**Summary of Actions:**

**2012 National Conference**

**of Special Constituencies**

2012 Resolutions

**To sort by constituency, select the entire table; click on “table”; click on “sort”; sort by “constituency” or column 3.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Res.******No.*** | ***Title and Resolved*** | ***Consti-tuency*** | ***Reference Committee*** | ***Referrals*** | ***Action*** |
| **1001** | **Expiration of Expirations***RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the elimination of expiration dates of previously approved authorizations of maintenance medications.* | New Physicians | Advocacy | Commission on Quality and Practice | Accept for information. There are ongoing efforts to manage the cost of care, including medication costs, which are industry-wide. Insurance companies are improving their methods of disseminating plan information (e.g. company websites) as well. The commission believes additional action by the AAFP is not needed at his time. |
| **1002** | **Anti-Bullying***RESOLVED, That the American Academy of Family Physicians (AAFP) update the anti-bullying policy to state: “Harassment and bullying in the school setting, on or off campus, including online forums, for reasons including, but not limited to ethnicity, socioeconomic status, religion, sexual orientation, gender identity, physical status, or other personal characteristics, have a significant harmful effect on students and should not be tolerated,” and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) make easily available evidence-based resources to screen for and prevent bullying at patient and community levels.* | GLBT; Minority; Women; New Physicians | Advocacy | Commission on Health of the Public and Science | 1st Resolved Clause:Accept for information. Included in current AAFP policy entitled Violence, Harassment, and School Bullying Among Children and Adolescents” addresses this issue.2nd Resolved Clause:Agree with modification. The AAFP already provides resources for patients on Familydoctor.org and to physicians in *American Family Physician* on this topic. *That the American Academy of Family Physicians (AAFP) make available resources to screen for and prevent bullying at patient and community levels.* |
| **1003** | **Lesbian, Gay, Bisexual and Transgender (LGBT) Demographic Information***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage all electronic health record vendors (EHR) structure demographic identifiers in an open-ended manner so that patients may self-identify both sexual orientation and gender.* | GLBT | Advocacy | Commission on Quality and Practice | Accept for information. The AAFP Center for Health IT continues to advocate to the Centers of Medicare and Medicaid Services (CMS) and the Office National Coordinator (ONC) for the capture and storage of discrete clinical data elements that have direct relevance to family medicine and maintain an expression of this clinically relevant data in a manner that allows its exchange and availability at the point of care and time of need. The commission agreed that additional action by the AAFP was not needed at this time. |
| **1004** | **Transgender Care***RESOLVED, That the American Academy of Family Physicians (AAFP) support efforts to require insurers to provide coverage for comprehensive care of transgendered individuals including: 1) medical care, 2) screening tests based on medical need rather than gender, 3) mental health care, and, 4) when medically necessary, gender confirmation surgery.* | GLBT | Advocacy | Commission on Quality and Practice | Accept for information. The commission found no substantive evidence that insurer’s exclude coverage for transgender care. The AAFP has a policy relating to patient discrimination which states, “The AAFP opposes all discrimination in any form, including but not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus or national origin.” In addition, the AAFP has a policy titled, “Gender Equity on Prescription Drug and Diagnostic Testing Coverage”. Both of these policies clearly state our position and align with the AAFP stance on health care for all. As a result, the commission agreed that no additional action was needed at this time. |
| **1005** | **GLBT Foster Care and Adoption***RESOLVED, That the American Academy of Family Physicians (AAFP) establish policy and support legislation which promotes a safe and nurturing environment, including psychological and legal security for all children, including those of adoptive or foster parents, regardless of the parent’s marital status, sexual orientation or gender identity.* | GLBT | Advocacy | Commission on Governmental Advocacy | Accept for information. The commission feels that this resolution is consistent with AAFP policies that link stable and supportive family life to the health of the family’s parents and children. The AAFP’s definition of family is intentionally broad and inclusive, and the specific policies related to health benefits and children’s health includes families of Gay, Lesbian, Bisexual and Transgender (GLBT) parents. It is clear that the AAFP is attempting to support policies that promote the health of individuals in a family, regardless of other considerations. While adoption and foster care policies are generally a responsibility of state governments, there are federal policies that affect the extension of family-based health benefits that do not include families with GLBT parents. The effect of this resolution would be to allow the AAFP to support federal legislative and regulatory proposals that would extend these benefits to all families. It is likely, however, that the AAFP could still support such proposals without this resolution, given the policies on Children’s Health and Health Benefits. Therefore, it is clearly consistent with current AAFP policy.To the extent that the resolution calls for changes in non-federal government practices and statutes, the AAFP typically does not direct constituent chapters to adopt specific policies or positions. |
| **1006** | **In Sickness and in Health Equality for all Families***RESOLVED, That the American Academy of Family Physicians (AAFP) support civil marriage for same gender families in accordance with the 2011 Congress of Delegates resolution regarding full legal equality for same gender families.* | GLBT; Women | Advocacy | Board of Directors | Accept for information (at October 2012 meeting of the Board of Directors, prior to action taken by the Congress of Delegates adopting policy in support of civil marriage). The Congress of Delegates addressed this same resolution during its meeting in 2011 and adopted a policy statement in support of full legal equality. The Congress recognized it as a fundamental legal and social rights issue and therefore adopted a policy that would convey the AAFP’s commitment to oppose discrimination and support the family unit through full legal equality for same gender families. |
| **1008** | **Alternative Funding for Primary Care Graduate Medical Education***RESOLVED, That the American Academy of Family Physicians (AAFP) work diligently with government and private entities to create alternative funding opportunities to help stabilize current primary care residency training positions and develop additional positions to address the critical shortage of primary care physicians in our country.* | Women: GLBT; New Physicians | Advocacy | Commission on Education | Reaffirm. During the AAFP Board of Directors meeting the week of March 5 in Washington, DC, they asked legislators to support the Primary Care Workforce Access Improvement Act (HR 3667), which Rep. Cathy McMorris Rogers (R-WA) and Mike Thompson (D-CA) have introduced and which would create a pilot program to demonstrate direct GME funding for non-hospital medical training sites.Organizations supporting HR 3667 include the American Academy of Family Physicians, the Association of Family Medicine Residency Directors, the Society of Teachers of Family Medicine, the North American Primary Care Research Group, and the Association of Departments of Family Medicine. Additional details and background for the proposed pilot are available from NCSC staff. |
| **1009** | **Stop State Legislators from Practicing Medicine Without a License***RESOLVED, That the American Academy of Family Physicians (AAFP) condemn interference by either government or third parties that compromise a physician’s ability to use his or her medical judgment as to the information or treatment that is in the best interest of their patients, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) provide constituent chapters with information regarding the potential for state legislation to violate First Amendment rights of physicians in their practice of the science of medicine, and offer model language such as: The right to practice within the scope of a medical license supersedes any existing or future legislative act.*  | Women; New Physicians | Advocacy | Commission on Governmental Advocacy | Accept for information. The commission heard that legislators around the United States have been exceeding the previously accepted limits of their elected role by legislating the nature and content of patients' interactions with their physicians. The commission noted that given its policy on the confidential nature of the physical exam and the relationship between the patient and the physician, the AAFP monitors and opposes at the federal level any attempt to impose legislative requirements that affect the physician-patient relationship. The AAFP continues to provide constituent chapters assistance in those circumstances in which the chapter chooses to oppose legislative interference at the state level. To support individual states, the AAFP already has created resources for the constituent chapters that provide information on legislating in the doctor’s office. The commission agreed that the second resolved clause of this resolution had already been accomplished. |
| **1010** | **Resolution to Remove Barriers to Long Acting Reversible Contraceptive Devices Use***RESOLVED, That the American Academy of Family Physicians (AAFP) support the elimination of all financial barriers to any method of contraception including long-term reversible contraceptive devices, and be it further**RESOLVED, That the American Academy of Family Physicians endorse increased continuing medical education (CME) and certification courses on the use of long-term reversible contraceptive devices.* | Women; New Physicians | Advocacy | 1st Resolved Clause: Commission on Quality and Practice2nd Resolved Clause:Commission on Continuing Professional Development | 1st Resolved Clause:Accept for information. The commission accepted this resolution for information on the basis that the AAFP policy on “Health Care for All” can be construed to already support coverage of contraception, including long-term reversible contraceptive devices, without financial barriers (i.e. patient co-payments) when the service is coordinated through the PCMH. The commission agreed that no additional action was needed at this time.2nd Resolved Clause: Agree with modification. Continuing Medical Education (CME) on contraception, including long-acting reversible contraception, is typically offered every year through the AAFP’s Scientific Assembly. The AAFP does not typically endorse or provide certification for completion of CME. The modified resolved clause now reads:*RESOLVED, That the American Academy of Family Physicians ~~endorse increased~~ provide continuing medical education (CME) ~~and certification courses~~ on the use of long-term reversible contraceptive devices.* |
| **2001** | **Integrating Work-Life Balance Into Residency Training To Better Prepare Family Physicians For Practice***RESOLVED, That the American Academy of Family Physicians (AAFP) develop a curriculum guideline for work-life balance for family medicine residents, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) promote existing tools and develop any needed additional tools for family medicine residents and practicing physicians to help adequately prepare them to perform self-assessment and action planning regarding personal work-life balance.* | Women | Education | Commission on Education | Accept for information. There are no existing AAFP policy statements addressing work-life balance. This topic doesn’t appear to be appropriate for a curriculum guideline. Furthermore, the AAFP already has developed and promotes two web sites with a significant amount of information and resources related to this topic: <http://www.aafp.org/online/en/home/membership/specialconst/lifebalance.html>; <http://www.aafp.org/fpm/topicModules/viewTopicModule.htm?topicModuleId=43>. Additionally, the SGC will work to incorporate this request for information into the next review of the Management of Health Systems Curriculum Guideline. |
| **2002** | **Address the Growing Epidemic of Prescription Drug Abuse***RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its existing policy listed under Substance and Alcohol Abuse and Addiction, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) support National All Schedules Prescription Electronic Reporting Act (NASPER) and advocate for all states to develop a prescription drug monitoring system.* | Women | Education | 1st Resolved Clause: Commission on Health of the Public and Science2nd Resolved Clause: Commission on Governmental Advocacy | 1st Resolved Clause:Accept for information. Included in current AAFP policy entitled “Substance and Alcohol Abuse and Addiction” and the AAFP position paper entitled “American Academy of Family Physicians Pain Management and Opioid Abuse: A Public Health Concern”.2nd Resolved Clause:Reaffirm. The commission appreciated that the AAFP has recognized that the increase in nonmedical use of prescription drugs is a serious public health problem and continues actively working toward a solution to address America’s pain management and opioid abuse epidemics. As a result, the AAFP published a position paper, entitled, [*“Pain Management and Opioid Abuse: A Public Health Concern”*](http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/painmanagement/painmanagementopioids.html)*,* which urges all states to implement prescription drug monitoring programs and the interstate exchange of registry information as called for under the *National All Schedules Prescription Electronic Reporting (NASPER) Act* of 2005. The AAFP paper has been distributed to key federal officials and legislators. |
| **2003** | **Increasing Proficiency in Medical Spanish***RESOLVED, That the American Academy of Family Physicians (AAFP) survey its members regarding their interests in medical Spanish related Continuing Medical Education (CME) with a goal of eventually introducing a self-study CME packet to improve medical Spanish skills.* | Minority | Education | Commission on Continuing Professional Development | Agree with modification. The AAFP’s CME Curricular Framework does not specifically include Medical Spanish or multi-lingual medical education, but it does include patient-based care and population-based care topics that are culturally sound, address underserved populations, and offer methods to overcome barriers to non-adherence and literacy.The commission requested that AAFP’s Market Research staff survey its members regarding their need for multi-lingual CME, in Spanish or any other language. The commission modified the resolved clause slightly to broaden the topic to exploration of the need for any multi-lingual CME and to make the goal of introducing such CME to be contingent upon the needs assessment data. The modified resolved clause now reads:*RESOLVED, That the American Academy of Family Physicians (AAFP) survey its members regarding their ~~interests in~~ need for medical Spanish ~~related~~ or multi-lingual Continuing Medical Education (CME) with a goal of ~~eventually~~ potentially introducing ~~a self-study~~ CME ~~packet~~ to improve medical Spanish or multi-lingual skills if appropriate.* |
| **2004** | **Performance of the Clinical Physical Exam***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Board of Family Medicine (ABFM) to add a self-assessment module (SAM) on physical exam skills, covering them in a more thorough and comprehensive manner than was taught in medical school, and be it further**RESOLVED, That continuing medical education (CME) in physical exam skills using live patients be provided at the American Academy of Family Physicians (AAFP) Scientific Assembly on a regular basis, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Board of Family Medicine (ABFM) to add demonstration of physical exam skills to the Maintenance of Certification requirements, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) call upon other specialists to revive the art of medicine and return to the practice of the physical exam and perform a clinical physical exam on all patients, especially those who have been referred to them by a family physician.* | Minority | Education |  | Not adopted by the 2012 NCSC delegation. |
| **2005** | **Gay, Lesbian, Bisexual, and Transgender (GLBT) Health Education in Medical and Graduate Medical Education***RESOLVED, That the American Academy of Family Physicians (AAFP) engage in dialogue with the Review Committee for Family Medicine (RC-FM) and Accreditation Council of Graduate Medical Education (ACGME) supporting the inclusion of gay, lesbian, bisexual, and transgender (GLBT) health knowledge and skills as a required element of the residency curriculum, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) engage in a dialogue with Liaison Committee on Medical Education (LCME) supporting the inclusion of gay, lesbian, bisexual, and transgender (GLBT) health knowledge and skills as a required element of the medical student curriculum, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) engage in dialogue with the American Board of Family Medicine (ABFM) supporting the inclusion of questions relevant and specific to gay, lesbian, bisexual, and transgender (GLBT) health in the Family Medicine board exam, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Board of Family Medicine (ABFM) to develop a Self-Assessment Module focusing on gay, lesbian, bisexual, and transgender (GLBT) health, and be it further*RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge that the care of transgender individuals, including providing cross-gender hormone treatment, is within the scope of family medicine, and be it further*RESOLVED, That the American Academy of Family Physicians (AAFP) recognize the particular disparity involving training in transgender care, and offer courses or workshops at the AAFP Scientific Assembly focused on transgender healthcare.* | GLBT; IMG; New Physicians | Education | 1st–5th Resolved Clauses: Commission on Education6th Resolved Clause: Commission on Continuing Professional Development | 1st Resolved Clause: Agree with Modification. The RC-FM currently is developing the Family Medicine Milestones. Once that process is complete, the RC-FM will release the newest version of Program Requirements, which have been under development for some time. Periodically, the RC-FM solicits input from organizations regarding upcoming changes to the Program Requirements. The next time the COE is invited to provide input to the RC-FM, they will provide information supporting elements of GLBT curriculum. The AAFP is currently developing a GLBT Curriculum Guideline which will be available to residency programs via the AAFP website. The RC-FM offers organizations the opportunity to provide input and/or comment on proposed changes to the program requirements.*RESOLVED****,*** *That the American Academy of Family Physicians (AAFP) engage in dialogue with the Review Committee for Family Medicine (RC-FM) and Accreditation Council of Graduate Medical Education (ACGME)* ***when there is a call for input for new requirements*** *supporting the inclusion of gay, lesbian, bisexual, and transgender (GLBT) health knowledge and skills as a****n*** *~~required~~ element of the residency curriculum, and be it further*2nd Resolved Clause: Agree. Discussion centered on the role of the LCME, which does not include setting specific criteria for undergraduate medical education curricula. There was heavy debate on how the AAFP might engage with the LCME when there is no direct representative or input to the body. The commission agreed with the spirit of the resolved clause and the importance of the topic and agreed with the resolution.3rd & 4th Resolved Clauses: Accept for information. The family medicine board certification exam and the Self-Assessment Modules (SAMS) are developed solely by the American Board of Family Medicine (ABFM). The COE will continue to communicate the resolution to the Board for information.5th Resolved Clause:Reaffirm. A GLBT curriculum guideline has been developed and is currently being reviewed for inclusion in the published curriculum guidelines. It is anticipated that the GLBT curriculum guideline will be published within the next 6-12 months. 6th Resolved Clause:Accept for information. Continuing Medical Education (CME) on Gay, Lesbian, Bisexual, and Transgender (GLBT) care is typically offered every year at the AAFP’s Scientific Assembly, and the topic is on the AAFP’s CME Curricular Framework which assists in the alignment and development of AAFP-produced CME activities. |
| **2006** | Family Physician and Care of the Transgendered PatientRESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge that the care of transgender individuals, including providing cross-gender hormone treatment, is within the scope of family medicine, and be it furtherRESOLVED, That the American Academy of Family Physicians (AAFP) take a leadership position in the education of family physicians in the care of transgendered individuals, and be it furtherRESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Board of Family Medicine (ABFM) to develop a Part III module on gay, bisexual, lesbian, transgender (GBLT) care.  | GLBT | Education | Combined with Resolution No. 2005. | See Resolution No. 2005. |
| **2007** | **Impact of the 2010 Accreditation Council on Graduate Medical Education Duty Hours Reform***RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other specialty societies and professional organizations to request that the Accreditation Council on Graduate Medical Education research the impact of the 2010 duty hour standards on resident training and education, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) collect data on graduating family medicine residents regarding their self-assessment of their skill set and overall preparedness for independent practice following the implementation of the 2010 Accreditation Council on Graduate Medical Education duty hour standards.* | New Physicians | Education | Commission on Education | Reaffirm. The commission spoke at length on the AAFP’s past work on and input on duty hour changes. There was agreement that at this point qualitative data needs to be collected that gives a voice to residents’ opinions of the “quality” of graduate medical education. The group reviewed the data from the AAFP graduating resident survey that included information on resident perception of how duty hours affected quality of training, future practice plans and lifestyle. There was also review of national data collected by the ACGME on resident views of these same issues and there was consensus that the AAFP should not duplicate national surveys.  |
| **2008** | **Provide Training on Mentorship of Medical Students***RESOLVED, That the American Academy of Family Physicians (AAFP) consider offering links to online resources, workshops, or continuing medical education courses to train community family physicians to incorporate medical student mentoring efficiently in their busy medical practices.*  | New Physicians | Education | Commission on Education & Commission on Continuing Professional Development | Reaffirm. Mentoring continues to be an important topic for the members of the AAFP. Since the topic of mentoring is discussed every year, and the topic is still relevant, suggestions were created by members for further action. The following recommendations were made:* A report on mentoring activities and resources should be shared during NCSC.
* A workshop or session should be provided at NCSC on how to use mentoring resources, incentives for mentoring and teaching, and best practices.
* Constituent chapters should be encouraged to identify physician members who are willing to serve as mentors and distribute mentoring materials.
* Mentoring materials should be distributed to the medical student education directors.
* Explore linkages with the osteopathic community and how they incentivize mentoring.

In addition, the AAFP provides information about family medicine careers to pre-medical and medical students across the nation. Multiple resources for mentoring medical students are already available through “the family” of family medicine organizations. The AAFP has relevant AAFP policies, including: <http://www.aafp.org/online/en/home/policy/policies/p/preceptorships.html> and <http://www.aafp.org/online/en/home/policy/policies/p/premedstudshadowing.html>. |
| **2009** | **Leadership, Education and Curriculum for International Medical Graduates***RESOLVED, That special leadership education modules be introduced by the American Academy of Family Physicians (AAFP) to help international medical graduates (IMGs) prepare to take leadership positions during residency, clinical practice or as part of the community, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) is encouraged to consider a partnership with the Society of Teachers of Family Medicine to develop such modules as part of their Management of Health Systems curriculum.* | IMG | Education |  | Not adopted by the 2012 NCSC delegation. |
| **2010** | **Improving Awareness of International Medical Graduates (IMGs) Visa Application Process Among Residency Program Directors***RESOLVED, That the American Academy of Family Physicians (AAFP) offer support and education to residency program coordinators responsible for assisting applicants in the Visa application process.* | IMG | Education | Commission on Education | Reaffirm. The Educational Commission for Foreign Medical Graduates (ECFMG) provides extensive information and resources for residency programs and IMGs in regard to application, sponsorship, and maintenance of J-1 visas. The Association of Family Medicine Administration (AFMA) periodically offers webinars presented by a representative of the Educational Commission for Foreign Medical Graduates (ECFMG) to family medicine residency coordinators. This educational offering provides specific information about IMG certification, including details about visas. The AAFP’s Residency Program Solutions (RPS) Conference has featured sessions presented by a representative of the ECFMG for the purpose of educating attendees, including residency coordinators and program directors, about the resources available to assist with the needs of IMGs regarding visa application, sponsorship, and maintenance.  |
| **2011** | **International Medical Graduate Parity with United States Medical Graduates***RESOLVED, That the American Academy of Family Physicians amends its anti-discrimination policy to include discrimination on the basis of geographic location of medical training or status as an international medical graduate.*  | IMG | Education | Commission on Membership and Member Services***Laterally referred to Commission on Education*** | Agree. The commission agreed that this policy statement should be as inclusive as possible, and that “geographic location of training” should be added to the list of descriptors. |
| **2012** | **Requiring a Family Medicine Rotation***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the Federation of State Medical Boards to require all new physician applicants for licensure to complete a minimum of a four week block rotation in family medicine or two weeks of a longitudinal family medicine rotation (including outpatient experience).* | IMG | Education |  | Not adopted by the 2012 NCSC delegation. |
| **3001** | **Certified Medical Examiner Training and Certification Testing***RESOLVED, That the American Academy of Family Physicians (AAFP) investigates the educational requirements that will be presented by the Department of Transportation for Certified Medical Examiners and provide an educational opportunity and certification testing, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) educate its members about the new federal requirements for Certification of Medical Examiners in order to continue to do Department of Transportation/Commercial Driver License (DOT/CDL) physical exams.* | Women | Health of the Public & Science | Commission on Health of the Public and Science | Accept for information. Discussion with the CME division revealed that this had already been discussed as an issue within their Commission on Continuing Professional Development. They had come to the conclusion that the actions already taken through articles in AAFP News Now and *American Family Physician* had provided membership with an update about the new rules. They also had decided not to develop CME materials after review of the AAFP curricular framework and what other resources were or would be available. |
| **3002** | **Addressing the Invisible Wounds Of War***RESOLVED, That the American Academy of Family Physicians (AAFP) urge its members to acquire training and provide in their practice medical care specifically related to sequelae of trauma and military mental and behavioral health concerns, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for unique military culture and issues relevant to service members, veterans, and their families, and be it further**RESOLVED, that the American Academy of Family Physicians (AAFP) explore providing an appropriate CME curriculum and certificate for excellence in military medicine.* | Minority | Health of the Public & Science | 1st Resolved Clause: Commission on Health of the Public and Science2nd Resolved Clause: Commission on Governmental Advocacy3rd Resolved Clause: Commission on Continuing Professional Development | 1st Resolved Clause:Accept for information. Included in current AAFP position paper entitled “Mental Health Care Services by Family Physicians” which addresses advocating for mental health care, including military veterans and their dependents.2nd Resolved Clause:Reaffirm. The commission heard that the AAFP continues to look for legislative and regulatory opportunities to suggest improvements in the manner in which community-based primary care physicians are able to care for veterans and is committed to supporting veterans and their families. At the Family Medicine Congressional Conference, the participants heard a presentation on the Administration’s campaign called “Joining Forces.” As a result, educational and CME resources were compiled for the AAFP webpage which is designed to help family physicians care for their patients who have served in the military and to raise awareness of the health issues that may affect returning service members. The commission noted that AAFP has sent a letter to the Department of Veterans Affairs that supports a proposed rule designed to improve veterans’ access to non-VA affiliated, community based providers. The commission urged the AAFP to continue promoting veterans’ access to community physicians and the regular exchange of information between physicians in the community and those in the VA health system.3rd Resolved Clause:Agree with modification. The 2011 AAFP Scientific Assembly included a session on “Mental Health Care for Returning Military Service Members.” The 2012 Assembly included a session on Post-Traumatic Stress Disorder. The AAFP’s website includes screening tools, articles from *American Family Physician* journal, patient information, and free CME that family physicians can use in treating military patients. The commission modified the resolved clause slightly to remove reference to a certificate and to rephrase the topic as medical management of veterans and military families rather than military medicine. The modified resolved clause now reads:*RESOLVED, That the AAFP explore providing ~~an~~ appropriate CME ~~curriculum and certificate for excellence in military medicine~~ for medical management of veterans and military families. The commission agreed to continue exploring provision of appropriate CME.* |
| **3003** | **Addressing the Obesity Epidemic***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage family physicians and their practice teams to serve as positive role models for healthy lifestyle choices, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) encourage family physicians to provide their patients with access to available resources (on-line and print) to help them make healthy lifestyle choices.* | Minority | Health of the Public & Science |  | Reaffirmed as current policy or already being addressed in current projects. |
| **3004** | **Backpack Safety in Children***RESOLVED, That the American Academy of Family Physicians (AAFP) recommend children not carry over the shoulder backpacks greater than 15% of their body weight, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) place information about backpack safety on the Familydoctor.org website.* | Minority | Health of the Public & Science | 1st Resolved Clause: Commission on Health of the Public and Science2nd Resolved Clause: Executive Vice President for appropriate staff referral | 1st Resolved Clause:Agree. AAFP staff and the commission will work to develop a policy to address the topic.2nd Resolved Clause:Agree. Staff will create a content plan around this topic and aim to publish a new handout on Familydoctor.org by April 30th. |
| **3005** | **To Increase Bone Marrow Registries for Minority Populations***RESOLVED, That the American Academy of Family Physicians (AAFP) contact the National Bone Marrow Registry and encourage the Registry to utilize its available funds to evaluate how best to disseminate information regarding the need for minorities to be on the Registry, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) join the National Marrow Donor Program for the development of a campaign to increase the number of minority bone marrow donors.* | Minority | Health of the Public & Science | Commission on Health of the Public and Science | 1st Resolved Clause:Agree. AAFP staff will draft a letter to the National Bone Marrow Program to encourage them to disseminate information regarding the need for minorities to register with the bone marrow donor program.2nd Resolved Clause:Agree. The commission proposed increasing awareness among minorities about the bone marrow registry as the topic for the AAFP’s 2014 National Minority Health Month. The subcommittee will consider this topic for 2014. |
| **3006** | **Update on HIV Screening***RESOLVED, That the American Academy of Family Physicians (AAFP) strongly recommends that physicians screen for human immunodeficiency virus (HIV) all individuals between 13 and 64 years of age regardless of recognized risk factors, as per CDC 2010 guidelines, and be it further,**RESOLVED, That the American Academy of Family Physicians (AAFP) make policy that human immunodeficiency virus (HIV) consent be an opt-out process regardless of risk stratification.* | Minority; GLBT | Health of the Public & Science | Commission on Health of the Public and Science | 1st Resolved Clause:Accept for information. The AAFP adopted a new policy that states the age range for HIV testing is 18-65 years. The AAFP recommendation on HIV screening was approved by the Board in May 2013.2nd Resolved Clause:Accept for information. It is already policy among many states to have an opt-out process for HIV testing. Commission members noted that HIV testing should be part of the shared decision making process between the physician and the patient. |
| **3007** | **Increased Targeted HIV Screening for Men Who Have Sex with Men (MSM)***RESOLVED, That the American Academy of Family Physicians (AAFP) support increased targeted human immunodeficiency virus (HIV) screening for men who have sex with men (MSM) toward reducing the disproportionate infection rate among MSM.* | GLBT | Health of the Public & Science | Commission on Health of the Public and Science | Accept for information. The AAFP has a current clinical recommendation on this topic entitled “HIV Infection, Adolescents, and Adults”. |
| **3008** | **Evidence Based Screening for Blood Donation***RESOLVED, That the American Academy of Family Physicians (AAFP) request the Food and Drug Administration’s Blood Products Advisory Committee and the U.S. Department of Health & Human Services’ Advisory Committee on Blood Safety and Availability change the deferral period for blood donation from a permanent deferral to a 12 month deferral for male blood donors who have had sexual contact with another male.* | GLBT | Health of the Public & Science |  | Reaffirmed as current policy or already being addressed in current projects. |
| **3009** | Helmets During Tornado Alerts*RESOLVED, That the American Academy of Family Physicians (AAFP) support the use of helmets for people in tornado alert areas as an adjunct to seeking appropriate shelter.* | GLBT | Health of the Public & Science | Commission on Health of the Public and Science | Accept for information. The commission plans to pay special attention to any emerging studies on the topic of helmet use during tornado alerts. |
| **3010** | **The Great Salt Shake Up: Clarity In Nutrition Labeling***RESOLVED, That the American Academy of Family Physicians (AAFP) make a formal recommendation to the Food and Drug Administration (FDA) to modify nutrition labels such that wherever the word “sodium” appears in written format, it will instead read “sodium (salt).”* | New Physicians | Health of the Public & Science | Commission on Governmental Advocacy | Agree. The commission noted that although there is no specific AAFP policy for sodium labeling on food products, the AAFP did send a letter to the FDA in October 2010 urging implementation of the nutrition labeling requirements for restaurants and vending machines contained in the *Affordable Care Act*. The FDA already has some regulations that pertain to salt labels, and the commission felt that the AAFP could communicate with the FDA to reinforce those regulations. With some pride, commission members stated that some states and counties already have restrictions on the amount of salt used in their local settings. |
| **3011** | **Family Physician Participation in Under and Uninsured Medical Programs***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage their members to participate in local and state medically underserved programs for at least 7% of their patient population.* | IMG | Health of the Public & Science | Commission on Health of the Public and Science | Accept for information. It was ascertained that the authors arbitrarily determined the 7% in the resolved clause. Given this information, the Subcommittee on Health Equity is recommending to the commission to accept this resolution for information. |
| **4001** | **Increasing Convener and Special Constituency Visibility***RESOLVED, That the National Conference of Special Constituencies (NCSC) Convener be expected to and funded to speak at the AAFP National Conference of Students and Residents, and be it further**RESOLVED, That the National Conference of Special Constituencies (NCSC) Convener be expected to and funded to attend and report to the AAFP Congress of Delegates.* | Women; New Physicians | Organization & Finance | Board of Directors | Agree (noting that invitations to individuals and/or groups are the prerogative of the Speaker as outlined in the Standing Rules of the Congress of Delegates. In an effort to foster continued membership and involvement as residents’ transition to active member status, the subcommittee believes that the National Conference of Special Constituencies (NCSC) Convener should attend the National Conference of Family Medicine Residents and Medical Students (National Conference) to address the resident attendees of the National Conference of Family Medicine Residents and Medical Students. 1st Resolved Clause:In 2012, the past NCSC Convener brought greetings from NCSC to the National Congress of Family Medicine Residents. The COE Subcommittee on National Conference Planning will determine the best option for the Convener to promote NCSC to the residents at National Conference, including other speaking opportunities, in the future. 2nd Resolved Clause:The same opportunity should be given for the NCSC Convener as given to the Chairs of the National Congress of Family Medicine Residents and National Congress of Student Members to be heard at the Congress of Delegates. The NCSC provides important and valuable leadership development for AAFP members. Because the decision to invite a group or individual to provide remarks/greetings to the Congress of Delegates is the purview of the Speaker of the Congress of Delegates (COD), the Board encourages the speaker to invite the NCSC Convener to give remarks.  |
| **4002** | **Information Sharing Regarding Non-Physician Provider Scope of Practice***RESOLVED, That the American Academy of Family Physicians (AAFP) create a members only group on AAFP Connection for scope of practice issues between physicians and non-physician providers which would include links to AAFP resources.* | Women | Organization & Finance | Executive Vice President for appropriate staff referral | Accept for information. Currently, the Practice Management listserv has an active group of physicians who participate in discussions on Scope of Practice issues that affect physicians and non-physician providers. At some point in the future, when appropriate, listservs will be migrated to AAFP Connection but at this point the listservs are far more robust discussion centers than the discussion groups on AAFP Connection. There are many resources available to members on Scope of Practice issues on the aafp.org website under Practice Management as well as the Advocacy sections. |
| **4003** | **Fostering Communication Amongst Family Physicians Providing Prenatal/Antenatal Care***RESOLVED, That the American Academy of Family Physicians (AAFP) create an additional online community for family physicians related to prenatal care and obstetrics on the American Academy of Family Physicians (AAFP) Connection and that the presence of this social media tool be promoted.* | Minority | Organization & Finance | Executive Vice President for appropriate staff referralPerry Pugno | Accept for information. Support for those family physicians providing maternity care is an important priority for the AAFP given evidence from the ABFM of declining interest in providing this service among diplomates. Current utilization of *AAFP Connection* by communities of interest remains low, despite significant staff efforts to promote discussion and information exchange. *AAFP Connection*, as currently configured, is about to change. In September, 2012, there will be a re-launch of *AAFP Connection* with a new structure that will permit members to start their own discussions on topics of interest to them.  |
| **4004** | **Family Medicine Visibility Vis-à-Vis Social Media***RESOLVED, That the American Academy of Family Physicians (AAFP) develop a toolkit to help members market and promote family medicine via social media.* | GLBT | Organization & Finance | Board of Directors | Agree. The AAFP Public Relations and Social Media staff reviewed the background that accompanied this resolution and propose the development and implementation of a one-week campaign to run the week of Thanksgiving 2012. This initial campaign would serve as a controlled pilot allowing us to gauge member interest in using AAFP-provided social media tools to promote the specialty. Should the campaign be a success, we would be prepared to offer additional tools in 2013.A brief summary of the proposed plan follows; additional development of the program is proceeding.**Initiative:**  Thankful for the specialty of family medicine!**Primary Objective:** Provide a social media toolkit for members to use to help promote the specialty of family medicine (i.e., who we are, what we do, the value of having a family physician)**Secondary Objective:** Empower members to be more engaged in AAFP social media efforts**Target Audience:** The general public (e.g., patients, families, legislators)**Primary Channel:** AAFP members, using their various social media channels (Facebook, Twitter, YouTube, etc.)**Secondary Channel:** AAFP social media channels**Sample of Proposed Tactics:** * Create a one-week family medicine promotion campaign to run the week of Thanksgiving 2012.
* Prior to the campaign kickoff, there will be a pre-marketing campaign targeted to members to raise awareness of the upcoming campaign and tools available to them.
* Provide members with a toolkit including not only how-to information, but suggested tweets/posts that they can copy, paste and post. Example tweets/posts include:
	+ - #familymedicine! – we care for the whole person, not just parts #(unique campaign hashtag) #aafp
		- Choose healthcare value over quantity, choose #familymedicine! #aafp
		- Give thanks for family medicine. What are you thankful for?
* These tweets/posts would refer the public to information about the specialty posted on both aafp.org and FamilyDoctor.org.
* Included in the campaign would be a custom-designed profile picture that members and the general public can add to Facebook promoting family medicine, as well as a unique hashtag to be used throughout the week.
* In addition to the campaign-specific how-to information, the toolkit will include AAFP’s social media guides as well as (with permission) the CDC social media toolkit and Federation of State Medical Boards recently published "Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice".

AAFP Public Relations staff will coordinate with Marketing to promote this campaign and the availability of the toolkit to members via all available tools (email, newsletters, listservs, social media, etc.) |
| **4005** | **Marketing to the General Public**RESOLVED, That the American Academy of Family Physicians (AAFP) develop a new tag line, with emphasis on the family physician, and be it furtherRESOLVED, That the American Academy of Family Physicians (AAFP) re-prioritize the audience to which the majority of the marketing is directed, placing the general public first, followed by health care decision makers, business leaders, and finally legislators.  | GLBT | Organization & Finance | Board of Directors | Accept for information. It is important to note that the “Strong Medicine for America” tagline responds to the first resolved, which was adopted by the AAFP Board of Directors in August 2007, along with the new Bold Champion seal. The tagline Strong Medicine for America demonstrates the AAFP belief that family physicians are the cornerstone of the American health care system. The AAFP is working to position family physicians as foundational to a primary care, physician-based health care system; and to ensure family physicians become tomorrow’s respected providers of vital, quality health care delivered cost-effectively.” ([*http://www.aafp.org/online/en/home/policy/policies/s/seal.html*](http://www.aafp.org/online/en/home/policy/policies/s/seal.html)). It would be premature to modify this tagline after only 5 years. The goal of AAFP’s public relations outreach is to positively position family medicine and family physicians with target audiences – delivering the right message to the right audience at the right time. Our target audiences (in priority order) are: legislators, business leaders, health care decision makers, payers, and the general public. We target these audiences specifically to advance payment issues as well as other legislative topics. The AAFP’s media relations efforts, including the target audiences, are sound – as evidenced by the most recent FY media outcomes report that showed a 35 percent increase in recorded media outcomes (article, broadcast, feature, reference, online, etc.) in FY 11-12 over the previous fiscal year. This included a 17 percent increase in the Top 20 DMAs, a 44 percent increase in select consumer outlets, and a 5 percent increase in select trade outlets. Additionally, we know that targeting these audiences in this order are helping us be successful in achieving our organizational public/media relations priorities of (a.) changing audience opinion to reflect family medicine’s position or priorities, and (b.) maintaining ongoing media placements in targeted outlets that sustain consistency of message.Creating a new brand directed to the public to promote the importance of family physicians which could include a new symbol, possible tagline and promotional communication activities would cost a minimum of $22 million.  |
| **4006** | **Marketing**RESOLVED, That the American Academy of Family Physicians (AAFP) develop a marketing campaign supporting the notion that family physicians are well qualified, highly trained physicians and that this marketing campaign be directed to the consumers of health care rather than to insurance companies.  | GLBT | Organization & Finance | Combined with Resolution No. 4004. | See Resolution No. 4004. |
| **4007** | **Residency Key Contact Program***RESOLVED, That the American Academy of Family Physicians (AAFP) create a Residency Key Contact Program to maintain communication between new physicians and residents, to promote mentorship, and to continue AAFP membership through the transition from residency to practice, including working with constituent chapters to identify active new physicians to be ambassadors for each residency program and to maintain this contact information on the AAFP website, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) work with constituent chapters to encourage communication within the Residency Key Contact Program, and compile and distribute relevant content for outreach by new physician ambassadors, including AAFP new physician resources, information on member benefits, and PowerPoint or interactive media presentations, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) develop ways to incentivize new physicians to participate in the Residency Key Contact Program and create a reward for successful recruitment efforts, such as the development of an award for new physician contacts or recognition for participation on ribbons or pins at AAFP meetings.*  | New Physicians | Organization & Finance | Commission on Education & Commission on Membership and Member Services | Accept for information. Commission on Education members discussed the capacity of AAFP constituent chapters and how there are very different levels of staffing, member interest, and resources among them. They also believed that a mentorship program would be in constant flux when the residents are graduating and changing each year. This could cause a new physician mentor to potentially lose interest and stop volunteering. Many felt that this type of volunteer responsibility could be overwhelming for new physicians who are getting settled into their careers.The Commission on Membership and Member Services expressed concern about the inconsistencies in what chapters are able to execute based on different levels of staffing, member interest, and resources among the 55 different chapters. Many chapters already face the challenge of a lack of volunteerism among their members. They also believed that a mentorship program is in constant flux when the residents are graduating and changing each year and the new physician mentor potentially loses interest and stops volunteering. Many felt that this type of volunteer responsibility could be overwhelming for new physicians who are getting settled into their careers. Both commissions also recognized that the AAFP has a number of programs/resources in place to support residents transitioning into practice as new physicians which have likely been responsible for improving the Resident-to-Active conversion rate from 71.4% in 2010 to 76.2% in 2012. |
| **4008** | **Incentivize Physicians to Mentor Medical Students***RESOLVED, That the American Academy of Family Physicians (AAFP) explore potential ways to incentivize physician members to serve as preceptors for medical students including, but not limited to, reduced membership fees, reduced conference registration fees, and increased continuing medical education credits.*  | New Physicians | Organization & Finance | Commission on Education | Accept for information. There was some discussion regarding the need for resources to develop residents as teachers, but overall the commission agreed that decreasing the streams for non-dues revenue was not a viable option for the organization. There was discussion on how the STFM Group on Medical Student Education is monitoring preceptor incentives and some of this included direct payment, Group SAMS, certificates, recognition in AAFP publications, sports tickets, and adjunct faculty status. |
| **4009** | **Increasing NCSC Attendance***RESOLVED, That the American Academy of Family Physicians (AAFP) designate at least one of the three Annual Leadership Forum/National Conference of Special Constituencies (ALF/NCSC) reimbursed constituent chapter positions be reserved for an NCSC delegate.* | New Physicians | Organization & Finance | Commission on Membership and Member Services | Reaffirm. The commission was informed that the 2012 Congress of Delegates adopted Resolution No. 206, New Physician Board of Directors Support, introduced by the Massachusetts chapter, which asked that the AAFP make available to all constituent chapters specific funding for a new physician chapter delegate to attend NCSC.  Beginning with the 2013 NCSC, each chapter will be eligible to receive travel reimbursement funding for a chapter delegate from the New Physicians constituency in addition to the existing three travel reimbursements available for ALF or NCSC.  The commission believed that the adoption of the COD Resolution No. 206 met the intent of NCSC Resolution No. 4009 and that no further action was necessary. |
| **4010** | **Foster International Medical Graduate Leaders***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage constituent chapters to develop leadership opportunities for international medical graduates (IMGs) who are interested in leadership positions at the local, state, and federal level.* | IMG | Organization & Finance | Commission on Membership and Member Services | Reaffirm. The commission recognized that each chapter and their board of directors create and set their own priorities for the year, including leadership opportunities at the state and local level. AAFP offers chapter staff and members the opportunity to attend the Annual Leadership Forum (ALF) and the National Conference of Special Constituencies (NCSC) each year for three days of leadership training. Attendees have the opportunity to connect with other leaders from across the country, learn and develop effective leadership skills, share leadership strategies and build relationships. The commission discussed the importance of keeping International Medical Graduates (IMG’s) involved. They noted that even when they are residents, some IMGs think they are excluded from many things. The commission was in agreement that the AAFP and the chapters should also encourage IMG residents to attend the National Conference of Special Constituencies. |
| **4011** | **Expanding Information of Virtual FMIG Website to Market to International Medical Graduates***RESOLVED, That the American Academy of Family Physicians (AAFP) further develop and strengthen the existing virtual Family Medicine Interest Group (FMIG) website topics to include visa sponsorships, how to find observerships, and mentorships, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) explore collaboration with the Educational Commission for Foreign Medical Graduates to promote family medicine and AAFP resources to international medical graduates.* | IMG | Organization & Finance | Commission on Education | 1st Resolved Clause:Reaffirm.2nd Resolved Clause:Accept for information.There was discussion around the role of the ECFMG in providing specialty specific information to International Medical Students and International Medical Graduates (IMGs). The commission reviewed the current resources for members on these topics and believed they met the stated intention of the resolution. Staff plan to distribute a list of resources for IMGs during related workshops at the National Conference of Family Medicine Residents and Medical Students. Continued work by staff to direct and communicate these resources to members is encouraged. |
| **4012** | **Improve Chapter Level International Medical Graduate** **(IMG) Participation***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage a board position for resident International Medical Graduate representation at the constituent chapter level to increase resident participation in chapter affairs.* | IMG |  |  | Not adopted by the 2012 NCSC delegation. |
| **5001** | **Pharmacist Conscientious Objection***RESOLVED, That the American Academy of Family Physicians (AAFP) update the current policy on Pharmacists’ Right of Conscientious Objection to add the following: “Hence, the pharmacists’ refusal to fill a prescription must be discussed with the physician or his/her representative and the prescription returned to the patient.”* | Women; New Physicians | Practice Enhancement | Commission on Quality and Practice | Agree with modification. The commission recommended that the Board revise the current policy on Pharmacist Conscientious Objection” as follows:*The AAFP believes that a pharmacists’ right of conscientious objection should be reasonably accommodated, but to safeguard the patient-physician relationship, governmental policies must be in place to protect patients' rights to obtain legally prescribed and medically indicated treatments in a timely manner.* ***Thus, the pharmacist’s refusal to fill a prescription must be discussed with the physician (or his/her representative) and the patient, and the prescription must be returned to its source.***This recommendation would be consistent with current policy and the intent of the resolution, and it would make explicit what the AAFP believes should be the pharmacist’s obligation with respect to both the prescribing physician and the patient in such situations.  |
| **5002** | **Physician Re-Entry***RESOLVED, That the American Academy of Family Physicians (AAFP) needs to determine how many inactive family physicians there are and determine the reasons for inactivity, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) develop a very visible and easily accessible advocacy program to help family physicians with the necessary steps needed for reentry, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for curriculum development for a reentry program that can be used by many medical training programs to reduce duplication of effort, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) would actively educate federal and state politicians about the need to develop reentry opportunities for family physicians to help decrease the physician shortage problems.* | Women | Practice Enhancement |  | Not adopted by the 2012 NCSC delegation. |
| **5003** | **Increasing Life Balance for Family Physicians***RESOLVED, That the American Academy of Family Physicians (AAFP) increase awareness of life balance as an extension of the emotional well-being component of Americans In Motion – Healthy Interventions (AIM-HI) through existing avenues for education such as the Scientific Assembly, other available CME meetings, printed, and on-line educational materials for members and patients, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) place a main link on the opening webpage of aafp.org under the “Running a Practice” tab for life balance which links to all relevant existing AAFP resources holds, including articles written in Family Practice Management, AIM-HI materials, and previous CME meeting presentations.* | Women | Practice Enhancement | 1st Resolved Clause: Commission on Health of the Public and Science2nd Resolved Clause: Commission on Quality and Practice | 1st Resolved Clause:Accept for information. The Continuing Medical Education Division did not award CME credit for AIM-HI educational opportunities. There are AIM-HI resources on the role of emotional well-being in fitness and on life balance and managing your stress.2nd Resolved Clause:Accept for information. The commission agreed that aafp.org already has a number of resources on life balance that can be easily accessed through a word search. The aafp.org site is currently undergoing conversion to a new edition of its content management software. After the conversion, there will no longer be a drop down menu on the home page under the “Running a Practice” tab. The “Running a Practice” title will change to “Practice Management” and will be a static link that will take the visitor to the Practice Management page. As such, there will not be an opportunity to link from the main page under “Running a Practice” in the future. |
| **5004** | **Tax Incentives to Improve the Access of Medicaid Eligible Patients to Primary Care Providers***RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for tax incentives for family physicians who provide access to Medicaid eligible recipients.* | Minority | Practice Enhancement | Board of Directors | Agree. The staff of the Government Relations Division in Washington, DC believes this is something the AAFP could support and for which precedent exists, and the Board agrees that this is a good idea worth pursuing. Tax incentives may provide additional reasons for family physicians to see a population who have health care needs. |
| **5005** | **Thinking Outside of the Drop-Down Menu***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage electronic medical record users to expand their options for patient demographic information in keeping with the 2010 US Census definitions to better reflect cultural beliefs and ethnic identities and use interoperable terms and descriptors of culturally relevant information, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that culturally relevant information be added to data registries to increase accuracy and to better identify the needs of specific patient populations.* | Women; Minority | Practice Enhancement | Commission on Quality and Practice | Accept for information. The AAFP Center for Health IT continues to provide input to CMS and ONC regarding discrete data elements and the term/code sets used to express them in a computable manner. The commission believed that no additional action was needed by the AAFP at this time. |
| **5006** | **Reducing Barriers for Limited English Proficient (LEP) Patients***RESOLVED, That the American Academy of Family Physicians (AAFP) work with other national medical professional organizations, such as the American Medical Association, to identify evidence-based interpretation resources for health care providers who care for Limited English Proficient (LEP) patients, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for all payors to provide translation services in order to decrease language barriers and, in turn, poor access to healthcare, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) disseminate to state chapters existing model legislation that mandates interpretation and translation services for all patients.* | Minority | Practice Enhancement | 1st Resolved Clause: Commission on Health of the Public and Science2nd Resolved Clause: Commission on Quality and Practice3rd Resolved Clause: Commission on Governmental Advocacy | 1st Resolved Clause:Accept for information. The commission will develop key questions on this topic that may be submitted to the Agency for Healthcare Research & Quality (AHRQ) for an evidence review. A request for evidence review regarding the topic was submitted in September, 2013 using the following information:Translation Services Submission to AHRQ:Twenty-one million Americans are limited in English proficiency (LEP), but little is known about the effect of medical interpreter services on health care quality. One systematic literature review on the impact of interpreter services on quality of care searching five databases yielded 2,640 citations and a final database of 36 articles, after applying exclusion criteria. Multiple studies document that quality of care is compromised when LEP patients need but do not get interpreters but most physicians are not aware of the best way to provide interpretation to achieve the best outcomes. The AAFP Commission on the Health of the Public and Science (CHPS) ranked this topic as one of the top two for nomination to AHRQ. The CHPS will use the results of the evidence review to inform members and to make recommendations for clinical care. Potential Key Questions:1. Do patients with Low English Proficiency have improved health outcomes when interpreter services are used during clinical encounters? 2. Do patients with Low English Proficiency have improved satisfaction with clinical services when interpreter services are used? 3. Does one sort of interpretive service result in improved outcomes over another; for example, telephone, videoconferencing, in-person translator, family member? 4. Does the impact of interpreter services on clinical outcomes and satisfaction vary by site of care (outpatient clinic, emergency department, inpatient hospital care), or patient characteristics (age, gender)?On September 2, 2014, AHRQ staff sent notification that:“The topic*, Comparative Effectiveness of Language Interpretation*, will be addressed by an in-process AHRQ Effective Health Care Program review, *Improving Cultural Competence to Reduce Health Disparities for Priority Populations.* Given that the ongoing work will cover this nomination, no further activity will be undertaken on this topic.”2nd Resolved Clause:Accept for information. The AAFP policy titled, “Linguistically Appropriate Health Care,” does not currently advocate that payers should provide translation services. The AAFP policy does support public funding via legislation of interpreter services, and the AAFP has advocated for such with the U.S. Department of Health and Human Services and will continue to do so as opportunity presents itself. The commission believes that no additional action is needed at this time.3rd Resolved Clause:Accept for information. The commission recommended that this resolution be accepted for information because current AAFP policy reflects the importance of appropriate translation services for all patients. However, the commission had some concern about the implications of the resolution that does not address the cost of this service. The resolution simply asks that the states require translation services for patients with LEP; the AAFP policy reflects the financial problem for physician practices created by unfunded mandates. In AAFP’s policy, it is clear that the cost should not be borne by the physician. The resolution does not address who should pay for this service. The commission also discussed other related implications of a state mandate to provide translation services for patients with limited English proficiency. For example, supporting the deaf population would be another costly translation service. As states move forward with health insurance marketplace implementation, they are working out the details of programs and policies aimed at improving health care for LEP patients and their physicians. The commission recommended that the AAFP monitor these details and keep the constituent chapters informed. |
| **5007** | **Screening for Bullying Amongst Our Adolescent Patients***RESOLVED, That the American Academy of Family Physicians (AAFP) partner with the American Academy of Pediatrics (AAP) to create an updated Bright Futures™ form to include screening on bullying, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) provide resources to members to facilitate screening amongst school age patients on issues of bullying such as part of the HEADS questionnaire.* | GLBT; New Physicians | Practice Enhancement | Commission on Health of the Public and Science | There was discussion about the resolution and using the American Academy of Pediatrics (AAP) Bright Futures™ form to screen for bullying. The AAFP does not endorse Bright Futures™ since it is not evidence based.Commission members are reviewing a proposed screening tool developed by Boston Children’s Hospital as of Aug. 2013. |
| **5008** | **Health Information Exchange***RESOLVED, That the American Academy of Family Physicians (AAFP) develop a standardized letter that physicians may use, clarifying specific instances in which a patient’s signature is required under the Health Insurance Portability and Accountability Act (HIPAA) guidelines for medical information release, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) educate members on the benefits of health information exchanges (HIE) and encourage all members to participate in health information exchanges as one mechanism of improving communication between health care providers and improving patient care.* | New Physicians | Practice Enhancement | Commission on Quality and Practice | 1st Resolved Clause:Agree. AAFP Division of Practice Advancement staff will consider linking the AAFP website to the United States Department of Health and Human Services HIPAA content and creating an AAFP HIPAA FAQ sheet on the HIPAA Privacy Rule and refer physicians to their state law to assure compliance with regulations. The options may meet the need to clarify when patient signatures are required when releasing patient health information.2nd Resolved Clause:Reaffirm. The commission reaffirmed the second resolved clause and requested that the Center for HIT staff to continue the current work on educating and encouraging AAFP members to participate in HIE’s. The CHIT staff are actively involved with health information exchanges and have some information related to this on their website. In addition, they have been advocating with the state AFP chapters and encouraging members to work directly with their state chapter to participate in HIEs and obtain more information about them as the HIE’s are most often state specific. |
| **5009** | **Universal Prescription Prior Authorization Procedure***RESOLVED, That the American Academy of Family Physicians advocate with major insurance companies to develop a universal prescription prior authorization form of no more than two pages, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) develop a universal prescription authorization model form and use the AAFP’s corporate relations with major insurance companies to adopt this form, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) work with the AAFP constituent chapters to educate members on the use of the universal prescription authorization form, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) utilize their legislative contacts and any other resources to develop a standard time frame for insurance companies to respond to prior authorization requests.* | New Physicians | Practice Enhancement |  | Reaffirmed as current policy or already being addressed current projects. |
| **5010** | **Social Media Guidelines**RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the feasibility of developing guidelines or a toolkit for family physicians using social media for professional use. | New Physicians | Practice Enhancement |  | Not adopted by the 2012 NCSC delegation. |
| **5011** | **Federal Credentialing Process and International Medical Graduates***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage constituent chapters to communicate with state medical boards to accept verified credentials from Federal Credential Verification Service for the licensure process.* | IMG | Practice Enhancement | Commission on Governmental Advocacy | Accept for information. The resolution reflects experience with state medical boards minimizing credentials of family physicians who have verified credentials, as recognized by the FCVS. This occurs in states that otherwise accept FCVS recognition, presumably because the physician was trained abroad. However, the testimony to the NCSC reference committee made it clear that physicians trained in the U.S. also find the variety of state credentialing processes problematic. The commission felt that the resolution is consistent with current AAFP policy. |