2017 Consent Calendar for the Reference Committee on Education

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

1 **The Reference Committee on Practice Enhancement has considered each of the items**
2 **referred to it and submits the following report. The committee's recommendations on each**
3 **item will be submitted as a consent calendar and voted on in one vote (page numbers**
4 **indicate page in reference committee report). An item or items may be extracted for debate.**
5
6 **RECOMMENDATION: The Reference Committee on Education recommends the following**
7 **consent calendar for adoption:**
8
9 **Item 1:** Adopt Substitution Resolution No. 2001: "Addressing the Burden of Indirect Patient Care
10 on Physician Well-Being" in lieu of Resolution No. 2001 (pp. 1-2).
11
12 **Item 2:** Not Adopt Resolution No. 2002: "Family Medicine Residency Education Involving Nurse
13 Practitioners and Physician Assistants" (p. 2).
14
15 **Item 3:** Adopt Substitute Resolution No. 2003: "Maternal Mortality in the United States" in lieu of
16 Resolution No. 2003 (pp. 2-3).
17
18 **Item 4:** Adopt Resolution No. 2004: "J-1 Visa Waiver Program Hour Requirements Make
19 Hospitalist Positions Unattainable" (p. 3).
20
21 **Item 5:** Adopt Substitute Resolution No. 2005: "LGBT Healthcare Education" in lieu of Resolution
22 No. 2005 (pp. 3-4).
23
24 **Item 6:** Adopt Substitute Resolution No. 2006: "Paid Parental Leave Policy Survey and Resources"
25 in lieu of Resolution No. 2006 (p. 4-5).
26
27 **Item 7:** Adopt Substitute Resolution No. 2007: "Promoting Family Medicine to Middle, High School,
28 and College Students Who Are Members of Populations Underrepresented in Medicine" in lieu of
29 Resolution No. 2007 (p. 5).
30
31 **Item 8:** Adopt Substitute Resolution No. 2008: "International Medical Graduates Advocacy" in lieu
32 of Resolution No. 2008 (p. 6).
33
34 **Item 9:** Adopt Substitute Resolution No. 2009: "Collaborative Efforts in Addressing the Opioid
35 Epidemic in the Minority Population" in lieu of Resolution No. 2009 (p. 6-7).
36
37 **Item 10:** Reaffirm Resolution No. 2010: "The Family Medicine Report to CMS" (p. 7).
38
39 **Item 11:** Resolution No. 2011: "Family Planning Education During Medical School" (p. 7).
40
41 **Item 12:** Adopt Substitute Resolution No. 2012: "Long-acting Reversible Contraception (LARC) in
42 Practice" in lieu of Resolution No. 2012 (pp. 7-8).

43 **Item 13:** Adopt Substitute Resolution No. 2013: "Increase Percentage of Women's Reproductive
44 Health Topics at AAFP FMX and at the National Conference for Family Medicine Residents and
45 Medical Students" in lieu of Resolution No. 2013 (pp. 8-9).
46
47 **Item 14:** Adopt Substitute Resolution No. 2014: "Implementation of Sexual Orientation and Gender
48 Identity Data Collection" (p. 9).

2018 Report of the Reference Committee on Education

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

The Reference Committee on Education has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

ITEM NO. 1: RESOLUTION NO. 2001: ADDRESSING THE BURDEN OF INDIRECT PATIENT CARE ON PHYSICIAN WELL-BEING

RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy in keeping with the AAFP position paper on "Physician Burnout," recognizing that indirect patient care is as important as direct patient care and that physician schedules reflect this, regardless of insurance reimbursement, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for increased hours allowing for family physicians to complete indirect patient care within the employed physician's typical work day, and be it further

RESOLVED, That the American Academy of Family Physicians adopt a policy recognizing that work done outside of typical working hours and infringing on personal time no longer be acceptable, and be it further

RESOLVED, That the American Academy of Family Phsicians lobby for adequate time for all patient care to be completed in order to improve work-life balance and reduce burnout for physicians so as to ensure an adequate primary care workforce.

The reference committee heard testimony, including from an author, in support of this resolution, about the value of non-face-to-face cognitive work that physicians perform and the need to recognize this as part of work hours to support work-life balance for physicians. It was recognized that the AAFP has placed importance on the issue of physician burnout through its Physician Health First initiative. To acknowledge work already being done by the AAFP, the committee decided to combine the resolved clauses and recommend a substitute.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2001, which reads as follows, be adopted in lieu of Resolution No. 2001:

RESOLVED, That the American Academy of Family Physicians adopt a policy recognizing that indirect patient care is an important part of patient care and a component in burnout due to physician work/life imbalance, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for adequate time for both direct and indirect patient care to be completed, to improve work-life balance.

ITEM NO. 2: RESOLUTION NO. 2002: FAMILY MEDICINE RESIDENCY EDUCATION INVOLVING NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

RESOLVED, That the American Academy of Family Physicians perform a survey to residents to determine the level of interaction, instruction and/or supervision of physician assistant and nurse practitioner educators for family medicine residents during residency.

The reference committee heard limited support for adoption of this resolution though some of the testimony for the resolution did not reconcile with the language in the resolved clause. The reference committee believed that confusion about the purpose of the survey would create ambiguity for the AAFP in preparing an adequate survey instrument if it were to be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 2002 not be adopted.

ITEM NO. 3: RESOLUTION NO. 2003: MATERNAL MORTALITY IN THE UNITED STATES

RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation Council for Graduate Medical Education (ACGME) to increase training in prepregnancy care, interpregnancy care, and complications of maternity care that have been shown to contribute to maternal mortality, and, be it further

RESOLVED, That the American Academy of Family Physicians advocate to relevant stakeholders for evidence-based measures shown to decrease maternal mortality and morbidity, such as access to contraception, access to doulas and labor support, health insurance coverage for all pregnant and postpartum women, and programs to address social determinants of health, and, be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) develop a curriculum in implicit bias and reproductive justice principles for presentation at state and national AAFP Continuing Medical Education Programs to combat discrimination and bias, and, be it further

RESOLVED, That the American Academy of Family Physicians support and advocate for legislative initiatives to fund research to further understand and address both the high rate and disparities of maternal mortality in the United States.

The reference committee heard testimony from authors in support for this resolution. While there is a belief this issue has been addressed, data shows that with a maternal morbidity and mortality rate as one of the worst world-wide, there is room for improvement. One person noted that racism and sexism likely contributed to the high infant mortality rate where she practices. The reference committee recommended the first resolved clause be adoped because they agreed it was an important topic and could be addressed via changes to the core accreditation of residency programs. The second resolved clause was substituted because evidence for the interventions listed was lacking. The third resolved clause was substituted to acknowledge that the AAFP does provide education on implicit bias, but could enhance it with reproductive justice principles. The fourth resolved clause was substituted to acknowledge that there are other organizations the AAFP could work with to further legislative initiatives.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2003, which reads as follows, be adopted in lieu of Resolution No. 2003:

> **RESOLVED, That the American Academy of Family Physician advocate to the Accreditation Council for Graduate Medial Education (ACGME) to increase training in prepregnancy care, interpregnancy care, and complications of maternity care that have been shown to contribute to maternal mortality, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians advocate for evidence-based measures shown to decrease maternal mortality and morbidity, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians (AAFP) enhance its curriculum on implicit bias to include reproductive justice principles for presentation at state and national AAFP continuing medical education programs to combat discrimination and bias, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians support and collaborate on legislative initiatives to fund research to further understand and address both the high rate and disparities of maternal mortality in the United States.**

ITEM NO. 4: RESOLUTION NO. 2004: J-1 VISA WAIVER PROGRAM HOUR REQUIREMENTS MAKE HOSPITALIST POSITIONS UNATTAINABLE

> RESOLVED, That the American Academy Family Physicians advocate for flexibility in the 40-hour per week requirement for J-1 visa waivers to an average of 40 hours per week requirement, for those who apply for nontraditional positions, such as hospitalist positions.

The reference committee heard limited and favorable testimony in support of expanding the current AAFP policy for J-1 Visa to better support alternative career tracks for family physicians such as hospitalist medicine and emergency medicine. The reference committee heard testimony that indicated some hospitalist positions do not have a classic 40-hour work week schedule. As a result, some communities and care settings are experiencing workforce shortages because they are unable to employ physicians with a J-1 Visa. The reference committee agreed with the testimony presented.

RECOMMENDATION: The reference committee recommends that Resolution No. 2004 be adopted.

ITEM NO. 5: RESOLUTION NO. 2005: LGBT HEALTHCARE EDUCATION

> RESOLVED, That the American Academy of Family Physicians promote education on appropriate contraceptive therapy for lesbian, gay, bisexual, transgender patients, and be it further
>
> RESOLVED, That the American Academy of Family Physicians promote education on appropriate gender-affirming hormone therapy for transgender patients, and be it further
>
> RESOLVED, That the American Academy of Family Physicians promote education on appropriate gender-affirming surgical care for transgender patients, and be it further

RESOLVED, That the American Academy of Family Physicians promote education on appropriate psychological and support services for lesbian, gay, bisexual and transgender individuals.

The reference committee heard limited unanimous support of adoption for this resolution. In both comments the members mentioned the struggles that their patients within rural and underserved areas have within the lesbian, gay, bisexual, and transgender community (LGBT) in seeking medical care. The reference committee reviewed the resolutions' education requests and compared them with the education provided by the AAFP. Additional information was provided to the reference committee about past education that was provided on this subject matter and upcoming scheduled education in the future. It was determined that AAFP already has much of this education provided in the current continuing medical education and planned for future AAFP events. Both gender-affirming hormone therapy education and care for transgender patients will be scheduled for Family Medicine Experience (FMX) 2018 and 2019 and post event via FMX on demand. Education on psychological and support services within the LGBT community was presented at the 2017 FMX focused on adolescent population. The reference committee believed that this was sufficient as the author did not specify the type of education. Areas where education was limited to the scope of request was contraception therapy specific for the LGBT community. Therefore, the reference committee determined that the first resolved clause should be adopted to fulfill this specific request of the authors. Resolved clauses two through four are current policy since education already was available or scheduled.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2005, which reads as follows, be adopted in lieu of Resolution No. 2005:

RESOLVED, That the American Academy of Family Physicians promote education on appropriate contraceptive therapy for lesbian, gay, bisexual, and transgender patients.

ITEM NO. 6: RESOLUTION NO. 2006: PAID PARENTAL LEAVE POLICY SURVEY AND RESOURCES

RESOLVED, That the American Academy of Family Physicians conduct a survey of its active members regarding current parental leave contractual agreements, and be it further

RESOLVED, That the American Academy of Family Physicians provide the information from a parental leave policy survey of its Active members as a resource to help family physicians negotiate employment contracts/work environment solutions leading to a healthier and financially viable work life balance for physicians with expanding families, and be it further

RESOLVED, That the American Academy of Family Physicians support 12 weeks fully paid leave for primary caregivers for a newly born or adopted child and support an optional extension leave as partially paid or unpaid leave up to six months.

The reference committee heard testimony in favor of the resolution noting the value of paid leave in mitigating burnout of family physicians and supporting work-life balance. Members of the reference committee agreed with the resolution's intentions and to make the information from the survey known to American Academy of Family Physicians (AAFP) members to aid them in negotiation of future employment contracts. The members of the reference committee also learned that the AAFP submitted a letter to the U.S. Congress in April 2018 in support of paid leave policies. As such, the reference committee reaffirmed the third resolved clause as current AAFP policy.

RECOMMENDATION: The reference committee recommends that Substitution Resolution No. 2006, which reads as follows, be adopted in lieu of Resolution No. 2006:

> **RESOLVED, That the American Academy of Family Physicians conduct a survey of its active members regarding current parental leave contractual agreements, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians provide the information from a parental leave policy survey of its Active members as a resource to help family physicians negotiate employment contracts/work environment solutions leading to a healthier and financially viable work life balance for physicians with expanding families, and be it further**

ITEM NO. 7: RESOLUTION NO. 2007: PROMOTING FAMILY MEDICINE TO MIDDLE, HIGH SCHOOL, AND COLLEGE STUDENTS WHO ARE MEMBERS OF POPULATIONS UNDERREPRESENTED IN MEDICINE

> RESOLVED, That the American Academy of Family Physicians (AAFP) work with the AAFP Foundation to create a new initiative to engage middle and high school student populations who are underrepresented in family medicine in programs that may promote interest in the specialty, and be it further
>
> RESOLVED, That the American Academy of Family Physicians amend the policy, "Medical Schools, Minority and Women Representation in Medicine", to broaden its position on stimulating interest in medical careers among minorities and women to specifically include middle school, high school, and college age students.

The reference committee heard testimony for this resolution from several members, including an author. It was acknowledged that creating a pipeline program might alleviate the physician shortage in family medicine and that there were many existing programs supported by local communities. It was noted that the AAFP Foundation and the AAFP were separate entities, and as such, the AAFP could not direct the Foundation. The reference committee also was concerned about which populations were included in the term *minorities*. The first resolved clause was substituted to reflect the Foundation as a separate entity and to reflect existing work and policy. The second resolved clause was substituted to replace the less specific term *minority* with the phrase "populations underrepresented in medicine," since some minority populations are well represented in medicine.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2007, which reads as follows, be adopted in lieu of Resolution No. 2007:

> **RESOLVED, That the American Academy of Family Physicians (AAFP) invite the AAFP Foundation to collaborate in current and future initiatives to engage middle and high school student populations who are underrepresented in family medicine in programs that may promote interest in the specialty, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians amend the policy, "Medical Schools, Minority, and Women Representation in Medicine," to broaden its position on stimulating interest in medical careers among populations underrepresented in medicine to specifically include middle school, high school, and college age students.**

ITEM NO. 8: RESOLUTION NO. 2008: INTERNATIONAL MEDICAL GRADUATES ADVOCACY

RESOLVED, That the American Academy of Family Physicians supports and protects medical students, residents, and fellows in family medicine training under a J-1 and H1-B Visa, and be it further

RESOLVED, That the American Academy of Family Physicians routinely assess the number of international medical graduates members, their country of origin, and who among them are on H-1B and J-1 visas, and be it further

RESOLVED, That the American Academy of Family Physicians amend its current position on the J-1 Visa Waiver Program to include an exception to support the retention of physicians in training and practicing in the United States. from countries in unrest and war, and be it further

RESOLVED, That the American Academy of Family Physicians create a form letter for international medical graduates members stating they are a physician in good standing, which can be used during immigration proceedings to help facilitate their visa application.

The reference committee heard limited testimony in support of the resolution. The reference committee believes the resolution's language was vague making three of the four resolved statements difficult for the AAFP to implement. For example, it was unclear what specific action would constitute "supports and protects." In another instance, the reference committee had difficulty identifying what might constitute a country experiencing "unrest." Lastly, the reference committee came to understand that the AAFP is not positioned to evaluate whether any of its physicians are "in good standing" except for eligibility for membership in the AAFP.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2008, which reads as follows, be adopted in lieu of Resolution No. 2008.

RESOLVED, That the American Academy of Family Physicians (AAFP) conduct a needs assessment of international medical graduate members with an aim to help the AAFP better understand the unique needs of these members, particularly implications related to members H1B and J-1 visas.

ITEM NO. 9: RESOLUTION NO. 2009: COLLABORATIVE EFFORTS IN ADDRESSING THE OPIOID EPIDEMIC IN THE MINORITY POPULATION

RESOLVED, That the American Academy of Family Physicians develop an awareness campaign to educate physicians and physicians-in-training of the gaps in treatment in the minority population, and be it further

The reference committee heard testimony in favor of this resolution, citing how minority populations have suffered disproportionately in the opioid epidemic. The reference committee was also supportive and recommended adoption of the second and third resolved clauses with no changes and amending the first resolved clause to include the term "for opioid addiction", because it was not included in the original submission.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2009, which reads as follows, be adopted in lieu of Resolution No. 2009:

1 **RESOLVED, That the American Academy of Family Physicians develop an awareness**
2 **campaign to educate physicians and physicians-in-training of the gap in treatment**
3 **for opioid addiction in the minority population, and be it further**
4
5 **RESOLVED, That the American Academy of Family Physicians educate members on**
6 **best practice and collaborative efforts which are effective in the treatment of opioid**
7 **misuse and abuse in the minority population, and be it further**
8
9 **RESOLVED, That the American Academy of Family Physicians reassess the current**
10 **Chronic Pain Management Toolkit to incorporate health equity tools to address the**
11 **opioid epidemic in the minority population.**
12
13 **ITEM NO. 10 RESOLUTION NO. 2010: THE ANNUAL FAMILY MEDICINE REPORT TO CMS**
14
15 RESOLVED, That the American Academy of Family Physicians create an annual report to
16 be delivered to the Centers for Medicare and Medicaid Services, indicating the number and
17 overall percentage of residency-matched physicians into family medicine.
18
19 The reference committee learned that the American Academy of Family Physicians regularly
20 interacts with the Centers for Medicare and Medicaid Services addressing GME financing and the
21 current intended and unintended consequences impacting family medicine residencies and family
22 medicine workforce. The AAFP annually publishes a manuscript in *Family Medicine* in the fall each
23 year that describes the current state of residency match and fill rates. This information is
24 referenced and utilized frequently by AAFP members and staff in dialogue with CMMS staff and
25 officials.
26
27 **RECOMMENDATION: The reference committee recommends that Resolution No. 2010 be**
28 **reaffirmed as current policy or are already addressed in current projects.**
29
30 **ITEM NO. 11: RESOLUTION NO. 2011: FAMILY PLANNING EDUCATION DURING MEDICAL**
31 **SCHOOL**
32
33 RESOLVED, That the American Academy of Family Physicians urge the Society of
34 Teachers of Family Medicine to develop specific inclusive curriculum on unplanned
35 pregnancy and abortion to be taught during the medical school family medicine clerkship
36 rotation.
37
38 The reference committee was compelled by the testimony and the positive working relationship the
39 American Academy Family Physicians maintains with the Society of Teachers of Family Medicine
40 to adopt the resolution. Currently, there are limited curriculum resources for unplanned pregnancy
41 within existing clerkship curriculum resources, and efforts to train learners while in medical school
42 may lead to improved clinician knowledge and comfort in shared decision-making with patients.
43
44 **RECOMMENDATION: The reference committee recommends that Resolution No. 2011 be**
45 **adopted.**
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48 **ITEM NO. 12: RESOLUTION NO. 2012: LONG-ACTING REVERSIBLE CONTRACEPTION**
49 **(LARC) IN PRACTICE**
50
51 RESOLVED, That the American Academy of Family Physicians advocate to expand
52 educational training in residency programs to include the process of ordering and managing

long-acting, reversible contraception programs in active practice after training, and be it further

RESOLVED, That the American Academy of Family Physicians make available and accessible to physicians a communication access point to locate resources to bring long-acting, reversible contraception to local communities through enhanced training and business management information and networks.

The reference committee heard testimony from the authors in support of this resolution. They cited practice management challenges with providing long-acting reversible contraception (LARC) services. The reference committee recommended that the first resolved clause not be adopted since the AAFP does not produce residency curriculum. The committee was supportive of the second resolved clause since there were no existing AAFP resources identified, but it was amended to clarify vague wording.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2012, which reads as follows, be adopted in lieu of Resolution No. 2012:

RESOLVED, That the American Academy of Family Physicians add resources on its website to bring long-acting, reversible contraception to local communities through enhanced training, business management information, and networks.

ITEM NO. 13: RESOLUTION NO. 2013: INCREASE PERCENTAGE OF WOMEN'S REPRODUCTIVE HEALTH TOPICS AT AAFP FMX AND AT THE NATIONAL CONFERENCE FOR FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS

RESOLVED, That the American Academy of Family Physicians direct the Education Content Advisory to differentiate reproductive health from women's health and create a Reproductive Health category and a Women's Health category, and be it further

RESOLVED, That the American Academy of Family Physicians direct the Family Medicine Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women's reproductive health topics at future FMX events and remove the four percent cap, and be it further

RESOLVED, That the American Academy of Family Physicians direct the National Conference for Family Medicine Residents and Medical Students Programming Committee to increase the weight of women's reproductive health topics at future events.

The reference committee heard support from multiple members in favor of this resolution with one against. Those in favor spoke about their limited time and ability to travel for education and the perceived limited nature of the amount of reproductive health education at conferences. The individual who opposed the resolution, who has a relationship with the Family Medicine Experience (FMX) advisory board, discussed the process of deciding topics. Topics chosen are data driven by knowledge gaps, needs assessments, American Board of Family Medicine (ABFM) exam blueprint, prior years' assessments, interest group recommendations, etc. There was also concern voiced about deviation from the evidence-based process and whether it would disadvantage other topics, which data has shown are of higher priority.

The reference committee discussed the merits of both sides of the argument. Within the first resolved clause, the committee agreed with differentiating reproductive health from women's health due to the shared belief that those topics could stand alone. The Curriculum Advisory Panel was

substituted for Education Content Advisory as it has the authority to make such a decision. Thus, the reference committee recommended the first resolved clause be adopted with substitution.

In addition, the reference committee noted that women's reproductive health topics are already a high priority for the AAFP and the National Conference of Family Medicine Residents and Medical Students. Thus, the reference committee recommended the second resolved clause not be adopted. The reference committee determined the third resolved clause is current policy.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2013, which reads as follows, be adopted in lieu of Resolution No. 2013:

> **RESOLVED, That the American Academy of Family Physicians direct the Curriculum Advisory Panel to differentiate reproductive health from women's health and create a Reproductive Health category and a Women's Health category.**

ITEM NO. 14: RESOLUTION NO. 2014: IMPLEMENTATION OF SEXUAL ORIENTATION AND GENDER IDENTITY DATA COLLECTION

> RESOLVED, That the American Academy of Family Physicians provide a toolkit for practice development of office procedures for patient sexual orientation and gender identity data collection, and be it further
>
> RESOLVED, That a toolkit for practice development of office procedures for patient sexual orientation and gender identity data collection be included in the online *American Family Physician* by topic collections under "Care of Special Populations" subtopic of "Gay, Lesbian, Bisexual and Transgendered Persons", and be it further
>
> RESOLVED, That the effort to collect the sexual orientation and gender identity data be included in work related to the EveryONE project.

The reference committee heard testimony in support of this resolution from the authors, who explained that, despite requirements by some entities to collect sexual orientation and gender identity (SOGI) data, many healthcare providers did not know how to put processes in place to collect it, so while there may be willingness to gather data, tools are required. The reference committee recognized that a search of AAFP's resources could not identify current tools on the AAFP web site.

RECOMMENDATION: The reference committee recommends that Resolution No. 2014 be adopted.

I wish to thank those who appeared before the reference committee to give testimony and the reference committee members for their invaluable assistance. I also wish to commend the AAFP staff for their help in the preparation of this report.

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3 Respectfully Submitted,
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7 ________________________________
8 Harold Phillips, MD– Chair
9
10 Rachel Franklin, MD, FAAFP – Women
11 Lawrence "Larry" Gibbs, MD, MED, FAAFP – New Physician
12 Marie Elizabeth Ramas, MD – Minority
13 Tamer Said, MD – IMG
14 Anuj Shah, MD, MPH – LGBT
15 Wanda Gumbs, MD, MPH (Observer)