

2014 Agenda for the Reference Committee on Organization & Finance

Item No.	Resolution Title
1. Resolution No. 4002	Resolution to Improve Payment Equity for Family Physicians
2. Resolution No. 4004	Developing Patient Centered Medical Home Leadership Skills for Physicians
3. Resolution No. 4006	The Importance of Advocates for Physicians With Disabilities
4. Resolution No. 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
5. Resolution No. 4003	The Formation of a Family Physician Compensation Database
6. Resolution No. 4007	Family Physicians Know You Are More Than Your Vagina
7. Resolution No. 4001	Gender Equity in Health Care
8. Resolution No. 4008	Acknowledging Religious Diversity



2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 2	Resolution to Improve Payment Equity for Family Physicians
3 4 5 6 7	Submitted by: Will Sawyer, MD, ALF Observer Spencer Gainey, MD, New Physicians Benjamin Hansen, MD, ALF Observer David Nystrom, DO, FAAFP, New Physicians
8 9 10	WHEREAS, The majority of family physicians are employed and that percentage is increasing, and
11 12	WHEREAS, the majority of family physicians are not trained in contract negotiations, and
13 14 15 16	WHEREAS, the American Academy of Family Physicians' (AAFP) strategies include improving payment equity for family physicians and increasing the family physician workforce, now, therefore, be it
17 18 19 20 21	RESOLVED, That the American Academy of Family Physicians (AAFP) recommend to state chapters via existing methods (e.g., chapter executive listserv) to assist members in identifying employment contract negotiating specialists and additional resources in their state, and be it further
22 23 24	RESOLVED, That the American Academy of Family Physicians (AAFP) identify resources to assist members in establishing the value of family physicians at the local level (e.g., a compensation database).



1 2	Developing Patient Centered Medical Home Leadership Skills for Physicians
3 4 5 6	Submitted by: Krisemily McCroy, MD, New Physicians Annellys Hernandez, MD, New Physicians Syeachia Dennis, MD, New Physicians
7 8 9	WHEREAS, The patient centered medical home (PCMH) is the preferred method for delivering primary care, and the family physician is the preferred leader of this PCMH, and
10 11 12 13	WHEREAS, the American Academy of Family Physicians' (AAFP) curriculum guidelines outline the importance of leadership training in residency including the skills of effective negotiations, leadership of care teams, and leadership in health organizations, and
14 15 16	WHEREAS, physicians need easily accessible tools available to become the leaders of the PCMH and to mitigate systems based improvements, and
17 18 19	WHEREAS, the AAFP has teamed up with TransforMED to help create an effective PCMH, now, therefore, be it
20 21 22 23	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.



1 2	The Importance of Advocates for Physicians With Disabilities
2 3 4 5 6 7 8 9 10 11	Submitted by: Joanna Bisgrove, MD, GLBT Adnan Ahmed, MD, Minority Cathleen London, MD, Womens Manuel O. Crespo, DO, Minority Robert Sedlacek, MD, New Physicians Jennifer Gilbert, MD, New Physicians Rachel Franklin, MD, Womens Gerry Tolbert, MD, New Physicians Mary Moon, MD, International Medical Creductor
12	Mary Moon, MD, International Medical Graduates Samuel Hanson Willis, MD, General Registrant
13 14 15 16	WHEREAS, According to the United States Department of Health and Human Services, 18-19% of the US population is defined as physically or intellectually disabled, and
17 18 19	WHEREAS, there is a growing burden in health care regarding care of patients with physical, intellectual and emotional disabilities, and
20 21 22	WHEREAS, the need for advocates for patients with disabilities are in great need but small supply, and
23 24 25	WHEREAS, the American Academy of Family Physicians would gain great benefit from physician advocates who self-identify as disabled, now, therefore, be it
26 27 28 29	RESOLVED, That the American Academy of Family Physicians direct the Commission on Membership and Member Services to use a cost effective method to gather membership data regarding physicians who self-identify as disabled, and be it further
30 31	RESOLVED, That the American Academy of Family Physicians solicit participants for Physicians with Disabilities interest group which includes said physicians and their allies.



2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Increasing Awareness and Interest in Family Medicine as a Specialty amongst International 2 Medical Graduates through National Conference of Family Medicine Residents and Medical 3 Students 4 5 Submitted by: Ankur Rana, MD, International Medical Graduates 6 David Perez MD, International Medical Graduates 7 Ana Solis, MD, International Medical Graduates 8 Keith Elkins, MD, FAAFP, International Medical Graduates 9 Asim Jaffer, MD, FAAFP, International Medical Graduates 10 Jennifer Hernandez, MD, International Medical Graduates 11 Melissa Duart, MD, International Medical Graduates 12 13 WHEREAS, Minority round table already exists at National Conference of Family Medicine 14 Residents and Medical Students, and 15 16 WHEREAS, education content is already developed and exists, and 17 18 WHEREAS, many international medical graduates (IMGs) are not aware of the full scope of 19 family medicine, and 20 21 WHEREAS, international medical graduates would benefit from a networking session with other 22 students applying for family medicine and current IMG faculty and residents, now, therefore, be 23 24 25 RESOLVED, That the American Academy of Family Physicians offer a networking session for 26 International Medical Graduates at National Conference of Family Medicine Residents and 27 Medical Students. 28



1 2	The Formation of a Family Physician Compensation Database
3 4 5 6 7 8	Submitted by: Khalil Alleyne, MD, Minority Wayne Forde, MD, Minority Tony Trong, MD, Minority Glenn Madrid, MD, Minority Carlos Latorre, MD, Minority
9 10 11	WHEREAS, It is important for family physicians to have a good understanding of typical compensation for their spectrum of practice as they negotiate their compensation, and
12 13 14	WHEREAS, there is no mandatory curriculum on contract negotiation as part of the family medicine residency curriculum or continuing medical education (CME), and
15 16 17 18	WHEREAS, resources to access information on comparable family physician compensation nationwide is scarce, nonspecific and typically expensive. For example, the 2013 MGMA physician compensation report costs approximately \$600, and
19 20 21	WHEREAS, the American Academy of Family Physicians has a mission to support and advocate for the practice of its member physicians, now, therefore, be it
22 23 24 25 26	RESOLVED, That the American Academy of Family Physicians (AAFP) add questions to the practice profile survey that is sent to all members on an annual basis, and develop a database of regional family physician compensation that is updated annually and presented to the AAFP Congress of Delegates on an annual basis, and be it further
27 28 29	RESOLVED, That the American Academy of Family Physicians should offer instruction on contract negotiation at live continuing medical education events and improve access to existing resources for contract negotiations.



1 2	Family Physicians Know You Are More Than Your Vagina
3 4 5 6 7 8 9	Submitted by: Abayomi Jones, MD, Minority Mioki Myszkowski, MD, Minority Jocelyn Hines, MD, Minority Tanya Anim, MD, Minority Bich-May Nguyen, MD, Minority Tabitha Wells, MD, Minority Sheryl Beard, MD, Minority
10	Kourtney Bradford Houle, MD, Women
11	
12 13 14 15 16	WHEREAS, The obstetrician-gynecologist is the primary care provider for many women and only 20% reported that their obstetrician-gynecologist takes care of all their needs (Montefiore "Study Finds Young, Minority Women Most Likely to Visit Ob-Gyn as Primary Care Provider" 2013), and
17 18 19 20 21	WHEREAS, The American Academy of Family Physicians supports family physicians being well-trained to provide comprehensive women's health care as endorsed by prior resolution, "Women's Health Care, Family Physician Providing" from 1993 and reaffirmed by COD in 2010 and
22 23 24	WHEREAS, women may miss out on a comprehensive exam including cardiac risk stratification when receiving care only from a subspecialist, now, therefore, be it
25 26 27	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.



1	Gender Equity in Health Care
2 3	Submitted by: Joe Freund, MD, GLBT
4	Tess Garcia, MD, GLBT
5	Gordon Walbroehl, MD, FAAFP, GBLT
6	Steve Williamson, MD, GLBT
7	
8	WHEREAS, The American Academy of Family Physicians has a policy entitled "Gender Equity
9	on Prescription Drug and Diagnostic Testing Coverage," and
10	
11	WHEREAS, transgender patients are often denied coverage for medically necessary
12	procedures, now, therefore, be it
13	
14 15 16	RESOLVED, That the American Academy of Family Physicians "Gender Equity on Prescription Drug and Diagnostic Testing Coverage" policy be amended by adding at the end of the first statement, "d) medically indicated surgical procedures."



2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1	Acknowledging Religious Diversity
2 3 4 5 6 7	Submitted by: Ravi Grivois-Shah, MD, FAAFP, GLBT Sarah Marks, MD, GLBT Gordon Walbroehl, MD, FAAFP, GLBT Sarah Lamanuzzi, MD, FAAFP, Women
8 9 10 11	WHEREAS, Membership in the American Academy of Family Physicians (AAFP) has grown to 115,900 members, including more students, minority members, international medical graduate members, and members from all parts of our nation, and
12 13 14	WHEREAS, the AAFP supports and values diversity amongst its members, delegates, and leaders, and
15 16 17	WHEREAS, the AAFP recognizes that its diverse member and leadership bodies include a diversity of religious background, different belief and non-belief structures, and
18 19	WHEREAS, the AAFP begins each Congress of Delegates with a Christian invocation, and
20 21 22	WHEREAS, the AAFP is a secular organization that represents family physicians of all backgrounds, now, therefore, be it
23 24	RESOLVED, That the American Academy of Family Physicians does not conduct organized, sectarian prayers or invocations during its public meetings.