



Resident 3 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2023 – Kansas City, MO

RECOMMENDATION: The Resident 3 Reference Committee recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. R3-301 “Administrative Burden, Compensation, and Burnout Mitigation” in lieu of Resolution No. R3-301

Item 2: Not Adopt Resolution No. R3-302 “Researching Supervised Limited Practice”
EXTRACTED. ADOPTED.

Item 3: Not Adopt Resolution No. R3-303 “Decrease Healthcare Access Disparity While Optimizing Primary Care Physician Workforce” **EXTRACTED. ADOPTED AS AMENDED.**



Resident 3 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2023

The Resident 3 Reference Committee has considered each of the items referred to it and submits the following report. The committee's recommendations 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. R3-301: Administrative Burden, Compensation, and Burnout Mitigation

RESOLVED, That the American Academy of Family Physicians advocate to state and national legislative leaders to support reclassification of asynchronous healthcare activities such as, but not limited to, responding to patient messages and results management, that necessitate medical decision making as a billable encounter to be compensated in line with current telehealth value-based care guidelines, and be it further

RESOLVED, That the American Academy of Family Physicians create policy regarding asynchronous healthcare duties as potent drivers of physician burnout and professional dissatisfaction, especially for early career trainees, and be it further

RESOLVED, That the American Academy of Family Physicians develop and publish recommendations in collaboration with family medicine residency program directors to promote burnout mitigation strategies pertaining to asynchronous healthcare activities, as defined above.

The reference committee heard testimony, almost all of which was in support of the resolution. Those testifying noted that some residency programs recognize asynchronous healthcare as counting toward residency duty hours, but that approach is not universal, and asynchronous healthcare contributes to resident burnout regardless. One member testified in opposition to the first resolved clause, observing that adding more to a fee-for-service model seems counter to the move toward value-based payment and could negatively impact patients, who may be liable for the associated charges.

The reference committee discussed that the AAFP already has policy on "Payment for Non Face-to-Face Physician Services" that supports payment for electronic communication and evaluations that physicians provide for the medical management of their established patients as a separate service unrelated to an evaluation and management service. The reference committee also noted that asynchronous healthcare activities as described in the first resolved clause may already be billable using existing Current Procedural Terminology codes 99421-99423 for "Online digital evaluation and management service, for an established patient,...."

Thus, the reference committee concluded the intent of the first resolved clause was already met. The reference committee agreed with the testimony in support of the second and third resolved clauses.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R3-301 be adopted in lieu of Resolution No. R3-301 which reads as follows:

RESOLVED, That the American Academy of Family Physicians recognize asynchronous patient care duties as an integral component of comprehensive patient care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate that asynchronous patient care duties be included as a part of resident duty hours.

ITEM NO. 2: RESOLUTION NO. R3-302: Researching Supervised Limited Practice

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for research of supervised clinical practice by medical graduates without United States residency training to determine their impact on healthcare outcomes to inform future AAFP policy positions.

The reference committee heard testimony only from the resolution author. The reference committee discussed concerns about the wording of the resolution. While the resolved clause requests research on the impact of clinical practice by medical graduates without residency training on health outcomes, the author's testimony focused on the barriers faced by medical graduates who do not match to a residency and the need to support pathways into residency for unmatched medical graduates by research that may better inform AAFP advocacy positions.

The reference committee appreciated the personal story shared by the resolution's author and agreed with the need for the AAFP to study how to better support unmatched medical graduates who are actively pursuing residency. However, they concluded the resolved clause should not be adopted as written, given its focus on clinical outcomes research, rather than study of barriers faced by unmatched medical graduates and the best methods to support them on a pathway into residency training.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-302 not be adopted. [EXTRACTED. ADOPTED.](#)

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79 **ITEM NO. 3: RESOLUTION NO. R3-303: Decrease Healthcare Access Disparity While**
80 **Optimizing Primary Care Physician Workforce**
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82 ~~RESOLVED, That the American Academy of Family Physicians consider collaborating~~
83 ~~with state chapters and respective state medical boards to create policy and support~~
84 ~~standardized legislation to facilitate the licensure of medical school graduates actively~~
85 ~~applying for residency to practice primary care medicine under supervision in medically~~
86 ~~underserved areas until they have secured residency training.~~
87

88 **RESOLVED, That the American Academy of Family Physicians advocate for**
89 **involved stakeholders to come together to brainstorm and outline mutually**
90 **acceptable short-term pathways to better support and utilize unmatched medical**
91 **graduates awaiting residency placement until the long term solution of increasing**
92 **residency positions is successfully accomplished.**
93

94 The reference committee heard significant testimony on the resolution. Testimony in support
95 cited the barriers faced by unmatched medical graduates as they seek to apply to residency and
96 how practicing as an Assistant Physician can help prepare unmatched medical graduates for
97 residency training while also allowing them to help meet the needs of patients in underserved
98 communities. Testimony in opposition expressed concerns about the inequity of allowing
99 physicians without residency training to treat patients in underserved communities; and about
100 the resolution's lack of clarity regarding what supervision would be required for the practicing
101 medical graduates. Those testifying in opposition also observed that efforts to allow non-
102 residency trained physicians to practice do not address the real issue of the need to increase
103 the number of residency slots, on which the AAFP should be focused.
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105 The reference committee considered the testimony, AAFP's current policy backgrounder on
106 Assistant Physicians, and the AAFP stance on state legislation for Assistant Physicians. The
107 reference committee discussed the issues raised and their gratitude to the author for sharing
108 her personal story of how serving as an Assistant Physician prepared her for residency. The
109 reference committee also discussed the lack of an AAFP policy on pathways into practice for
110 unmatched medical graduates. The reference committee agreed with the resolution's author
111 that AAFP should have a policy on this issue, especially since states are adopting legislation to
112 allow practice by non-residency trained physicians. However, they felt the resolution assumed
113 the content of the policy to be adopted, which would be in opposition to the AAFP's current
114 stance on Assistant Physicians. Given all these factors, the reference committee agreed to not
115 adopt the resolution.
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117 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-303**
118 **not be adopted. EXTRACTED. SUBSTITUTE ADOPTED AS AMENDED ON THE FLOOR.**
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120 **I wish to thank those who appeared before the reference committee to give testimony**
121 **and the reference committee members for their invaluable assistance. I also wish to**
122 **commend the AAFP staff for their help in the preparation of this report.**

123
124 Respectfully submitted,

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128 _____
129 Garrett Kneese, MD Designation, Chair

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