2019 Agenda for the Reference Committee on Education

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Item No.	Resolution Title
1. Resolution No. 2001	Resolution to Promote Training in Office-Based Treatment of Opioid Use Disorder
2. Resolution No. 2002	Career Transition Support for Family Physicians
3. Resolution No. 2003	Enhancing Opportunities for Gender-Affirming Care in Residency
4. Resolution No. 2004	Lifestyle Medicine Education Throughout Training and Practice
5. Resolution No. 2005	Longitudinal Electronic Medical Record Training
6. Resolution No. 2006	Applied Education in Billing and Coding in Family Medicine Residency
7. Resolution No. 2007	International Medical Graduate Physician Workforce
8. Resolution No. 2008	Supporting Medical Students and Residents with Disabilities
9. Resolution No. 2009	Providing resources on how to best work with advanced practitioners
10. Resolution No. 2010	Health Care Systems, Heath Care Economics, and Health care Policy Categories for Continuing Medical Education
11. Resolution No. 2011	Transparency in AAFP Live Educational Programming
12. Resolution No. 2012	Training in Value Based Payment Model during Residency
13. Resolution No. 2013	Lactation Accommodations at American Board of Family Medicine Testing Centers
14. Resolution No. 2014	Database Development of Family Medicine Residency Program Requirements
15. Resolution No. 2015	Pathway to Critical Care Training
16. Resolution No. 2016	Advocate and Support the Importance of Residency and Fellowship Training in Maternity Care

Resolution NO. 2001

Resolution to Promote Training in Office-Based Treatment of Opioid Use Disorder

Submitted by: Alex Mroszczyk-McDonald, MD, New Physicians
Tess Lang, MD, New Physicains
Joseph Nichols, MD, MPH, FAAFP, General Registrant

WHEREAS, the opioid epidemic now results in nearly 2000 deaths from overdose in the United States each month. and

WHEREAS, more than 2 million persons in the United States now have an opioid use disorder, and

WHEREAS, the use of medications, particularly methadone and buprenorphine, has been shown to be safe and effective in suppressing illicit opioid use, improving physical and mental wellbeing, and reducing all cause and overdose mortality, and

WHEREAS, only about 6% of approximately 1 million physicians in the United States have taken an 8-hour training required for prescribing buprenorphine, which is now widely available for free online, and

WHEREAS, in nearly half of counties in the United States, there is not a single physician authorized to prescribe buprenorphine, and

WHEREAS, 77% of residency program directors in family medicine, internal medicine and psychiatry report that residents frequently manage patients with opioid use disorder, yet only 23% report that their program encourages/requires obtaining the waiver needed to pr, and

WHEREAS, residency training in buprenorphine treatment is one of the strongest predictors of buprenorphine provision for early career family medicine physicians, now, therefore, be it

RESOLVED, that the American Academy of Family Physicians urge the Accreditation Council on Graduate Medical Education (ACGME) to require all residents in clinical specialties to take a course on the appropriate use of buprenorphine and other medications approved by the US Food and Drug Administration (FDA) for the treatment of opioid use disorder prior to the end of the second year of training, and be it further

RESOLVED, That the American Academy of Family Physicians urge the Accrediation Council on Graduate Medical Education (ACGME) to require that all core faculty in residency training programs in clinical specialties apply for and receive the waiver needed to prescribe buprenorphine, prior to January 1, 2021, and be it further

RESOLVED, That this resolution be sent to CoD.

Resolution NO. 2002

Career Transition Support for Family Physicians

Submitted by: Maresi Berry-Stoelzle, MD, IMG
Preciosa Pacia-Rantayo, MD, IMG
Nicholas Bird, MD, IMG
Jemelle Jacala-Tadian, MD, IMG
Edmund Ang, MD, IMG

WHEREAS, There is a shortage of family physicians in the United States, and

WHEREAS, there is a high burnout rate for mid-career physicians in clinical practice leading to the loss of experienced providers in critical areas, and

WHEREAS, a March 2019 survey indicated a burnout rate of 43.9%, suggesting an increasing future risk, and

WHEREAS, there are natural transitions in the career of family physicians as their community and patients change, and

WHEREAS, there is a lack of resources for mid-career family physicians looking to adapt their clinical practice to reflect these changing patient and provider needs, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians should investigate the development of a toolkit for mid-career transitions, with the focus of retaining physicians in clinical practice.

Resolution NO. 2003

Enhancing Opportunities for Gender-Affirming Care in Residency

Submitted by: Allison Myers, MD, MPH, LGBT
Anna McMahan, MD, LGBT
Amanda Meegan, DO, LGBT
James Conniff, MD, New Physicians
Chelsea Unruh, MD, LGBT
Shannon Bentley, MD, LGBT
Stephanie Ho, MD, General Registrant
Nicole Chaisson, MD, Women

WHEREAS, Family physicians are trained to treat people of all genders across their lifespan including transgender and gender non-binary individuals, and

WHEREAS, gender-affirming care is lifelong care that falls within the scope and training of family physicians, and

WHEREAS, the Report of the 2015 United States Transgender Survey found that 33% of respondents had a negative experience with a healthcare provider in the past year, and 24% who had to teach their provider about transgender people, and

WHEREAS, the American Academy of Family Physicians has comprehensive Curriculum Guidelines for Family Medicine Residents "Lesbian, Gay, Bisexual, Transgender Health," and

WHEREAS, these guidelines have not been widely read, implemented, and integrated into residency curriculum around the country, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians update and strengthen the recommended Curriculum Guidelines for Family Medicine Residents "Lesbian, Gay, Bisexual, Transgender Health" section titled Knowledge 9.g to read "Comprehensive understanding of gender-affirming treatment options (medical and non-medical) are in the scope of family physicians without specialist consult based on informed consent and patient-centered care models", and be it further

RESOLVED, That the American Academy of Family Physicians advocate for family medicine residencies to actively include transgender health care in their curriculum, specifically promoting and marketing the Lesbian, Gay, Bisexual, Transgender Health Family Medicine Residency Curriculum Guidelines that already exist, in particular marketing and promoting these guidelines at the annual AAFP Program Directors' Workshop, and be it further

RESOLVED, That the American Academy of Family Physicians write a letter to the Association of Family Medicine Residency Directors advocating for the inclusion of gender-affirming care as part of family medicine residency training.

Resolution NO. 2004

Lifestyle Medicine Education Throughout Training and Practice

Submitted by: Wesley Eichorn, DO, New Physicians
Kevin Bernstein, MD, MMS, FAAFP, General Registrant
Rosalie Cassidy, MD, General Registrant
Sarah Ledger, DO, Women
Stuti Nagpal, MD, FAAFP, General Registrant
Lisa Nguyen, MD, New Physicians
Alex Mroszczyk-McDonald, MD, New Physicians

WHEREAS, Four healthy lifestyle factors: never smoking, maintaining a healthy weight, exercising regularly, and following a healthy diet, together appear to be associated with as much as an 80 percent reduction in the risk of developing the most common diseases, and

WHEREAS, the Bipartisan Policy Center has called for improving medical education and training in topics such as nutrition and physical activity that have an important role to play in the prevention and treatment of obesity and chronic diseases, and

WHEREAS, many physicians and other healthcare providers are not adequately trained in nutrition and physical activity and other lifestyle components in a way that could mitigate disease development and progression, and

WHEREAS, in a report from 2010, only 25% of medical schools surveyed required a dedicated nutrition course (down from 30% in 2004) and only 27% of schools surveyed met the minimum 25 required hours of nutrition instruction set by the National Academy of Sciences (down from 38% in 2004), and

WHEREAS, patients advised to quit smoking by their physicians are 1.6 times more likely to quit than patients not receiving physician advice, however most smokers do not receive this advice when visiting their physicians, and

WHEREAS, just 34% of United States adults reported exercise counseling at their last medical visit, and

WHEREAS, in a study of internal medicine physicians, less than half reported confidence in knowledge of local exercise facilities, American College of Sports Medicine guidelines, and behavior modification techniques, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support legislation that incentivizes and/or provides funding for the inclusion of lifestyle medicine education in medical school education, graduate medical education, and continuing medical education, including but not limited to education in nutrition, physical activity, behavior change, sleep health, tobacco cessation, alcohol use reduction, emotional wellness, and stress reduction.

Resolution NO. 2005

Longitudinal Electronic Medical Record Training

Submitted by: Anne Toledo, MD, New Physicians
Jennifer Higa, DO, General Registrant
Dawn Drumm, MD, General Registrant
M. Monjur Alam, MD, New Physicians

WHEREAS, The American Academy of Family Physicians (AAFP) specifies that non-clinical topics including practice management qualifies as Continued Medical Education (CME), and

WHEREAS, the AAFP policy on Electronic Health Records (EHR) states that every family physician should leverage health information technology, and

WHEREAS, physician trainees report documentation workload as a barrier to optimal patient care, and

WHEREAS, 'too much paperwork' is cited as a leading cause of burn-out in physician practice, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support dedicated electronic health record training outside of clinical time, and be it further

RESOLVED, that the American Academy of Family Physicians recommend employers differentiate between experienced and inexperienced electronic health record users and provide trainings in accordance with experience level, and be it further

RESOLVED, that the American Academy of Family Physicians recommend employers provide follow up electronic health record (EHR) training separate from scheduled patient appointments at least several months after a provider's initial orientation to improve use of EHR, efficiency, and decrease burnout, and be it further

RESOLVED, that the American Academy of Family Physicians (AAFP) support the use of electronic health record (EHR) training as continuing medical education hours and that the AAFP offer EHR training during state and national conferences.

Resolution NO. 2006

Applied Education in Billing and Coding in Family Medicine Residency

Submitted by: Laura Nietfeld, MD, New Physicians
Dawn Drumm, MD, General Registrant
Sumedh Mankar, DO, MPH, General Registrant
M. Monjur Alam, MD, MHA, New Physicians

WHEREAS, Medical students are persuaded to select specialties based on potential earnings, and

WHEREAS, accuracy of billing is often tied to direct financial compensation, and

WHEREAS, all practicing physicians must be in compliance with the Centers for Medicare and Medicaid Services standards of billing and coding, and

WHEREAS, residency programs have variable education in billing and coding and in practice management rotations, and

WHEREAS, applied coaching and feedback is critical to learning skills, and

WHEREAS, the American Academy of Family Physicians has developed Recommended Curriculum Guidelines for Family Mediciane Residents Health Systems Management AAFP Reprint No 290C, now, therefore, be it

RESOLVED, That American Academy of Family Physicians strongly recommend that family medicine residencies offer applied education in person (with preceptor or professional coders) in billing and coding, and be it further

RESOLVED, That the next update of the American Academy of Family Physicians practice management curriculum guidelines include that residency annual billing and coding workshops emphasize an applied component of billing and coding, and be it further

RESOLVED, That the American Academy of Family Physicians offer an applied billing and coding workshop at the National Conference of Family Medicine Residents and Medical Students.

Resolution NO. 2007

International Medical Graduate Physician Workforce

Submitted by: Timothy Yu, MD, IMG
Viviane Sachs, MD, IMG
Oksana Marroquin, MD, IMG
Leslie Griffin, MD, MPH, IMG
Tamer Said, MD, General Registrant
Brenainn flanagan, MD, IMG
Maria Colon-Gonzalez, MD FAAFP, Minority

WHEREAS, 12, 355 international medical graduates (IMGs) participated in the 2017 National Resident Matching Program (The Match), and

WHEREAS, IMGs provide care in many of the nation's poorest and most rural communities, and

WHEREAS, the number of non-United States citizen IMGs who participated in the Match declined for the third consecutive year in 2018, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians explore alternative pathways and options for physicians who have passed U.S. Medical Licensing Examination and graduated from United States (US) and non-U.S. medical school to deliver care under the supervision of a licensed family physician, and be it further

RESOLVED, That the American Academy of Family Physicians support International Medical Graduate physicians to practice under a licensed family physician under a the assistant physician model, and be it further

RESOLVED, That the American Academy of Family Physicians develop this tract for these physicians with the exception for them to continue to pursue family medicine residency training.

Resolution NO. 2008

Supporting Medical Students and Residents with Disabilities

Submitted by: Moira Rashid, MD, General Registrant
Carrie Pierce, MD, Women
Angeline Ti, MD, MPH, New Physicians
Carrie McClean, MD, New Physicians

WHEREAS, The Americans with Disabilities Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity, and

WHEREAS, physician diversity improves care for underserved populations, while 20% of Americans live with disabilities, only 2% of practicing physicians do, and

WHEREAS, Accreditation Council for Graduate Medical Education supports systems of care and learning environments that facilitate fatigue mitigation for residents and fellows, and

WHEREAS, medical students and residents face discrimination and barriers in training posed by technical standards for medical education and obtaining accommodations; a 2016 study found that most medical school's technical standards do not support provision of reasonable accommodations for students with disabilities as intended by the ADA, and

WHEREAS, the American Academy of Family Physicians 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, and

WHEREAS, trainees with disabilities and mental health are more likely to be perceived as lazy or not fulfilling their residential duties, and do not always receive the support they need to complete training, and

WHEREAS, family physicians have a moral, ethical and professional imperative to call out ableism in our profession, in our communities, and in ourselves, and

RESOLVED, That the American Academy Family Physicians support and affirm the rights of medical students and residents with disabilities throughout their education and training, and be it further

RESOLVED, That the American Academy Family Physicians supports funding for research to better understand the needs of medical students and physicians with disabilities, and be it further

RESOLVED, That the American Academy Family Physicians send a letter to the Association of American Medical Colleges and Accreditation Council for Graduate Medical Education asking them to redefine the technical standards and core competencies in medical education at the undergraduate and graduate levels to more effectively accommodate medical students and residents with disabilities.

Resolution NO. 2009

Providing resources on how to best work with advanced practitioners

Submitted by: Megan Guffey, MD, MPH, FAAFP, Women
Kristen Newsom, MD, Women
Anna Marie Hailey-Sharp, MD, Women

WHEREAS, Advanced practitioners are becoming a larger and larger part of the practice of family medicine, and

WHEREAS, advanced practitioners have different levels of independence in different states, and

WHEREAS, family physicians have different levels of experience in working with advanced practitioners, and

WHEREAS, the American Academy of Family Physicians currently has general guidelines on working with advanced practitioners, but nothing specific, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians work with the appropriate commission to create a session at the Family Medicine Experience on best practices on working with advanced practitioners including but not limited to, best practice models, payment models, amount of chart review, patient co-management strategies, education, delineated roles and responsibilities, and patient selection, and be it further

RESOLVED, That the American Academy of Family Physicians send a letter to the editorial board of *Family Practice Management* journal asking for a special issue on best practices for family medicine physicians to perform advanced practitioner management.

Resolution NO. 2010

Health Care Systems, Heath Care Economics, and Health care Policy Categories for Continuing Medical Education

Submitted by: Ean Bett, MD, New Physicians
Andrew Parad, MD, LGBT
Laura Kaplan-Weisman, MD, LGBT
Anita Ravi, MD, New Physicians
Richard Bruno, MD, General Registrant
Rupal Bhingradia, MD, General Registrant
Roma Anim, MD, Minority
Nicholas Bird, MD, IMG
Jemellee Jacala-Tadian, MD, IMG

WHEREAS, In 2018 the American Academy of Family Physicians (AAFP) passed a resolution (Resolution No. 502) to include educational content pertinent to health care systems, economics, and financing in educational materials and national lectures, and

WHEREAS, without an appropriate category these topics are subject to decreased submissions and increased rejections, and

WHEREAS, the education of AAFP members has been impeded by there not being an appropriate category to submit lecture ideas, now, therefore, be it

RESOVLED, That the American Academy of Family Physicians add the continuing medical education (CME) category “Health Care Systems, Health Care Economics, and Health Care Policy” to help facilitate the development of online educational materials and facilitate CME lectures at the National Conference for Constituency Leaders, National Conference of Family Medicine Residents and Students, Family Medicine Experience, and other educational platforms for 2020 and beyond, and be it further

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

Resolution NO. 2011

Transparency in AAFP Live Educational Programming

Submitted by: Brent Sugimoto, MD, FAAFP, LGBT
Benjamin Silverberg, MD, MSc, FAAFP, LGBT
James Conniff, MD, New Physicians

WHEREAS, The American Academy of Family Physicians live programming needs an appropriate breadth to serve the educational needs of a membership that cares for all patients, including marginalized populations, and

WHEREAS, calls for continuing education proposals may list topics, but solicited topics do not necessarily reflect the final programming of a live educational event, and

WHEREAS, unsolicited proposals have an opaque process and timeline, and

WHEREAS, it may be difficult for membership to assess the proportion of themes and topics in final programming, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians publish proportions and/or total number of presentations categorized by explicit theme (e.g., LGBT, women's health, pediatrics, etc.).

Resolution NO. 2012

Training in Value Based Payment Model during Residency

Submitted by: Sumedh Mankar, DO, MPH, FCAPM, General Registrant
M. Monjur Alam, MD, MHA, New Physicians
Anne Toledo, MD, New Physicians
Dawn Drumm, MD, General Registrant

WHEREAS, Alternative Payment Models (APM) and Value Based Payment (VBP) is being adopted by the Centers of Medicare and Medicaid Services (CMS) and health insurance agencies in the United States, and

WHEREAS, most academic centers and healthcare delivery organizations are still operating in a fee-for-service model, and

WHEREAS, resident physicians may not be adequately prepared to integrate APM or VBP into their practices, and

WHEREAS, The American Academy of Family Physicians has excellent resources online to help family physicians understand APM and VBP, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians send a letter to the Review Committee for Family Medicine to formally teach Value Based Payment Model in Residency Training, and be it further

RESOLVED, That the American Academy of Family Physicians encourage Value Based Payment Model educational tracks at the National Conference for Family Medicine Residents.

Resolution NO. 2013

Lactation Accommodations at American Board of Family Medicine Testing Centers

Submitted by: Cadey Harrel, MD, General Registrant
Marty Player, MD, LGBT
Michelle Quiogue, MD, General Registrant
Marty Lu, MD, Minority

WHEREAS, The American Board of Family Medicine currently requires women who are lactating to provide a doctor's note to request break time for expressing breast milk during the national family medicine board examination, and

WHEREAS, the availability of standard conditions at the testing centers for expressing breastmilk during this exam do not exist, and

WHEREAS, women represent approximately roughly 50% of the population, innately have the ability to lactate and the expertise to know whether they are lactating, and lactation has major health implications for both mother and child, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians write a letter to the American Board of Family Medicine requesting thay they eliminate the need for a physician's note documenting lactation for a physician mother to have protected break time during her family medicine board examination and, be it further

RESOLVED, That the American Academy of Family Physicians include in a letter to the American Board of Family Medicine a request that all testing centers have adequate designated locations for breastmilk expression and secure breast pump storage.

Resolution NO. 2014

DATABASE DEVELOPMENT OF FAMILY MEDICINE RESIDENCY PROGRAM REQUIREMENTS

Submitted by: Ladona Schmidt, MD, IMG
Maria Novella Papino, MD, IMG
Tobe Momah, MD, IMG
Olusola Adegoke, MD, MPH, IMG

WHEREAS, There is a shortage of primary care physicians with a projected 100,000 physician shortage by 2030, and

WHEREAS, there is a limited awareness of family medicine residency program requirements including visa requirements, years post graduation allowed to apply, and clinical experience in the United States, and

WHEREAS, international medical graduates have difficulty accessing information on United States family medicine program requirements, and as a result are recommended to apply to more than a hundred programs at great cost to them, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians collaborate with Family Medicine programs in the United States to create and update a database that comprehensively stipulates what each family medicine residency program requires per applicant in terms of visa sponsorship, years post-graduation of medical school allowed to apply, and how much U.S. clinical experience is required amongst other requirements, and be it further

RESOLVED, That the American Academy of Family Physicians improve visibility to links with FREIDA™, the American Medical Association Residency and Fellowship Database®, in order to educate United States based and international medical graduate applicants on family medicine residency requirements.

Resolution NO. 2015

Pathway to Critical Care Training

Submitted by: Megan Mahowald, MD, Women
Nicole Shields, MD, Women

WHEREAS, A great number of family medicine physicians are currently practicing hospital medicine and nearly 50% treat patients in an intensive care unit (ICU), and

WHEREAS, there is a shortage of critical care physicians in the United States, predominantly in rural and underserved areas, and

WHEREAS, the American Academy of Family Physicians believes that qualified physicians should be granted privileges in special/critical care units based on documented training and/or experience, demonstrated abilities and current competence, and

WHEREAS, critical care fellowships and eligibility for the board certification is currently limited to physicians from internal medicine, emergency medicine, obstetrics and gynecology, surgery, neurology, and anesthesia, and

WHEREAS, there is currently no pathway for family medicine physicians to pursue further training through a critical care fellowship or attain board certification through the American Board of Internal Medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians collaborate with the American Board of Internal Medicine (ABIM) to allow family medicine physicians to sit for ABIM Critical Care Board Exam which will, in turn, make family medicine physicians eligible to attend critical care fellowships.

Resolution NO. 2016

Advocate and Support the Importance of Residency and Fellowship Training in Maternity Care

Submitted by: Shannon Bentley, MD, LGBT
Katherine Patterson, MD, LGBT
Brenainn Flanagan, MD, IMG
Ivonne McLean, MD, General Registrant

WHEREAS, Since the inception of family medicine as a speciality in 1969 maternity care has always been included in Family Medicine Residency training, and

WHEREAS, American College of Obstetricians and Gynecologists (ACOG) projects that by 2030 there will be a nationwide shortage of 9000 obstetricians and gynecologists further supporting the need for commitment of the American Academy of Family Physicians to maternity care in residency/fellowship education as well as in practicing physicians, and

WHEREAS, the report from nine Maternal Mortality Review Committees confirms that "most pregnancy-related deaths are preventable and highlights key opportunities for prevention," and

WHEREAS, given the unique training of family medicine physicians, we are well equipped and prepared to address current alarming trends predicting maternity care provider shortages in the future and the rise of maternal/infant morbidity and mortality in the United States, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate to prevent residency and fellowship training in maternity care from being reduced or displaced by obstetricians and gynecologists residencies in current residency and fellowship training sites, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to support these current residency and fellowship training sites as resources of leadership and mentorship in Family Medicine Maternity Care training, and be it further

RESOLVED, That a Certificate of Added Qualification be evaluated for maternity care in the future.