Medical Students are those medical students enrolled in a medical school in a country or territory outside the United States that is not approved by an appropriate United States accrediting institution as defined by the Academy's Commission on Education and there is no constituent chapter present.</p> <p>The commission is aware of extensive staff research related to IMG members, as well as research on the feasibility of a new fee structure for IMG student members. Specific examples of difficulties of IMG students doing clerkships in the U.S. include the lack of affiliation with a constituent chapter and access to participation in FMIG groups. These issues will be explored in future research and solutions sought to address these issues.</p> <p>2nd Resolved Clause: Accepted for information. The subcommittee reviewed this resolution and expressed concerns about its implementation. As constituent chapters vary widely in their available resources, there is great concern about chapters' ability to appropriately facilitate this type of program. Chapters are not notified when and where international medical students are engaged in clinical rotations. SRSI wanted to emphasize that Virtual FMIG resources are openly available on the AAFP Website.</p>
17	A Letter to the Public About What We Do in Family Medicine <i>RESOLVED, That the American Academy of Family Physicians develop a customizable, topic-oriented series of letters to the editor of any periodical that describes the scope of practice in family medicine that AAFP members could access and modify to correct misinformation disseminated in the lay press.</i>	New FP	Commission on Practice Enhancement	Accepted for information. The AAFP already has template letters that cover family physicians' general education and training and diplomate certification, which includes information on the main scope of practice challenges that the specialty receives.

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18	<p>Promotion of Family Medicine on a National Level <i>RESOLVED, That the American Academy of Family Physicians (AAFP) examines its marketing campaign to the general public and establish a complete and cohesive plan to educate the public on the value of a medical home and the comprehensive care of a family doctor.</i></p>	New FP	AAFP Board of Directors	Accepted for information. Discussion was held noting that this resolution is already Academy policy.
19	<p>Full Scope of Practice in Residency Training <i>RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the Residency Review Committee for Family Medicine to require family medicine residency programs to maintain a full spectrum of training for family medicine physicians.</i></p>	New FP	Commission on Education	Accepted for information. This resolution addresses a topic that currently is being researched and addressed by multiple AAFP commissions and other family medicine organizations such as ABFM, STFM and AFMRD. The intent of the resolution is timely and the specifics of the resolution should be discussed in the context of the competency statement that will be discussed later in the COE agenda.
20	<p>Promotion of Cost Effectiveness of Family Physicians <i>RESOLVED, That the American Academy of Family Physicians develop educational material targeted to Health Savings Account holders and patients with high-deductible insurance plans, which emphasizes the cost-effective high quality care provided by family physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a marketing strategy to disseminate information on the cost-effective high quality of care provided by family physicians to policymakers, payors, providers, and patients.</i></p>	Joint	Commission on Practice Enhancement	<p>The CPE considered NCSC Resolution No. 20, "Promotion of Cost Effectiveness of Family Physicians." The commission directed AAFP staff to work together to develop proposed consumer educational materials to be considered for publishing on familydoctor.org or Family Health Advocate, as appropriate. Further, staff will summarize AAFP current advocacy activities to policy makers, payors, providers, and patients on the value of family medicine as meeting the intent of the resolution, highlighting and accepting the resolution as information.</p> <p>With respect to summarizing AAFP advocacy activities to policy makers, payors, and other providers, the AAFP New Brand and Patient-Centered Medical Home initiatives are both focused on the promotion of Family Medicine as the answer to the current healthcare systems' woes. The Brand initiative has included advertisements in national trade publications and high-profile newspapers targeted at employers. The AAFP Family Health Advocate web site is the means of distribution for the AAFP Brand to consumers/patients. The Patient-Centered Medical Home model has been advocated to Congress, employers (via the Patient-Centered Primary Care Collaborative), and the private payors during meetings with them.</p> <p>Staff from the AAFP public relations team is in the process of developing an information piece on "What is a Family Physician" for the public/consumers.</p>
21	<p>Family Physicians as Hospitalists <i>RESOLVED, That the American</i></p>	Joint	Commission on Practice	The CPE considered NCSC Resolution No. 21, "Family Physicians as Hospitalists." Upon

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	<p><i>Academy of Family Physicians continue to support family physician hospitalists, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians continue to encourage healthcare organizations to allow qualified family physicians to apply for positions as hospitalists, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Medicine to assist in maintaining qualifications on par with that of the American Board of Internal Medicine for hospitalists, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Medicine to engage or maintain communication with other interested parties to ensure that family physicians maintain equal status as hospitalists.</i></p>		<p>Enhancement and the Commission on Education</p>	<p>consideration, the commission agreed to ask staff to work together to develop the proposed consumer educational materials on the cost-effective, high quality of care provided by family physicians to be considered for publishing on family doctor.org or Family Health Advocate, as appropriate, and to target the message to consumers with health saving accounts. Beyond that, the commission determined that current AAFP advocacy activities meet the intent of this resolution, and this resolution should, otherwise, be accepted for information.</p> <p>The COE accepted for information. The subcommittee was presented with several individual and listserv e-mails communicating the need to act on information suggesting that the American College of Physicians (ACP) and other internal medicine organizations are preparing to develop a Certificate of Added Qualification (CAQ) to assist internists in securing hospitalist positions. It was clarified that the Boards for internal medicine, pediatrics and family medicine have been in close contact and that there is no effort by the ACP or the American Board of Internal Medicine (ABIM) to develop a CAQ or to provide a credentialing advantage to its members and fellows. Some of the concern by the family medicine community can be attributed to an article published in <i>Hospital Medicine</i> earlier this year but it was clarified that the author does not represent either ACP or ABIM. It was also clarified that the AAFP has carefully monitored the issue for several years and that there is no imminent effort by the internal medicine community to keep family physicians from serving as hospitalists. The primary care boards (ABFM, ABIM, ABP) are in discussion concerning any official certification of hospitalists.</p>
22	<p>Establishing an Office of Minority Health</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the creation of a Division of Minority Health that explicitly addresses the reduction and elimination of racial and ethnic healthcare disparities, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) report on the status of its investigation at the 2008 National Conference of Special Constituencies.</i></p>	Minority	AAFP Board of Directors	<p>Accepted for information. The Board discussed the breadth of what the organization is doing in regards to health and health care disparities.</p> <p>Some of these include: a mandated subcommittee of the Commission on Health of the Public (Subcommittee on Health Disparities and Underserved Populations (SDUP) to address issues related to special and underserved populations (ethnic, rural, etc.), health disparities, and cultural proficiency; ongoing relationship with <i>PhRMA's Partnership for Prescription Assistance</i> (PPA) Advisory Board; active participation with <i>Expecting Success</i>, a program of Robert Wood Johnson Foundation; development of annual endeavors, including <i>National Minority Health Month</i> (April), <i>Cover the Uninsured Week</i>, and <i>Wear Red Day</i>; development of physician cultural proficiency training tools such as <i>Quality Care for Diverse Population</i>; development of health literacy</p>

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				<p>toolkits such as <i>Play It Safe...With Medicine™</i>; investigation of interpretation and translation services as a member service for enhanced health care; coordination of member representation on the <i>Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) Health Literacy and Patient Safety Roundtable</i>; representation and participation in a variety of under-represented minority recruitment endeavors such as Ventures Scholars Program; ongoing participation with the <i>Association of Clinicians for the Underserved (ACU)</i> which focuses on health care access, elimination of health disparities, a trans-disciplinary approach to health care, workforce development and diversity, cultural competency in the health care setting, health care quality improvement, etc.; ongoing relationship with the <i>DHHS' Office of Minority Health</i>; development of web-based resources regarding cultural proficiency, health literacy, and language access; joint <i>Cultural Proficiency Work Group</i> with members from Commission on Education, Commission on Professional Development, Commission on Membership and Member Services, and Commission on Health of the Public; cultural competency training for AAFP Board of Directors and key staff.</p>
23	<p>American Academy of Family Physicians (AAFP) Advocacy for National Federal Trade Commission Relief <i>RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to pass legislation that would ease Federal Trade Commission restrictions related to primary care physicians' contract negotiations with third party payors.</i></p>	Joint	Commission on Governmental Advocacy	<p>The Commission on Governmental Advocacy accepted the resolution for information, considering it similar to Resolution No. 509 from the 2007 Congress of Delegates.</p> <p>***The CGA reviewed Resolution No. 509, <i>Federal Trade Commission</i> (adopted) from the 2007 Congress of Delegates, which asks that the Academy actively encourage Congress to pass legislation that would ease restrictions of the Federal Trade Commission related to primary care physicians' contract negotiations with third party payors. The commission noted that the AAFP's President has testified before the House Small Business Committee about the related issue of market dominance by consolidated insurance companies. They stated that the Academy should support any legislation that could correct the problem of primary care physicians being required to accept or reject entirely the contract terms of large insurance companies. The commission recommended sending a letter to the chairs and senior Republican members of Congressional committees with jurisdiction over this issue. The letter would include a copy of the AAFP testimony. The CGA recommended to the Board of Directors that the Academy send a letter to the appropriate Committee chairs in the House and the Senate to support legislation allowing local groups of primary care physicians to be able to negotiate together regarding contract conditions with third party payors.</p>

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24	<p>American Academy of Family Physicians' Advocacy for Expanded Vaccination Financing Systems <i>RESOLVED, That the American Academy of Family Physicians (AAFP) actively encourage the United States Congress to develop legislation aimed at allowing states which include private funding in their vaccine financing systems to purchase all vaccines at the Vaccines for Children (VFC) rate when part of a state's Universal Status Immunization Initiative.</i></p>	New FP	Commission on Science and the Commission on Governmental Advocacy	<p>The Commission on Science accepted this resolution for information. It was noted that the private price of vaccine varies greatly. However, there are no funds available for expansion of the vaccine financing system.</p> <p>The Commission on Governmental Advocacy accepted the resolution for information, considering it similar to Resolution No. 511 from the 2007 Congress of Delegates.</p> <p>***The CGA reviewed Resolution No. 511 <i>Vaccines</i> (referred) from the 2007 Congress of Delegates, which asks the Academy to encourage Congress to develop legislation aimed at allowing states that include private funding in their vaccine financing systems to purchase all vaccines at the Vaccines for Children (VFC) rate when part of a state's Universal Status Immunization Initiative. The commission felt that this activity could be accomplished administratively on a state-by-state basis. Members understand that immunization is important for everyone and were concerned that insurance companies were paying less than the vaccine costs. The commission also felt that the pediatricians should be contacted to develop model legislation. The CGA recommended to the Board of Directors that the Academy support efforts to allow states to purchase vaccines at the Vaccines-for-Children rate when part of a state's Universal Status Immunization Initiative.</p>
25	<p>Regulation of Nurse Practitioners <i>RESOLVED, That the American Academy of Family Physicians advocate nationwide support for individual states to seek legislation moving the regulation of nurse practitioners from the state nursing boards and to their state Boards of Medical Examiners once those nurses become practitioners.</i></p>	New FP	AAFP Board of Directors	<p>The Board determined that this item would be discussed in conjunction with Congress of Delegates Resolution 510 on the same issue.</p> <p>Congress of Delegates Resolution 510 was not adopted.</p>
26	<p>Establishing Minority Health Fellowships to Reduce and Eliminate Racial and Ethnic Health Care Disparities <i>RESOLVED, That the American Academy of Family Physicians (AAFP) develop guidelines and encourage the development of minority health fellowships to train family physicians specializing in reducing and eliminating racial and ethnic health disparities.</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians report on the status of the development of guidelines for minority health fellowship at the 2008 National</i></p>	Minority	AAFP Board of Directors	Accepted for information.

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27	<p>Educational Programs to Reduce and Eliminate Racial and Ethnic Health Care Disparities <i>RESOLVED, That the American Academy of Family Physicians (AAFP) explore the development of a Minority Health Leadership Institute that will provide medical students, residents, and family physicians with the necessary tools to reduce and eliminate racial and ethnic health care disparities, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) explore the development of a teaching module similar to "Tar Wars" that will address in an age-appropriate manner concerns regarding racial and ethnic health risks and disparities and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians report on the status of developing a minority health leadership institute and a minority health teaching module at the 2008 National Conference of Special Constituencies.</i></p>	Minority	AAFP Board of Directors	Accepted for information.
28	<p>Supporting Research to Identify Determinates of and Develop Interventions to Reduce and Eliminate Racial and Ethnic Care Disparities <i>RESOLVED, That the American Academy of Family Physicians (AAFP) encourage further research identifying racial and ethnic disparities in healthcare, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the design and implementation of evidence-based interventions that reduce and eliminate racial and ethnic disparities in healthcare.</i></p>	Minority	Commission on Science	Accepted for information with modification that the Washington Staff and Research Advocates are encouraged to be aware of these concerns when talking to research funding agencies. Dr. Jerry Kruse, STFM Liaison, indicated that he would also share this information with the Commission on Governmental Advocacy since he is a liaison to that group.
29	<p>Policy and Advocacy for Reducing and Eliminating Racial and Ethnic Health Care Disparities <i>RESOLVED, That the American Academy of Family Physicians (AAFP) continue to build partnerships with other agencies committed to reducing and eliminating racial and ethnic health disparities, and be it further</i></p>	Minority	Commission on Health of the Public	Accepted for information. The Congress of Delegates noted it is current AAFP policy and practice.

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<i>RESOLVED, That the American Academy of Family Physicians (AAFP) continue to support federal and state legislation as well as institutional policies that aim to reduce and eliminate racial and ethnic health disparities.</i>			
30	Ready Set Fit Year Round Implementation <i>RESOLVED, That the American Academy of Family Physicians (AAFP) expand on its current policy of physical activity to emphasize the importance beyond just the school year using pamphlets, presentations, the internet, radio sound bites and public television advertising.</i>	Minority	Not Adopted	
31	Educational Programs for Teen Pregnancy Prevention and Sexually Transmitted Disease (STD) Awareness <i>RESOLVED, That the American Academy of Family Physicians (AAFP) explore collaboration with the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists to develop an educational program, similar to the Tar Wars program, for teen pregnancy awareness and sexually transmitted disease awareness.</i>	Minority	Commission on Health of the Public	Accepted for information. Dr. Sherri Lynn Morgan, who serves as the AAFP liaison to the American College of Obstetricians and Gynecologists (ACOG) Adolescent Committee, volunteered to seek information from ACOG addressing this important area and discuss such a program with them.
32	Minority Student Mentoring Tools <i>RESOLVED, That the American Academy of Family Physicians develop practical tips for identifying minority students at the elementary, middle school and high school age groups and practical tips on developing mentoring relationships that encourage these students to become health care providers.</i>	Minority	Commission on Education	Accepted for information. Efforts to promote workforce diversity such as the Venture Scholars Program, the National Youth Leadership Forum on Medicine and the "Explore Family Medicine" booklet continue. Mentorship resources are available on Virtual FMIG and can be disseminated to state chapters and practicing physicians. STFM launched a mentoring program "Future Family Docs" in January 2007. The AAFP is supportive of this project and will continue to try to find ways to work in collaboration with this project. Cross-commission work continues with the Cultural Proficiency Workgroup (COE, CMMS, COHP) that addresses the issue of workforce diversity.
33	Intrusion of the Doctor-Patient Relationship <i>RESOLVED, That the American Academy of Family Physicians issue a policy statement condemning any intrusion or attempt to interfere in the doctor-patient relationship.</i>	Minority	Not Adopted	
34	Support for Same-Gender Legal Marriage or Civil Unions <i>RESOLVED, That the American Academy of Family Physicians support legal marriage for same gender couples in an effort to eliminate health care inequities, and</i>	Joint	AAFP Congress of Delegates	Substitute adopted. <i>RESOLVED, That the AAFP supports the legal recognition of domestic partnership benefits regarding health care in an effort to eliminate health care inequities.</i>

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<p><i>be it further</i></p> <p><i>RESOLVED, That Substitute Resolution No. 34 be forwarded to the 2007 Congress of Delegates.</i></p>			Referred to Commission on Governmental Advocacy to update policy website.
35	<p>Increasing Resident Participation and Leadership</p> <p><i>RESOLVED, That the American Academy of Family Physicians allow state chapters to send residents as full delegates to the National Conference of Special Constituencies to fill any deficient special constituent representation.</i></p>	GLBT	Not Adopted	
36	<p>Participation in Scientific Assembly</p> <p><i>RESOLVED, That each special constituency be represented on the Commission for Continuing Medical Education.</i></p>	GLBT	Not Adopted	
37	<p>Reparative Therapy</p> <p><i>RESOLVED, That the American Academy of Family Physicians adopt a policy stating, "The AAFP opposes, the use of "reparative" or "conversion" therapy that is based upon the assumption that homosexuality and transsexuality per se are mental disorders or based upon the a priori assumption that the patient can change his/her sexual orientation or gender identity," and be it further</i></p> <p><i>RESOLVED, That Substitute Resolution No. 37 be forwarded to the 2007 Congress of Delegates.</i></p>	Joint	AAFP Congress of Delegates	<p>Substitute adopted.</p> <p><i>RESOLVED, That AAFP opposes the use of "reparative" or "conversion" therapy in lesbian, gay, bisexual or transsexual individuals.</i></p> <p>Policy website has been updated.</p>
38	<p>Promoting Personal Health Record in the Medical Home</p> <p><i>RESOLVED, That the American Academy of Family Physicians continue its support of the Personal Health Record (PHR) as a communication tool for family physicians and the individual patient, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians study options for education, adoption and implementation of Personal Health Record (PHR) as a component of the Electronic Health Record work flow.</i></p>	Joint	Commission on Practice Enhancement	Accepted for information. There remains a high degree of variability in the deployment and interoperability of personal health records (PHR). It would be premature to formally study the integration of these technologies into practice. Rather, it would be appropriate to understand best practices and successes from our members on their integration with PHRs and to use that knowledge to narrow the variability of PHR deployment and interoperability. This would create an opportunity, in the future, to study and establish the AAFP's best practices for the integration of PHRs into the workflows of the practice and physician.
39	<p>Endorsement of Alternative Models of Practice</p> <p><i>RESOLVED, That the American Academy of Family Physicians compile existing data on alternative practice models and practice sharing, including prevalence, job satisfaction, methods, financial</i></p>	Joint	Commission on Practice Enhancement	The CPE considered NCSC Resolution No. 39, "Endorsement of Alternative Models of Practice." Upon consideration, the commission noted that the AAFP Web site is currently undergoing changes. As part of these changes, the commission determined that it would be possible to consolidate and better organize links to the various articles and resources offered to the

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<p><i>costs, benefits and viability into an American Academy of Family Physicians policy statement, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians makes the policy statement on alternative practice models and practice sharing readily available as a reference for both corporations and physicians interested in job sharing and publishes this policy statement in a timely manner in an AAFP publication.</i></p>			<p>non-traditional/alternative and shared practices. In addition, the commission determined that the development of a “practice sharing discussion paper” would be an appropriate addition to the current discussion papers on “cash only,” “retainer”, and “home care” practices. Staff will assume responsibility for developing the discussion paper.</p>
40	<p>Aesthetic Procedures Performed by Family Physicians <i>RESOLVED, That the American Academy of Family Physicians investigate advocacy options and assist constituent chapters in efforts to oppose actions taken that would limit scope of practice, including aesthetic procedures performed by family physicians.</i></p>	Minority	Commission on Governmental Advocacy	Accepted for information. The Commission on Governmental Advocacy felt that Resolution No. 40 reflects current AAFP policy.
41	<p>Single Payor National Health Care Insurance <i>RESOLVED, That the American Academy of Family Physicians (AAFP) support the formation of a Single Payor National Health Insurance program, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocates, through its lobbyists and member contact with national legislators, for a single payor health insurance system.</i></p>	Joint	Not Adopted	
42	<p>Family Physicians and Maternal/Child Medicine <i>RESOLVED, That the American Academy of Family Physicians (AAFP) provide on the AAFP website an inclusive and updated resource of statistics and evidence-based verification of the competence of family physicians to perform obstetrics, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians, through its Web site and switchboard make more transparent the access to those staff dedicated to help members with scope of practice issues.</i></p>	GLBT	Commission on Practice Enhancement	Accepted for information. The CPE determined that the intent of the resolution is already addressed by virtue of the fact that relevant statistics and policies are already on the Academy’s Web site. Additionally, staff contact information is available online, and the Web site is undergoing updates to facilitate the ability to locate existing information.
43	<p>Increasing Awareness Of Employment Opportunities for Family Physicians <i>RESOLVED, That the American</i></p>	New FP	Commission on Membership and Member Services	Accepted for information. The AAFP recently collaborated with several family medicine organizations to produce the article, “Responses to Medical Students’ Frequently Asked

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<p><i>Academy of Family Physicians (AAFP) increase awareness regarding various employment opportunities in addition to clinical medicine that provides the opportunity to improve the overall health care of the community for family physicians and medical students.</i></p>			<p>Questions about Family Medicine”, with information about the specialty of family medicine, including the scope of medical practice in the specialty and issues related to lifestyle and career path. Generic family medicine career information is also available through the AAFP’s <i>Explore Family Medicine</i> literature.</p> <p>The Division of Medical Education already plans to update its <i>Virtual FMIG</i> Web site to include more specific and detailed information on careers in family medicine. AAFP staff plans to work with residency program directors and staff from STFM to develop relevant and critical content on this subject.</p> <p>In addition, the AAFP offers the Placement Services program, an online job board that allows members to post their profile and search employment opportunities throughout the United States for free. It is listed on the Member Resources section of the AAFP Web site and is promoted at a variety of AAFP CME meetings and conferences; promotional mailings are sent to STFM members and residency programs; ads are placed in <i>American Family Physician</i> and <i>Family Practice Management</i> when space is available; and the program has been featured in the <i>Products and Services</i> e-newsletter. There are also career ads/classifieds listed on the AAFP Web site with career opportunities and other services for family physicians arranged either by state, multi-state or international. These ads are published in the <i>American Family Physician</i> journal.</p>
44	<p>Preventive Medicine Payment RESOLVED, That the American Academy of Family Physicians (AAFP) lobby for increased physician payment for delivery of preventive care services as primary prevention leads to early intervention thus reducing the overall national health care burden.</p>	Women	Not Adopted	
45	<p>Abolishment of Self Assessment Modules RESOLVED, American Academy of Family Physicians (AAFP) exert influence on the American Board of Family Medicine (ABFM) to abolish the Self Assessment Module portion of the Recertification process.</p>	Joint	Not Adopted	
46	<p>National Conference of Special Constituencies Recruitment RESOLVED, That the American Academy of Family Physicians (AAFP) request state chapters provide proof of solicitation for all National Conference of Special Constituencies (NCSC) positions to</p>	Women	Not Adopted	

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<i>be submitted to the conference convener (or her/his delegate) prior to the annual National Conference of Special Constituencies (NCSC) meeting.</i>			
47	Rural Medicine Representation <i>RESOLVED, That the American Academy of Family Physicians offer scholarships to compensate for practice expense in addition to travel and board at the National Conference of Special Constituencies meeting.</i>	Women	Not Adopted	
48	Changing Third Party Payor Influence on Clinical Practice <i>RESOLVED, That the American Academy of Family Physicians dialogue with major employers about the effects of variability of third party payor clinical practice guidelines and requirements on access to appropriate and timely care for patients, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians encourage major employers to use their influence with third party payors to address the appropriate application of clinical practice guidelines and requirements.</i>	New FP	Commission on Science and the Commission on Quality 6/21/2007: Referred from Commission on Quality to Commission on Practice Enhancement	<p>The Commission on Science accepted this resolution for information, primarily because they felt this practice should be consistent and take into account guidelines which will help to guide physicians in individual patient care. There was uncertainty about the precise problems the resolution was intended to address. The COS will convey these issues to the Commission on Quality (COQ) who had also received this resolution.</p> <p>The Commission on Practice Enhancement considered resolution number 48, "Changing Third Party Payor Influence on Clinical Practice" after it was originally referred by the Board of Directors to the Commission on Science and the Commission on Quality who ultimately referred it to the Commission on Practice Enhancement.</p> <p>The resolution asks that the Academy engage in discussions with employers and other payers about the effects on the development and execution of appropriate treatment plans when payers institute variation in established clinical practice guidelines.</p> <p>Upon consideration, the commission, through the executive committee, agreed to make the subject of this resolution a specific topic of discussion with payers going forward. Staff will implement the commission's decision as future meetings between the Academy and private payers are planned.</p>
49	Anal PAP Testing <i>RESOLVED, That the American Academy of Family Physicians support universal availability of anal Human Papilloma Virus (HPV) testing and anal Pap testing for all male and female patients at risk for anal HPV infection and anal cancer, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians develop and support education materials on the identification of patients at risk for anal HPV infection</i>	Joint	AAFP Congress of Delegates 10/2007: Referred to the Board of Directors and Commission on Practice Enhancement	<p>No action taken. The CPE considered Resolution No. 301, "Anal Pap" from the 2007 Congress of Delegates. The resolution asked that the Academy support universal availability of anal Human Papilloma Virus (HPV) testing and anal Pap testing for all male and female patients at risk for anal HPV infection and anal cancer, and develop and support education materials on the identification of patients at risk for anal Human Papilloma Virus (HPV) infection and anal cancer and performance of anal Pap testing.</p> <p>The resolution also asked that the Academy advocate for development of appropriate coding and billing for anal Pap testing to facilitate</p>

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<p><i>and anal cancer and performance of anal Pap testing, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for development of appropriate coding and billing for anal Pap testing to facilitate payment for this service, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians endorse the payment by third party payors for anal Pap testing of all male and female patients at risk for HPV infection and anal cancer, and be it further</i></p> <p><i>RESOLVED, That Substitute Resolution No. 49 be forwarded to the 2007 Congress of Delegates.</i></p>			<p>payment for this service, and endorse the payment by third party payors for anal Pap testing of all male and female patients at risk for Human Papilloma Virus (HPV) infection and anal cancer.</p> <p>The commission noted that no action was needed on this resolution, pending the determination by the Commission on Science regarding the validity of the clinical evidence for anal Pap testing. The commission agreed to revisit the resolution in May, as needed.</p>
50	<p>Human Papilloma Virus (HPV) Vaccination</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) adopt the policy statement that "The AAFP supports Human Papilloma Virus (HPV) vaccination for all patients at risk for ano-genital HPV infection" and be it further</i></p> <p><i>RESOLVED, That Substitute Resolution No. 50 be forwarded to the 2007 Congress of Delegates.</i></p>	Joint	Not Adopted	
51	<p>Loan Repayment Opportunities for Part-time Family Physicians</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a position that supports federal loan repayment opportunities for physicians who choose to work less than full-time in underserved areas.</i></p>	Joint	Commission on Governmental Advocacy	Accepted for information. The Commission on Governmental Advocacy discussed Resolution No. 51 and expressed concern that it not minimize the effort to secure assistance for those medical students who do not have the option of part-time employment.
52	<p>Reinstitution of Rural Section in the AAFP</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) reinstitute rural sections in the AAFP to meet the unique needs of rural family physicians.</i></p>	New FP	AAFP Board of Directors	Accepted for information.
53	<p>Promotion of Rural Sections in State Associations</p> <p><i>RESOLVED, That the American Academy of Family Physicians promote rural sections in state associations to meet the unique needs of rural family physicians.</i></p>	New FP	Not Adopted	
54	<p>Inclusion of Levels of Evidence with Standardized Care Plans</p> <p><i>RESOLVED, That the American Academy of Family Physicians</i></p>	New FP	AAFP Board of Directors	Accepted for information.

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<p><i>(AAFP) update its current management care plans in Family Practice Management to include citations of evidence to support the recommendations made, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) include citations of level of evidence when they develop management care plans in Family Practice Management in the future.</i></p>			
55	<p>Preparing Residents for Rural Practice <i>RESOLVED, That the American Academy of Family Physicians develop within current conferences, programming to prepare family physicians for practice in rural areas.</i></p>	New FP	Commission on Education and the Commission on Continuing Professional Development	<p>The COE agreed to accept this resolution for information with the notation that the Subcommittee for National Conference Planning be committed to addressing issues relevant to rural practice and involving family physicians in rural practice. Several years ago, the National Conference Planning Committee determined that rural practice should always be among the workshop topics. This topic is revisited each year in preparation for identifying special lecturers and selecting workshops. In addition, residency program exhibitors offering training in rural practice are clearly identified in the Exhibit Hall Guide. In September 2006, the planning committee briefly discussed programming focused on rural practice. Given the environment, the committee agreed to expand the focus to caring for the underserved.</p> <p>The CoCPD accepted this resolution for information. They want to make NCSC aware that the CoCPD designs CME for physicians at the postgraduate level. However, the 2008 Scientific Assembly will include a session entitled, "Anesthesia in Rural and Remote Settings". In addition, this topic will be added to the 2008 CME clinical topic survey to determine the level of interest by AAFP members.</p>
56	<p>Family Physician Education on Autism Awareness <i>RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational programs and/or tools that will assist family physicians in the care and diagnosis of patients with autism as well as improve support and services for their families.</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) develop a policy statement on Autism.</i></p>	New FP	Commission on Continuing Professional Development	<p>1st Resolved Clause: Accepted for information. The CoCPD will refer the resolution to the CME Programs Department for consideration. They want to make NCSC aware that autism ranked high (10th of 58 topics) on the 2007 CME Survey on Clinical Topics and that the 2007 Scientific Assembly included a dialogue session on autism spectrum disorders. The 2008 Scientific Assembly will include the following sessions: Autism – The Spectrum of Evidence – dialogue session; Autism: Screening, Diagnosis and Treatment – 60-minute session.</p> <p>2nd Resolved Clause: The CoCPD will seek lateral referral of the 2nd Resolved Clause to the Commission on Science since they handle policy statements on clinical issues.</p>
57	<p>Online Resources for Transgender Healthcare</p>	GLBT	Commission on Continuing	Accepted for information. The CoCPD will investigate inclusion of information about

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) make available online resources to educate family physicians about the evaluation, treatment, and management of transgender individuals throughout the transitioning process, including specifics on hormone therapy and health maintenance.</i></p>		Professional Development	<p>transgender health care in online CME activities. The topic of transgender health care will be added to the 2008 CME survey to determine the level of interest by AAFP members.</p> <p>The CoCPD suggested that the AAFP-approved point of care sources be added to the AAFP online listing of GLBT resources for physicians seeking information on treating transgender patients. The CoCPD recommends these sources as dynamic/useful resources for information and clinical practice recommendations. The sources include Dynamed, InfoRetriever, PEPID, PIER, and UpToDate. Information on these sources are subject to change and are constantly updated.</p>
58	<p>Marketing to Patients on Medical Homes vs. Retail Clinics <i>RESOLVED, That the American Academy of Family Physicians (AAFP) continue to convey to consumers/patients the value of a medical home as defined by the Future of Family Medicine Model and its role in providing quality patient care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) create tools to educate patients on the role and desired attributes of retail health clinics.</i></p>	Minority	Commission on Practice Enhancement	<p>Accepted for information. The CPE considered NCSC Resolution No. 11, "A Road Map to the Medical Home" and NCSC Resolution No. 58, "Marketing to Patients on Medical Homes vs. Retail Clinics" together. Upon consideration, the CPE determined that the potential use of such materials did not merit the effort to produce them.</p>
59	<p>Rural and Solo Coverage <i>RESOLVED, That the American Academy of Family Physicians (AAFP) establish a liaison with the National Rural Health Coalition, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) research the feasibility of developing a scholarship for rural or solo practitioners to attend the National Conference of Special Constituencies (NCSC), and/or the creation of a new constituency to represent rural or solo physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) establish a listserv and/or a clearinghouse for resources available to rural and solo family physicians for additional procedural training and practice coverage.</i></p>	Women	Commission on Membership and Member Services	<p>1st Resolved Clause: After speaking with the author of the resolution, the first Resolved clause was modified to be the National Rural Health Association (not Coalition). The AAFP does have a liaison with the National Rural Health Association. The representative currently serving is Mott Blair, IV, M.D. of Wallace, NC.</p> <p>2nd Resolved Clause: The 2003 Board Report C to the Congress of Delegates addresses the identification of special constituencies and outlines requirements and guidelines to be followed in proposing a new constituency. The newly created Working Group on Rural Health was mentioned and the purpose of this group was discussed. Commission members agreed that the working group should be allowed significant time to conduct business and address issues of relevance and needs of rural physicians in order to evaluate its effectiveness and functionality. This could, in the future, be a template for other underrepresented constituencies to come together and discuss their needs and concerns, including issues the AAFP should address as they relate to the constituency and gaps in support for the constituency.</p>

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
				<p>3rd Resolved Clause: One of the key findings from the member development research being done by the AAFP Membership Division, thus far, is that our members are not fully aware of the resources available to them through their AAFP membership. As a result, staff is exploring different vehicles through which this information can be disseminated to members. A listserv already exists for rural family physicians. The CMMS accepted for information Resolution No. 59 with a proviso that staff report back on the findings from the ongoing member segment research on rural and solo physicians.</p>
60	<p>Internet Access at National Conference of Special Constituencies <i>RESOLVED, That the American Academy of Family Physicians at the annual National Conference of Special Constituencies purchase group internet access to be provided free to conference attendees, and be it further</i></p> <p><i>RESOLVED, That the National Conference of Special Constituencies accept and print resolutions submitted online during the resolution-writing period.</i></p>	Joint	Not Adopted	
61	<p>Consumer Publications <i>RESOLVED, That the Media Relations/Communications department of the American Academy of Family Physicians (AAFP) be directed to contact publishers and editors of so-called "women's magazines" to inform them of the capabilities and scope of practice of family physicians, and to request that health-related articles published in these magazines refer to family physicians as a physician from whom a woman could seek care.</i></p>	Women	Not Adopted	
62	<p>State Income Tax Deductions for Student Loan Interest <i>RESOLVED, That the American Academy of Family Physicians encourage its constituent chapters to support state income tax deductibility of medical school loan interest.</i></p>	New FP	Commission on Governmental Advocacy	<p>The Commission on Governmental Advocacy accepted the resolution for information, considering it similar to Resolution No. 513 from the 2007 Congress of Delegates.</p> <p>***The CGA reviewed the 2007 Congress of Delegates' Resolution No. 513, <i>Medical School Loan Legislative Relief</i> (referred) which asks that the Academy seek federal legislative relief to offer a tax credit for family physicians' medical school debts, and that the funds used as a recruitment tool designated for loan repayment be exempt from taxes at the federal level. The resolution also asks that the Academy provide model legislation for state chapters on tax credit relief for medical school debt, as well as provide</p>

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
				staffing support to help state chapters successfully pass this legislation. The commission stated that this resolution would be extremely difficult to implement because it addresses tax policy. Nevertheless, the commission felt that the AAFP should do everything it can to reduce family physicians' debt and to urge students to become family doctors. The commission decided to continue to report on efforts to advocate for this type of legislation.
63	Please see resolution No. 12.		<i>Combined original resolutions 12 and 63 for substituted resolution 12</i>	
64	Transgender Care <i>RESOLVED, That the American Academy of Family Physicians endorse payment by third party payors to provide transsexual care benefits for transgender patients.</i>	GLBT	Commission on Practice Enhancement	The GPE considered NCSC Resolution No. 64, "Transgender Care." Upon consideration, the commission agreed that the Academy has a policy in place that outlines the Academy's opposition to any form of patient discrimination, but that it would be helpful to gather information on what the national payers' current policies are for the treatment of gender dysphoria. The commission directed staff to send a letter to these top national payers stating our opposition to plans that exclude coverage of the treatment of gender dysphoria.
65	Prioritizing Implementation in Clinical Practice <i>RESOLVED, That American Academy of Family Physicians (AAFP) representatives on clinical guidelines committees advocate for guidelines that are practical to implement, and be it further</i> <i>RESOLVED, That American Academy of Family Physicians (AAFP) representatives on clinical guideline committees advocate for the inclusion of specific language addressing barriers to implementation and methods to overcome them.</i>	New FP	Commission on Quality 5/25/2007: Referred by the Commission on Quality to the Commission on Science	Accepted for information with modification to the 2 nd Resolved Clause to read, "specific language addressing methods of implementation" instead of "specific language addressing barriers to implementation."
66	American Medical Association (AMA) Physicians Data Restriction Program (PDRP) Awareness <i>RESOLVED, That the American Academy of Family Physicians (AAFP) further publicize the existence of the American Medical Association's (AMA) Physician Data Restriction Program (PDRP), which allows physicians to restrict access to their personal prescribing data, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate featuring a link to the Physician Data Restriction Program (PDRP) on the American</i>	New FP	AAFP Board of Directors	Accepted for information. The Board noted that the AMA has recently improved the accessibility of this information on their Web site and that it does not rise to the level of requiring a link directly on the Academy home page.

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<i>Academy of Family Physicians (AAFP) website.</i>			
67	Central Credentialing Service <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to the Federation of State Medical Boards (FSMB) that they urge all State Medical Boards to utilize the Federation Credentialing Verification Service.</i>	IMG	Commission on Education	Accepted for information. The subcommittee believes it is not the prerogative of the AAFP to urge state medical boards to utilize the Federation Credential Verification Service.
68	Cross Cultural Professional Development <i>RESOLVED, That the American Academy of Family Physicians develop a Continuing Medical Education activity to promote interactive sessions between United States medical graduates and international medical graduates to promote cross-cultural professional development.</i>	IMG	Commission on Continuing Professional Development	Accepted for information. The CoCPD will refer the resolution to AAFP staff group that is researching interactive venues at AAFP meetings. Interaction among attendees without a formal educational agenda is not eligible for CME credit.
69	License Suspension by State Medical Boards <i>RESOLVED, That the American Academy of Family Physicians work with the state medical boards requesting them to refrain from summarily suspending the license of physicians without due process of the complaint, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians encourage the respective constituent chapters to continue to provide assistance to members where actions are being considered against their licenses.</i>	IMG	Commission on Practice Enhancement	The CPE considered NCSC Resolution No. 69, "License Suspension by State Medical Boards." Upon consideration, the commission determined that there was no demonstrated need to broadly intervene, since there is no indication that state medical boards immediately or routinely suspend licenses during the investigation of a filed medical malpractice suit and, ultimately, 70% of complaints end in no payout. The commission did agree to work with state chapters to ascertain their current level of involvement in assisting physicians through this process and to discuss the possibility of outlining a strategy to allow state chapters to be able to initiate steps immediately.
70	Acculturation of International Medical Graduates into the Current Accreditation Council for Continuing Medical Education Family Medicine Residency Program <i>RESOLVED, That in the interest of promoting acculturation of the family medicine residents who are graduates of international medical schools, the American Academy of Family Physicians (AAFP) recommends that the constituent chapters promote participation of international family medicine residents in the Annual Scientific Assemblies (both at state and national level) and National Conference (NC), each year, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians</i>	IMG	Commission on Membership and Member Services	Accepted for information. At the National Conference of Family Medicine Residents and Medical Students an IMG roundtable discussion is held during breakfast one morning to allow IMGs to talk about issues affecting them. A staff facilitator is present at the discussion along with one or more AAFP Board Members. Questions raised during the breakfast meeting that cannot be answered by staff or the Board Member(s) present are addressed by staff after the meeting. At the present time, no other workshop sessions dedicated to issues faced by IMGs as they transition into residency are being planned for the upcoming conference. The Society of Teachers of Family Medicine (STFM) offers a Family Medicine Residency Preparation Academy for IMGs. This workshop, which was developed for IMGs who have recently matched with a family medicine residency program, orients participants to the principles of family medicine and other critical communications skills. The program is intended

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
	<i>(AAFP) provide a special session for the new international family medicine residents on acculturation process and career pathway issues during the National Conference.</i>			<p>to help participants make a smooth and successful transition from medical school into a family medicine residency program.</p> <p>Staff will encourage the constituent chapters to continue to actively promote the Assembly and National Conference to their members, particularly their IMGs. Staff will work with the Research and Information Services (RIS) Division and the Meetings and Conventions Division to identify the demographics of attendees at these conferences to share with the Marketing Division as they develop tailored communications for these targets. Staff will also share this information with the Society of Teachers of Family Medicine (STFM) to encourage them to submit a workshop proposal on the acculturation process and career pathway issues for IMGs to the 2008 National Conference of Family Medicine Residents and Students Planning Committee.</p>
71	<p>International Medical Graduate Pre-Residency Area Health Education Commission Opportunity</p> <p><i>RESOLVED, That individual American Academy of Family Physician chapters look into ways to collaborate with their local Area Health Education Centers (AHEC) to promote clinical clerkships for the international medical graduate.</i></p>	IMG	Commission on Education	<p>Accepted for information. AAFP constituent chapters vary in their staffing resources and finances. While some chapters have staff time devoted to residents and students, others may have very few staff that cannot facilitate this added responsibility. This is true of regional Area Health Education Centers, which also vary in resources, staffing, mission and ability to provide these types of resources. The COE would like to emphasize that IMGs can access the Clinical Rotations Opportunity Map on the National AHEC website and can inquire at local AHECs for further regional information.</p>
72	<p>Special Constituency Web Access</p> <p><i>RESOLVED, That the American Academy of Family Physicians place a tab named "AAFP Special Constituency" prominently on its home page, providing links to the five constituencies, so as to enable easy access to information and resources on the topic of Special Constituency to the general public, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians have a link on its International Medical Graduate web page to the Education Commission for Foreign Medical Graduates (ECFMG).</i></p>	IMG	Commission on Membership and Member Services	<p>Accepted for information. The AAFP dedicates a section of its Web site to Special Constituencies. This information is located on the home page of aafp.org under the "Members" section and can easily be found by going directly to that section or by searching for "Special Constituencies" from the home page. Included on this page is information about the Special Constituencies Subcommittee, the National Conference of Special Constituencies (NCSC), patient populations, AAFP e-mail discussion lists, and resources applicable to each constituency.</p> <p>Staff is in the early stages of discussion regarding the restructuring of the Membership section of the Web site. At the present time, the location of the Special Constituency information will not change while the reorganization of the site is discussed. Once a new structure for the "Members" section of the Web site has been identified, staff will determine if the Special Constituency information needs to be relocated. Also, a link currently exists to the Education Commission for Foreign Medical Graduates (ECFMG) under the IMG Constituency Resources section of the Special Constituency</p>

Summary of Actions of the 2007 NCSC, continued

RESOLUTIONS				
				Web page under the International Medical Graduates (IMG) resource link. This link is also accessible from the International Medical Graduates (IMG) Web page.
73	<p>International Medical Graduate (IMG) Conference <i>RESOLVED, That the American Academy of Family Physicians (AAFP) develop a national conference on a periodic basis to meet specific educational and practice needs of its International Medical Graduate (IMG) members to prepare and equip International Medical Graduate (IMG) members to develop as leaders, further the American Academy of Family Physicians (AAFP) strategic priorities throughout their careers, and foster personal growth and collegiality both among International Medical Graduates (IMG) and the rest of the American Academy of Family Physicians (AAFP) membership.</i></p>	IMG	Not Adopted	
74	<p>American Academy of Family Physicians Advocacy for Americans In Motion <i>RESOLVED, That the American Academy of Family Physicians encourage each state chapter to promote legislation to establish state-funded weight management programs for their citizens on medical assistance, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians promote the Americans in Motion program to all primary care physicians.</i></p>	IMG	Commission on Health of the Public	Accepted for information. Current initiatives are addressing ways in which constituent chapters can be involved and ways family physicians can become better advocates for better fitness. A strong effort is also being made to make certain that other organizations and advocacy groups can become educational partners of AIM, a way to assist cross-advocacy for fitness. Initial conversations have occurred with American Academy of Pediatrics' (AAP) staff to consider shared initiatives.
75	Please see Resolution No.16.		<i>Combined original resolutions 16 and 75 for substituted resolution 16</i>	