**Summary of Actions:**

**2014 National Conference**

**of Special Constituencies**

2014 Resolutions

**To sort by constituency, select the entire table; click on “layout tab”; click on “sort” in the data group; sort by “constituency” or column 3.**

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| ***Res.***  ***No.*** | ***Title and Resolved*** | ***Consti-tuency*** | ***Reference Committee*** | ***Referrals*** | ***Action*** |
| **1001** | **Oppose Targeted Regulation Against Abortion Providers (TRAAP Laws)**  *RESOLVED, That the American Academy of Family Physicians support chapter efforts that oppose legislation that imposes on abortion providers unnecessary requirements that infringe on the practice of evidence-based medicine, and be it further*  *RESOLVED, That the American Academy of Family Physicians oppose national legislation that imposes unnecessary requirements on abortion providers, reducing doctors’ ability to provide evidence-based and patient-centered care, and be it further*  *RESOLVED, That the American Academy of Family Physicians support federal legislation that allows physicians to provide safe, evidence-based, and effective abortion services, and be it further*  *RESOLVED, That the American Academy of Family Physicians make a formal statement opposing legislation that imposes unnecessary requirements on abortion providers which infringe on the practice of evidence based medicine.* | Women, Minority, New Physicians, GLBT | Advocacy | Board of Directors | 1st, 2nd, & 4th Resolved Clauses:  Reaffirm. These pieces of legislation seek to govern the physician/patient relationship and practice of medicine through the action of non-physicians. The AAFP has consistently stated that medical decision making should be restricted to physician and patient. The Board believes this resolution is an extension of existing AAFP policy to protect the physician/patient relationship as well as policy against criminalization of medical practice.  3rd Resolved Clause:  Accept for information. |
| **1002** | **Expanded Use of Naloxone**  *RESOLVED, That the American Academy of Family Physicians support the implementation of programs that allow first responders and non-medical personnel to possess and administer naloxone in emergency situations, and be it further*    *RESOLVED, That the American Academy of Family Physicians support the implementation of policies that allow licensed providers to prescribe naloxone in all forms to patients using opioids or other individuals in close contact with the patient.* | New Physicians | Advocacy | Commission on Health of the Public & Science | Accept for information. The AAFP policy titled, “Substance Abuse and Addiction”, contains a section on prevention of overdose deaths that supports educating the lay public about early recognition and treatment of overdoses, including improved access to naloxone for management of overdoses.  The policy is located at <http://www.aafp.org/about/policies/all/substance-abuse.html>. |
| **1003** | **Slowing Down the 2015 Meaningful Use Criteria**  *RESOLVED, That the American Academy of Family Physicians strongly encourage the Office of the National Coordinator of Health Information Technology to consider a more incremental approach to implementation of future Meaningful Use criteria.* | Women | Advocacy | Board of Directors | Reaffirm. The subject of meaningful use has been addressed by the Board of Directors on multiple occasions over the last 12 months and its position is well expressed. |
| **1004** | **Access to Your Physician Under the Affordable Care Act (ACA)**  *RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of local family physician practices in the state and federal health care exchange networks.* | Women | Advocacy | Commission on Governmental Advocacy | Reaffirm. The commission determined that this is current policy of the AAFP and that the AAFP is already engaged in promoting family physician practices in health insurance marketplace networks and in seeking patient determination of preferred physician practices in these marketplaces. |
| **1005** | **Medicaid Coverage for Specialty Care by Dentists and Podiatrists**  *RESOLVED, That the American Academy of Family Physicians advocate for dental coverage for Medicaid recipients regardless of age, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate for podiatry coverage for all Medicaid recipients regardless of age.* | GLBT | Advocacy | Commission on Governmental Advocacy | 1st Resolved Clause:  Reaffirm. The commission members described their concerns with taking care of patients with complex conditions, like diabetes, and the value of working collegially with other specialists and health care professionals, like podiatrists and dentists, in the treatment of these patients. It was noted that the AAFP already has policy on beneficiaries’ access to appropriate benefits covered by insurance products available on the federal and state health insurance exchanges, including access to dental care regardless of age.  2nd Resolved Clause:  Accept for information. The AAFP does not have specific policy on access to podiatrists. Scope of practice for podiatrists and the practice of podiatry are typically a concern for AAFP because podiatrists are not physicians and increasingly are advocating for expanded scope of practice in the U.S. Commission members felt that access to podiatrists was not really an issue of coverage but of podiatrists’ reluctance to take Medicaid patients. The commission members believe additional study is needed. |
| **1006** | **Care and Safety of Transgender Inmates**  *RESOLVED, That the American Academy of Family Physicians advocate for access to, and coverage of, transgender treatments consistent with best practice guidelines while patients are within the correctional system, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate for the safety of transgender patients within the correctional system, and be it further*  *RESOLVED, That the American Academy of Family Physicians send a letter to the Federal Bureau of Prisons (BOP) asking that transgender patients receive care according to best practice guidelines and that the BOP work to guarantee the safety of transgender individuals.* | GLBT | Advocacy | Commission on Health of the Public & Science | Tabled by the commission pending additional information. Update to be provided after May, 2015 meeting of the CHPS. |
| **1007** | **Prohibit Rapist’s Rights to Offspring Conceived through Rape**  *RESOLVED, That the American Academy of Family Physicians formulate a policy which condemns a rapist’s rights to custody and/or visitation right of offspring conceived through rape, and be it further*  *RESOLVED, That the American Academy of Family Physicians support all efforts to create legislation prohibiting a rapist’s ability to sue for custody and/or visitation rights of their offspring conceived through rape.* | GLBT, Women | Advocacy | 1st Resolved Clause: Commission on Health of the Public & Science  2nd Resolved Clause: Commission on Governmental Advocacy | 1st Resolved Clause:  Tabled by the commission pending additional information. Update to be provided after May, 2015 meeting of the CHPS.  2nd Resolved Clause:  Agree with modification. The CGA recommended the following to the Board of Directors:   * That the AAFP should disseminate evidence-based research among federal policy makers regarding violence as a social determinant of health as a basis for preventing violence and responding to sexual assault victims. * That the AAFP should collaborate with medical associations, advocates, and policy makers to inform federal policy regarding rapists’ rights to offspring conceived through rape.   The commission noted that this is an emotional and controversial topic.  Currently, federal legislation exists to provide funding incentives to states that have laws allowing mothers of children conceived through rape to seek court-ordered termination of the parental rights of the rapist. These states would receive federal grant funding for programs authorized under the federal *Violence against Women Act* (VAWA). Currently, 31 states have no custodial rights protections for mothers of children conceived in rape.  The commission members also noted that the federal government has limited jurisdiction in the prosecution of rape and the legal consequences of the crime; therefore, this is mostly an issue for states and their judicial systems. Since the AAFP does not dictate policy to its chapters, the commission examined other steps that the AAFP could take to support this resolution. |
| **1008** | **Guaranteed Paid Maternity Leave**  *RESOLVED, That the American Academy of Family Physicians lobby for public policy mandating guaranteed, paid parental leave for a minimum of 8 weeks, following the live birth or adoption of a child.* | Women, New Physicians | Advocacy | Commission on Governmental Advocacy | Accept for information. The commission discussed the resolution and agreed that it involves very complex questions. Current federal law, the *Family and Medical Leave Act* (FMLA), offers limited unpaid leave to certain eligible employees. It was first introduced in the Congress in 1984 and enacted in 1993. Subsequently, supporters of the FMLA revised it to win the support of small businesses and others who were concerned that the mandate would be costly to employers and result in job losses. While they noted the many benefits of family leave, especially in the process of mother and child bonding, the commission members agreed that this particular labor law issue is not in line with the current strategic objectives of the AAFP. |
| **1009** | **Employment Non-Discrimination**  *RESOLVED, That the American Academy of Family Physicians create a comprehensive policy statement on employment non-discrimination to address job opportunity and security as a social determinant of health, making it consistent with current AAFP policy, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate in favor of federal legislation for employment non-discrimination to address job opportunity and security as a social determinant of health.* | GLBT | Advocacy | 1st Resolved Clause: Commission on Health of the Public & Science  2nd Resolved Clause: Commission on Governmental Advocacy | 1st Resolved Clause:  Reaffirm. The AAFP policy, "Social Determinants of Health", addresses this issue.  The policy is located at  <http://www.aafp.org/about/policies/all/social-determinants.html>.  2nd Resolved Clause:  Reaffirm. The commission discussed the impact of the social determinants of job opportunity and security on health. It was noted that this resolution was essentially referring to the situation experience by lesbian, gay man, bisexual, and transgender individuals, since in most states they are denied protection from employment discrimination. The commission thought that the AAFP had appropriate policy and is already addressing these issues. |
| **1010** | **Include Male Contraception in the Affordable Care Act**  *RESOLVED, That the American Academy of Family Physicians advocate that the United States Department of Health and Human services amend the list of preventive services to include all contraceptive services, regardless of gender, including vasectomy, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate that the United States Preventive Services Task Force review the evidence and provide recommendations of preventive services to include all contraceptive services for patients, regardless of gender, including vasectomies.* | Women, New Physicians, Minority, GLBT | Advocacy | 1st Resolved Clause: Commission on Governmental Advocacy  2nd Resolved Clause: Commission on Health of the Public & Science | 1st Resolved Clause:  Accept for information. The commission members noted that this issue is addressed in the 2014 Congress of Delegates Resolution No. 605.  Action taken on Res. No. 605 was a recommendation to the Board of Directors that the AAFP communicate with the appropriate agencies urging inclusion of male contraceptive services on the list of preventive services provided under the *Affordable Care Act*.  2nd Resolved Clause:  Agree with modification. The commission will recommend the topic of contraceptive services to the U.S. Preventive Services for an evidence review. |
| **2001** | **Support of Miscarriage Management Training in Family Medicine Residencies**  *RESOLVED, That the American Academy of Family Physicians (AAFP) review existing evidence regarding the effectiveness of primary prevention efforts directed at potential sexual assault perpetrators and, if the evidence is supportive, then the AAFP explore creating an educational toolkit for the screening and prevention of sexual assault aimed at potential perpetrators.* | Women, New Physicians, Minority | Education |  | Not adopted by the 2014 National Conference of Special Constituencies. |
| **2002** | **Dental Health Training and Collaboration**  *RESOLVED, That the American Academy of Family Physicians partner or collaborate with established dental health training programs to increase dental health education for family physicians.* | Women | Education |  | Reaffirmed by the 2014 National Conference of Special Constituencies. |
| **2003** | **Certification/Reciprocity Standards for Family Medicine Residency Training Done Outside the United States**  *RESOLVED, That the American Academy of Family Physicians work with the American Board of Family Medicine (ABFM) and other certifying bodies to investigate an alternate pathway to family medicine certification that may include a shortened period of United States residency for physicians who are already trained and certified in family medicine in other countries.* | IMG | Education | Commission on Education | Accept for Information. The ABFM offers reciprocity for certification for candidates from certain countries. The ABPS also offers certification for family physicians trained in international medical schools but required ACGME, AOA or CFPC accredited residency in family practice. In addition, such certification/reciprocity agreements are outside the purview of the AAFP. |
| **2004** | **Feasible Loan Repayment for Medical Student Debt**  *RESOLVED, That the American Academy of Family Physicians further explore options to alleviate the burden of medical student debt to encourage medical student interest in family medicine.* | Women | Education | Commission on Education | Agree. The commission acknowledged the AAFP’s current governmental advocacy and educational efforts around medical student debt, personal finance, and support of financial incentives for medical students to choose and practice primary care, including support of the NHSC and advocacy to lower interest rates and protect and extend loan deferment and repayment for residents. Discussed at length were limitations in understanding by most medical students of the potential financial lifestyle available for family physicians, acknowledging the dichotomy between legislative and policy messaging that says that debt is a real problem for family physicians, and messaging to students that says that income as a family physician is sufficient to offset educational debt and provide a comfortable financial lifestyle. The commission agrees that more work can be done on these issues and cited potential stakeholders, target audiences, key messaging, and resources that could be developed. |
| **2005** | **We Deliver Babies**  *RESOLVED, That the American Academy of Family Physicians explore options with the United States Department of Health and Human Services Health Resources and Services Administration (HRSA) and others to investigate ways to promote and advocate for training family physicians to provide full spectrum care, including obstetrics with an emphasis on providing rural and underserved care.* | Women, Minority | Education | Commission on Education | Accept for information. The Family Medicine for America’s Health (FMAH) project is thoroughly addressing scope of practice issues for family medicine, and the work is focusing on the role of primary care in all settings including rural and underserved areas. The changes in the Review Committee for Family Medicine (RC-FM) program requirements set a minimum level of competency in maternity care. Residency programs may set their own expectations for training at any level above that minimum competency. In addition, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) was not involved in training family physicians or in advocating and promoting such training. |
| **2006** | **Hospitalist Continuing Medical Education (CME) Resources**  *RESOLVED, That the American Academy of Family Physicians provide a hospital medicine track at a future AAFP Assembly meeting.* | IMG | Education | Commission on Continuing Professional Development | Reaffirm. A “hospitalist track” is already under consideration for the 2015 Family Medicine Experience (formerly AAFP Assembly) meeting. |
| **2007** | **Expanding Transgender Education for Family Physicians**  *RESOLVED, That the American Academy of Family Physicians (AAFP) write a letter of support to the editorial board of the American Family Physician indicating the need for an update to the articles regarding the primary care of the transgender population.* | GLBT | Education | Executive Vice President for appropriate staff referral | Agree. A letter was sent in March, 2015, to the editor of *American Family Physician* journal requesting that it consider featuring updated information to help members provide optimal clinical care for transgender patients. |
| **2008** | **Increase Awareness of the American Academy of Family Physicians’ Efforts to Recruit Minority Students to Family Medicine**  *RESOLVED, That the American Academy of Family Physicians will promote programs designed to increase underrepresented minorities in medical schools to its members through the state chapters via the Chapter Executive listserv and similar methods of communication, and be it further*  *RESOLVED, That the American Academy of Family Physicians will explore opportunities for incentivizing its members to participate in programs designed to increase underrepresented minorities in medical school.* | Minority | Education | Commission on Education | Reaffirm. The commission acknowledged the importance of diversity in medicine and the key role AAFP members can play in engaging students in their communities to help them consider medical and family medicine careers. Some of the existing resources provided by the AAFP to foster these connections were recently developed and promoted to AAFP members and chapters, including the new Doctors Back to School program, which was announced and promoted through ChexMix in January, 2014. Promotion of this program and related resources were also shared via other communication tools and will continue to be part of the AAFP regular communication throughout the lifecycle of the program. Additionally, potential incentives for physicians was discussed to use these programs and engage with their communities, and specifically discussed was that family physicians can already claim this type of work for CME credit and can earn points toward their AAFP Degree of Fellow. Also discussed were potential incentives to recognize physicians who engage and encourage students underrepresented in medicine to pursue medical careers, including a possible award for these efforts. |
| **2009** | **Improving Post-Traumatic Stress Diseases Screening in the Child and Adolescent Population**  *RESOLVED, That the American Academy of Family Physicians increase public and member awareness of signs and symptoms regarding post-traumatic stress disorder (PTSD) and behavioral changes in child and adolescent age group, and be it further*  *RESOLVED, That the American Academy of Family Physicians explore validated electronic screening tools specific to children and adolescents for post-traumatic stress disorder (PTSD).* | Minority | Education | 1st Resolved Clause: Commission on Continuing Professional Development  2nd Resolved Clause: Commission on Health of the Public & Science | 1st Resolved Clause:  Laterally referred to Commission on Health of the Public & Science. To be addressed at May, 2015 CHPS meeting.  2nd Resolved Clause:  Agree with modification. The commission will recommend the topic of post-traumatic stress disorder to the Agency for Healthcare Research and Quality for review. |
| **2010** | **Development of a Gay, Lesbian, Bisexual, Transgender Health Care Maintenance of Certification Self-Assessment Module**  *RESOLVED, That the American Academy of Family Physicians, in conjunction with the American Board of Family Medicine, promote the development of a maintenance of certification/self-assessment module regarding gay, lesbian, bisexual, and transgender health care.* | GLBT | Education | Commission on Continuing Professional Development | Accept for information. The commission is able to convey this resolution to the ABFM and to encourage the ABFM to consider it, but the AAFP has no authority to mandate that they include specific educational topics in their Maintenance of Certification program. At this point, ABFM does not have a process that allows inter-organizational collaboration to create Part II Self-Assessment Lifelong Learning (SAM) modules. |
| **2011** | **Creation of Resources to Aid Physicians in Caring for Patients with Physical and/or Intellectual Disabilities**  *RESOLVED, That the American Academy of Family Physicians explore the development of resources to educate and aid family physicians in the sensitive care of individuals with physical and intellectual disabilities.* | GLBT, Minority | Education | Commission on Continuing Professional Development | Accept for information. Faculty who develop AAFP-provided CME activities related to these topics are expected to address the needs of many diverse patient populations. |
| **3001** | **Education Concerning Social Determinants Affecting Health**  *RESOLVED, That the American Academy of Family Physicians explore options to better educate the membership on the social determinants affecting health status, such as education, income, housing, racial and ethnic inequities, transportation, and environment.* | GLBT | Health of the Public & Science | Commission on Health of the Public & Science | Agree with modification. The commission will engage with the Commission on Continuing Professional Development to review mechanisms that highlight and incentivize participation in continuing medical education that addresses the role of social determinants of health in individual patient care as well as managing population health. |
| **3002** | **Promote Emergency Contraception (EC) that is Effective Regardless of Body Mass Index (BMI)**  *RESOLVED, That the American Academy of Family Physicians request the United States Food and Drug Administration include labeling that oral levonorgesteral is less efficacious at a body mass index (BMI) >25 and ulipristal acetate is ineffective for emergency contraception at a BMI >35.* | Women, GLBT | Health of the Public & Science | Commission on Health of the Public & Science | To be addressed by the commission at a later date. Update to be provided after May, 2015 meeting of the CHPS. |
| **3003** | **Universal Affordable High Quality Preschool Education**  *RESOLVED, That American Academy of Family Physicians create a policy that supports the establishment, promotion, and improvement of funding for universal affordable high-quality preschool education for all children in the United States, and be it further*  *RESOLVED, That the American Academy of Family Physicians support the efforts of state chapters to establish and promote universal affordable high quality preschool education for all children in the United States, and be it further*  *RESOLVED, That the American Academy of Family Physicians send a letter to the United States Department of Education explaining the importance of the effects of universal preschool education on the health of children and communities.* | New Physicians | Health of the Public & Science | Commission on Health of the Public & Science | Accept for information. There is no national standard on what constitutes quality preschool education. |
| **3004** | **Locally Grown Foods in Schools**  *RESOLVED, That the American Academy of Family Physicians School Nutrition Policy be amended to include that the AAFP advocate for the promotion of locally grown foods in schools.* | Minority, New Physicians, Women | Health of the Public & Science | Commission on Health of the Public & Science | Agree with modification with recommendation to the Board of Directors. The commission recommends to the Board of Directors the revision of two existing policy statements by creating a combined policy on healthy eating options in schools. |
| **3005** | **Supporting the Development of Education Materials Regarding the Recreational Use of Marijuana Based on Scientific Evidence**  *RESOLVED, That the American Academy of Family Physicians (AAFP) develop patient-centered educational materials regarding the use of recreational marijuana based on scientific evidence.* | Women | Health of the Public & Science |  | Not adopted by the 2014 National Conference of Special Constituencies. |
| **3006** | **Support Modification of the Ban on Men Who Have Sex with Men Blood & Organ Donation**  *RESOLVED, That the American Academy of Family Physicians write a letter to the Federal Drug Administration and the Health & Human Services Advisory Committee on Blood and Tissue Safety and Availability supporting the modification of the lifetime deferral for men who have sex with men in regards to the donation of human cells, blood, tissues, organs and cellular- and tissue-based products.* | GLBT | Health of the Public & Science | Commission on Health of the Public & Science (**lead**) AND Commission on Governmental Advocacy | Tabled by the Commission on Health of the Public & Science and Commission on Governmental Advocacy until medical evidence can be reviewed. Update to be provided after May, 2015 meeting of the CHPS and CGA. |
| **3007** | **Health Impact of Gentrification on Minority Communities**  *RESOLVED, That the American Academy of Family Physicians request that the Robert Graham Center: Policy Studies in Family Medicine and Primary Care and other research entities investigate how the process of gentrification impacts the health outcomes of minority populations.* | Minority, Women | Health of the Public & Science | Commission on Health of the Public & Science | Accept for information. Funding would be required for a study. |
| **3008** | **Raising the Minimum Wage**  *RESOLVED, That the American Academy of Family Physicians release a public statement in support of raising the federal minimum wage to keep up with inflation, in order to help reduce health disparities, and be it further*  *RESOLVED, That the American Academy of Family Physicians lobby Congress to pass legislation to raise the federal minimum wage to keep up with inflation, in order to help reduce disparities in health, and be it further*  *RESOLVED, That this resolution be referred to the AAFP Congress of Delegates.* | Women, Minority | Health of the Public & Science | Commission on Governmental Advocacy and Commission on Health of the Public and Science | May, 2014: The Commission on Membership and Member Services determined that the resolution did not meet the specified criteria to be sent to the Congress of Delegates for consideration. They stated that the resolution seemed vague and that, due to the timeliness of the issue, the resolution seemed better suited to be routed to the Board of Directors for action.  Reaffirm. The Commission on Governmental Advocacy and Commission on Health of the Public and Science are working together on a position paper to be presented to the Board of Directors for consideration at its July, 2015 meeting. |
| **3009** | **Medicaid and Medicare Coverage for United States Preventive Services Task Force and Advisory Committee on Immunization Practices Recommended Services**  *RESOLVED, That a resolution be brought to the American Academy of Family Physicians Congress of Delegates that the AAFP advocate for the Centers for Medicare & Medicaid Services to fully cover all United States Preventive Services Task Force and Advisory Committee on Immunization Practices recommended preventive services, and be it further*  *RESOLVED, That a resolution be brought to the American Academy of Family Physicians Congress of Delegates that the AAFP advocate for the Centers for Medicare & Medicaid Services to fully cover the cost of United States Preventive Services Task Force and Advisory Committee on Immunization Practices recommended preventive services.* | GLBT | Health of the Public & Science | Commission on Health of the Public & Science | Tabled by the commission pending additional information. Update to be provided after May, 2015 meeting of the CHPS. |
| **3010** | **Promoting Annual Wellness Visits for Women: You’re More than Just a Cervix**  *RESOLVED, That the American Academy of Family Physicians (AAFP) work to promote patient education regarding benefits of an annual wellness visit for women, including counseling on a healthy lifestyle and minimizing risk factors, age-appropriate screening, vaccinations, and maintenance of relationship with a physician; regardless of their need for cervical cancer screening.* | Women | Health of the Public & Science |  | Not adopted by the 2014 National Conference of Special Constituencies. |
| **4001** | **Gender Equity in Healthcare**  *RESOLVED, That the American Academy of Family Physicians policy, “Gender Equity on Prescription Drug and Diagnostic Testing Coverage”, be amended to say: Employers and health plans should not discriminate by actual or perceived gender in the provision of health care benefits including a) prescription drugs and devices, b) elective sterilization procedures ~~and~~ c) diagnostic testing, and d) medically indicated surgical procedures. These benefits should be covered under the same terms and conditions as other prescription drugs, devices, elective surgeries, ~~and~~ diagnostic testing, and medically indicated surgical procedures. (2002) (2011 COD)* | GLBT | Organization & Finance | Commission on Quality & Practice | Agree with modification with recommendation to the Board. The commission discussed this resolution and determined that the name of the policy also would need to be changed to reflect the changes in the content. |
| **4002** | **Resolution to Improve Payment Equity for Family Physicians**  *RESOVED, That the American Academy of Family Physicians encourage chapters to identify local resources for physician employment contract negotiation and make them available to members.* | New Physicians | Organization & Finance | Commission on Membership & Member Services | Accept for information. The commission noted that chapters are encouraged to identify local resources for employed physician contract negotiation each year. The annual chapter webinar covering the results of the Membership Satisfaction Survey highlights the need for contract negotiation resources. The information is posted on the chapter staff section of AAFP.org. The needs of employed physicians have also been the focus of several ACLF sessions. Chapters vary in their ability to provide resources to members due to the capacity of the chapter. AAFP staff will continue to encourage chapters to provide information on contract negotiation to members. |
| **4003** | **The Formation of a Family Physician Compensation Database**  *RESOLVED, That the American Academy of Family Physicians research and provide to members data on physician compensation broken down by (at minimum) region, compensation model, and practice type.* | Minority | Organization & Finance | Commission on Quality & Practice | Agree with modification. Staff was asked to explore if MGMA gives a discount to their members for the Physician Compensation and Production Survey Report and if a discount could be extended to AAFP members. MGMA has been contacted about this possibility, but have not achieved a discount yet.  Staff was further directed to post the AAFP's Practice Profile Survey data on physician compensation to the contract negotiation portion of the AAFP website. That can be found at <http://www.aafp.org/practice-management/payment/contracts.html>.  Staff reported they have purchased the latest Physician Compensation and Production Survey Report from MGMA and are willing to share the information with any members that inquire. Information to that effect can be found on the AAFP website at <http://www.aafp.org/practice-management/payment/contracts/mgma.html>. |
| **4004** | **Developing Patient Centered Medical Home Leadership Skills for Physicians**  *RESOLVED, That the American Academy of Family Physicians and its subsidiaries (including TransforMED) will explore and develop online, interactive tools as well as live continuing medical education courses to promote and facilitate family physicians in leadership positions within the patient centered medical home.* | New Physicians | Organization & Finance |  | Reaffirmed by 2014 National Conference of Special Constituencies. |
| **4005** | **Increasing Awareness and Interest in Family Medicine as a Specialty Amongst International Medical Graduates through National Conference of Family Medicine Residents and Medical Students**  *RESOLVED, That the American Academy of Family Physicians offer a networking session for International Medical Graduates at National Conference of Family Medicine Residents and Medical Students.* | IMG | Organization & Finance | Commission on Education | Agree with modification.  *RESOLVED, That the AAFP offer a networking session for international medical school students and IMGs at National Conference.*  These modifications are not at odds with the intent of the resolution in that it includes an equally abundant and appropriate NC audience (international medical students). Due to the fact that the Subcommittee on National Conference Planning considered two resolutions of a similar nature put forth by two different member constituencies (minority and IMG), it would be appropriate to discuss offering a networking time frame open to all member constituencies and possibly member interest groups at future National Conferences. This sentiment was echoed by the Commission on Membership and Member Services. |
| **4006** | **The Importance of Advocates for Physicians with Disabilities**  *RESOLVED, That the American Academy of Family Physicians direct the Commission on Membership and Member Services to explore a cost-effective method to gather membership data regarding physicians who self-identify as disabled.* | GLBT, Minority, Women, New Physicians, IMG | Organization & Finance | Commission on Membership & Member Services | Accept for information. Given the opportunity for AAFP members with disabilities to create a member interest group (MIG) dedicated to their specific interests and needs and self-select themselves as members of such a MIG, the commission recommended that the resolution be accepted for information. The commission asked staff to notify the resolution authors and attendees at the 2015 National Conference of Constituency Leaders of the option to create a “Physicians with Disabilities” MIG and also to provide suggestions for additional ways to reach out to other disabled members. |
| **4007** | **Family Physicians Know You Are More Than Your Vagina**  *RESOLVED, That the American Academy of Family Physicians incorporate into existing campaigns actions to educate patients and communities that family physicians provide comprehensive women’s health care.* | Minority, Women | Organization & Finance |  | Reaffirmed by 2014 National Conference of Special Constituencies. |
| **4008** | **Acknowledging Religious Diversity**  *RESOLVED, That the American Academy of Family Physicians does not conduct organized, sectarian prayers or invocations during its public meetings.* | GLBT, Women | Organization & Finance | Board of Directors | Reaffirm. Although current policy specifically states that invocations at the beginning of the Congress of Delegates and AAFP Assembly should "reflect tolerance and diversity," it does not exclude invocations. Some members of the Board expressed the belief that this resolution tries to prohibit "organized, sectarian prayers or invocations" during its [the AAFP] public meetings and could be extremely divisive and contentious for our members, many of whom are of a religious or spiritual bent within their belief system. Rather than sending a negative message by accepting it for information, the Board reaffirms the resolution as existing policy of the AAFP. |
| **5001** | **Standardization Of Performance Metrics**  *RESOLVED, That the American Academy of Family Physicians establish a policy that performance measures be standardized across regulatory organizations and certification boards, and be it further*  *RESOLVED, That the American Academy of Family Physicians work with the appropriate regulatory organizations to standardize performance measures in primary care with the involvement of AAFP family physicians.* | New Physicians | Practice Enhancement |  | Reaffirmed by the 2014 National Conference of Special Constituencies. |
| **5002** | **Patients Before Paperwork**  *RESOLVED, That the American Academy of Family Physicians formulate a set of standardized tools, such as form letters or other electronic resources, that can be readily accessed and utilized to help physicians effectively and efficiently respond to third-party request forms including, but not limited to, prior authorization requests and formulary changes.* | New Physicians | Practice Enhancement | Commission on Quality & Practice | Accept for information. The commission felt that prior authorizations contribute to physician burnout. However, they also felt that implementing 2014 COD Resolution 305 (<http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2014/2014%20Summary%20of%20Actions.pdf>) on prior authorizations for prescriptions would have a stronger impact to reduce CMS and third-party requests. For this reason, CQP agreed to accept the resolution for information. |
| **5003** | **Not Everyone Needs a Brace**  *RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicaid and Medicare Services in an effort to reduce inappropriate and wasteful distribution of durable medical equipment (DME).* | New Physicians | Practice Enhancement | Commission on Quality & Practice | Reaffirm. AAFP already has policy and has taken action consistent with the intent of the resolution. Further AAFP action was anticipated in response to a proposed rule published by CMS. It was not apparent that any other policy or action is needed to fulfill the intent of the resolution beyond what is already done or anticipated.  The CQP Executive Committee agreed to place on the commission's February, 2015 meeting agenda for discussion the matter of how the AAFP can advocate eliminating the administrative burden of family physicians authorizing durable medical equipment and similar requirements. AAFP staff is acting on suggestions made by the commission during its subsequent discussion in February, 2015. |
| **5004** | **Socioeconomic-Based Risk Adjustment Of Performance Measures**  *RESOLVED, That the American Academy of Family Physicians investigate the appropriateness of incorporating socioeconomic-based risk adjustment in performance measures and act accordingly with advocacy efforts.* | New Physicians | Practice Enhancement |  | Reaffirmed by the 2014 National Conference of Special Constituencies. |
| **5005** | **Uniform Quality Measure Panels**  *RESOLVED, That the American Academy of Family Physicians should develop a set of uniform quality measures, and be it further,*  *RESOLVED, That the American Academy of Family Physicians encourage various federal, state, and private agencies to adopt our uniform primary care quality measure panels.* | IMG | Practice Enhancement |  | Not adopted by the 2014 National Conference of Special Constituencies. |
| **5006** | **Proposal for Further Research into the Relationship Between Patient Experience Surveys and Physician Quality Metrics**  *RESOLVED, That the American Academy of Family Physicians advocate for research that would identify the correlation between the quality of care and patient satisfaction and experience before it is linked to reimbursement and the public reporting of physician performance on these surveys.* | IMG | Practice Enhancement | Commission on Quality & Practice | Accept for information. The commission agrees that further research investigating the link between patient experience and health outcomes would be beneficial. However, because of strategic priorities, set research calendars, and funding limitations, research efforts of the National Research Network or the Robert Graham Center cannot be directed toward this topic currently. Staff will share the resolution with the National Research Network and the Robert Graham Center staff to consider when determining future strategic priorities, as well as funding and research opportunities. Additionally, staff will continue to identify and review relevant research as it’s published. |
| **5007** | **AAFP Support of Part-Time Physicians**  *RESOLVED, That the American Academy of Family Physicians create resources dedicated to part-time physician practice, such as but not limited to educational articles about the logistics of part-time practice, an online community of support for physicians in part-time practice to connect with each other, and information about negotiating contracts for part-time physicians.* | Women | Practice Enhancement | Commission on Quality & Practice (**lead**) AND Commission on Membership & Member Services | Agree. Some CQP members felt that more support should be given to members who decide to work part-time. Opportunities to support members who choose to work part-time were discussed. The commission asked that staff determine an appropriate way to provide more support to these members.  NOTE: This content will be added to the FMX sessions in Denver.  The CMMS noted that the AAFP provides access to a number of resources for physicians interested in part-time practice. AAFP has offered employment negotiation sessions during the last two year’s Assemblies and for the 2015 Family Medicine Experience (FMX), formerly known as Assembly, the CME session will include Dr. Amy Mullins, AAFP’s Medical Director for Quality Improvement providing practical advice including what factors she negotiated when she chose to practice part-time. Family Practice Management (FPM) has a number of articles listed in the "Practicing Part-Time" section of the "Choosing or Changing a Career Path" topic collection. Even though some of this advice comes from earlier editions of FPM, the advice in the articles and through Practice Pearls it is still very relevant and helpful for those physician members choosing to practice on a part-time basis. The AAFP also provides a link to “Explorations in Work/Practice Options,” which is the result of a joint project of the American Academy of Pediatrics and the American Medical Association-Women Physicians Section. Members interested in or currently engaged in part-time practice also have the opportunity to create a member interest group (MIG) to facilitate the sharing of ideas/resources. Staff will notify the resolution authors and  attendees at the 2015 National Conference of Constituency Leaders of the option to create a Part-Time  Physicians MIG. |
| **5008** | **Increasing Access to Physicians for Medicaid Recipients**  *RESOLVED, That the American Academy of Family Physicians advocate federally to make permanent the Medicaid – Medicare payment parity that is scheduled to end at the end of 2014, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate federally for incentive programs to increase the number of primary care and sub-specialty physicians providing care to Medicaid-insured patients, and be it further*  *RESOLVED, That the American Academy of Family Physicians provide resources and support for state chapters to advocate on the state level for incentives and other programs to increase the number of primary care and sub-specialty physicians providing care to Medicaid-insured patients.* | GLBT | Practice Enhancement | Commission on Governmental Advocacy | Reaffirm. The commission noted that the AAFP has advocated for extension of the enhanced Medicaid payment for primary care since before the implementation of this provision of the *Affordable Care Act*. This is demonstrated by the variety of [letters, statements, and resource documents](http://www.aafp.org/advocacy/informed/payment/parity.payment.0.payment_parity.html), including the [Medicaid Parity Attestation Checklist](http://www.aafp.org/content/dam/AAFP/documents/advocacy/payment/parity/Medicare-Parity-Checklist.pdf), [Medicaid Parity Fact Sheet](http://www.aafp.org/content/dam/AAFP/documents/advocacy/payment/parity/ES-FactSheetMedicareParity-111312.pdf), and Executive [Summary of Payments for Primary Care Services with Parity In Medicare](http://www.aafp.org/content/dam/AAFP/documents/advocacy/payment/parity/ES-MedicaidPayments.pdf) housed on the Advocacy section of the AAFP.org website. The AAFP also launched a number of targeted [Speak Out campaigns](http://grassroots.aafp.org/aafp/app/bill/434423) targeted at members in higher-paying Medicaid states asking them to tell their stories about what the enhanced payment has meant for their practices and encouraging them to contact their federal legislators about signing on to the *Ensuring Access to Primary Care for Women and Children Act* (S. 2694) legislation in 2014. The AAFP’s chapters also were sent individual reports and letters containing state-specific data and the implications of ending the enhanced Medicaid payments when they expired in December 2014. Many of the chapters sent these reports and data to their federal and state legislators to advocate for extension of the enhanced Medicaid payments.  The AAFP has lobbied aggressively at the federal level, both independently and as part of primary care physician coalitions, and the AAFP chapters have advocated at the state level for continuation of this payment. Therefore, the commission decided that the resolution reflected current AAFP policy. |
| **5009** | **Identification of Patients Who Opt Out of Quality Metrics**  *RESOLVED, That the American Academy of Family Physicians (AAFP) encourage private and public insurances to explore methods to identify patients who opt-out of quality metrics and remove them for purposes of calculations.* | GLBT, Women | Practice Enhancement |  | Not adopted by the 2014 National Conference of Special Constituencies. |
| **5010** | **Healthcare Information Exchange: Advocating For Enhanced Electronic Health Record Interoperability**  *RESOLVED, That the American Academy of Family Physicians engage in discussions with Accountable Care Organizations health systems and electronic health record companies to further the creation of robust interoperability between electronic health record companies across the nation.* | GLBT | Practice Enhancement | Commission on Quality & Practice | Accept for information. Promoting the continued establishment of effective interoperability among electronic health records (EHR) and other health IT applications remains a priority of the AAFP despite the fact that it represents an extremely challenging goal. The AAFP currently advocates for advancing interoperability through our letters, public comments, and individual interactions with the staff in the Office of the National Coordinator (ONC) and in our ongoing discussions with commercial technology vendors. We also have advocated to the Electronic Health Records Association (EHRA) on the need for more interoperability. We also continue the tradition of pushing the standards development process through our work in the Direct Project and Direct Trust. The plan is to continue with these efforts to drive advanced interoperability among all health IT applications. |
| **5011** | **Implementation of Health Insurance Portability and Accountability Act Confidential Communications Provision**  *RESOLVED, That the American Academy of Family Physicians create a legally appropriate and Health Insurance Portability and Accountability Act (HIPAA) compliant confidential communications request form in print and electronic form that is accessible from the AAFP website, and be it further*  *RESOLVED, That the American Academy of Family Physicians distribute information regarding this privacy provision and compliant confidential communications request (CCR) form to its members, and also distribute this information and CCR form to chapter leadership for education of its members and access to the form on the chapters' websites, and be it further*  *RESOLVED, That the American Academy of Family Physicians and its constituent chapters encourage members to provide assistance to the patient in completing this form when the patient is unable to do so.* | GLBT | Practice Enhancement | Commission on Quality & Practice | Agree. The commission agreed with this resolution and will create a legally appropriate and HIPAA-compliant CCR form in print and electronic form that is accessible from the AAFP website; distribute information regarding this CCR form to AAFP members and chapter leadership; and encourage members to provide assistance to patients in completing this form, when the patient is unable to do so. |