



# Commission on Health Of the Public and Science 2017 Annual Report

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## COMMISSION ON HEALTH OF THE PUBLIC AND SCIENCE

### Resident

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Class of 2019

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### Scope

The Commission on Health of the Public and Science (CHPS) is a unique commission with a broad range of interests and topics. The commission helps provide recommendations to the American Academy of Family Physicians (AAFP) board on areas from incorporating evidence based medicine into clinical practice guidelines to developing projects to help address major national health concerns. Recommendations to the AAFP Board of Directors are based off of resolutions submitted by AAFP physicians and student members and discussed within CHPS, especially within the subcommittees. The subcommittees include Health Equity, Public Health Issues, Clinical Practice Guidelines, and Clinical Preventive Services. In addition to the subcommittees there is a Primary Care and Public Health Integration Work Group.

The scope of work of the CHPS was updated this year to better incorporate the broad responsibilities and impact of CHPS. Below is the 2017 scope of work:

- Develop, endorse, and disseminate evidence-based clinical guidelines and policies.
- Synthesize, evaluate, and disseminate clinical research and scientific discovery.
- Advocate for societal, regulatory, and environmental initiatives that improve health for all.
- Promote health equity and the elimination of disparities in care and health outcomes.
- Support the provision of culturally proficient, person-centered care.

The commission has various levels of commitment years, four years for the physicians and one year for the resident and student members. The commission meets twice a year, in the winter for four days and in the summer for three days in Kansas City and works virtually through emails and conference calls.

### Subcommittee on Health Equity – John Heafner

The Subcommittee on Health Equity (SHE) reviews, develops, and recommends policies that address disparities in health care with regard to underserved populations. This year the subcommittee discussed topics involving healthcare for immigrants in detention centers, transgender health, racial health disparities, domestic violence, and many niches within those categories.

The SHE researched “Clogging the School-to-Prison Pipeline.” It was decided after the research that a policy statement would be the best action since it would be difficult for family physicians to talk in definitive terms in regards to child discipline in schools, which would be needed for a position paper.

The subcommittee also reaffirmed the domestic partner benefits policy, accepted a resolution with the intent of creating a social determinants of health toolkit, and accepted the NCCL resolution to implement the use of 'people first language' in AAFP writing and dialogue. Unlike the other CHPS subcommittees, this subcommittee includes cross-commission representatives from each of the following AAFP Commissions: Governmental Advocacy (CGA), Education (COE), Continuing Professional Development (COPCD), Membership and Member Services (CMMS), and Quality and Practice (CQP). SHE also supports the organization FMAHealth by reviewing its written materials, providing access to the broad AAFP audience base, and helping to provide guidance on addressing the lack of diversity on their leadership team.

### **Subcommittee on Public Health Issues - Alexa Mieses**

The Subcommittee on Public Health Issues (SPHI) has a diverse number of focuses that range from five-year review of current AAFP policies and position papers to review of resolutions that come AAFP members.

This year the subcommittee worked on revising and amending several documents related to policy issues important to the Academy, including: the advertisement of alcohol and underage usage; firearms and safety; healthy food and government supplementary nutrition programming; hearing loss and deafness; parental leave; physical activity in children; sports medicine and high school athletes; violence as a public health concern.

### **Subcommittee on Clinical Practice Guidelines – John Heafner**

The Subcommittee on Clinical Practice Guidelines (SCPG) reviews guidelines made from various organizations regarding evidenced based guidelines to improve patient care. The subcommittee is also responsible for writing guidelines, practice papers, and policy statements.

This year the subcommittee approved the AAFP Clinical Practice Guideline on Pharmacologic Management of Atrial Fibrillation that contains 5 key recommendations for primary care physicians managing atrial fibrillation. The subcommittee also endorsed ACPs clinical practice guideline on Management of Acute and Recurrent Gout.

The subcommittee sunsetted a number of policies that were up for five year review; however, one in particular, the ACP-AAFP clinical practice guideline on dementia was sunsetted and nominated to the AHRQ for further evidence review.

Lastly, the subcommittee has been working on adding to the Family Medicine component of Choosing Wisely by proposing 5 more topics to the ABIM for approval. If all were approved, then Family Medicine would have 15 commendations on the Choosing Wisely platform, so unique to the specialty while others are shared recommendations.

### **Subcommittee on Clinical Preventive Services – John Heafner**

The Subcommittee on Clinical Preventive Services (SCPS) evaluates current and proposed preventive care guidelines, and can also generate de novo clinical recommendations to the Commission at large and the Board for approval. The SCPS both assesses the supporting evidence for each guideline, and also determines the relevance and value of clinical guidelines for family medicine physicians and patients. The subcommittee is tasked with covering broad topic areas such as, Immunizations, Preventive Services Task Force (USPSTF) meeting updates, Five-year policy reviews, Resolutions and referrals, and Choosing Wisely updates.

This year the subcommittee voted to create a policy statement on oral health based on resolutions submitted by the COD and NCSM. The SCPS also approved the position paper "Incarceration and Health: A Family Medicine Perspective" after the tireless work of multiple subcommittee members.

The subcommittee sunsetted a few policies up for five-year review, committed to making other policies more visible on the website to AAFP members, and reaffirmed the expedited partner therapy policy. The SCPS also approved a position paper on incarceration and health that many members worked diligently on over the past year.

Finally, the subcommittee reviewed AAFP's Choosing Wisely recommendations to ensure they were up to date with the latest evidence and this year the SCPS decided to work alongside the clinical practice guidelines subcommittee to reenergize the Choosing Wisely movement through adding 5 new topics to the Family Medicine section of the recommendations.

### **Primary Care and Public Health Integration Work Group – Alexa Mieses**

The Primary Care and Public Health Integration (PCPHI) Work Group was developed in 2013 in response to the IOM 2012 paper, "Primary Care and Public Health: Exploring Integration to Improve Population Health." The AAFP aims to be a leader in the integration of primary care and public health as a means of improving population health. Since 2013, the PCPHI work group has partnered with Duke University and the deBeaumont Foundation in its work on the Practical Playbook for primary care and public health integration.

This year the workgroup discussed the idea of population health. Members recognize that the role of the family physician is ever evolving and so must professional competencies and evaluation methods for trainees. The definition of population health was explored, and the ways in which the family medicine residency training milestones adequately or inadequately address population health competencies. Additionally, in order to strengthen partnerships between primary care and public health and other aspects of training, the work group decided it would be helpful to partner with other committees and workgroups in this area.

### **Representation Reports, Advisory Committees, Member Interest Group – John Heafner & Alexa Mieses**

AAFP appreciates the opportunity to support other organizations and weigh in on various decisions that may influence the medical profession or patient care. Through representation at different conferences that AAFP is able to better understand the guidelines and recommendations made by other organizations and provide more information to its members. CHPS members represent AAFP at meetings for organizations that include AAP, ACOG, ACSM, CDC, AMA, FDA, HHS, HRSA, NIH and National Dairy Council Health and Wellness Advisory Council.

CHPS members also help organize member interest groups (MIG) to help foster ideas regarding clinical practice and improvement in patient care. Some of these member interest groups include oral health MIG, reproductive health MIG, and school doctors MIG. There are also various advisory panels to help provide valuable information and recommendations to members, like the science advisory panel, disaster preparedness member advisory panel, and the obesity prevention and control advisory panel.

### **Personal Reflection – John Heafner (student member)**

Serving as the student member of CHPS this year was a humbling and educational experience. The shear amount of work that the commission accomplishes in one weekend is enough to intimidate even the most experienced physician; although, the work seems endless and sometimes tedious, all members share an equal responsibility for the load and understand the importance of balancing their work with a healthy amount of jokes and banter. This lightheartedness made the stress that I carried from reading the first 100 page agenda melt away.

This relaxed environment made it easy to engage in conversation during the business sessions, but more importantly I felt at ease in a room of highly educated and accomplished family physicians. This

sense of security enabled me to have meaningful conversations with numerous physicians and staff members about my future, their career in medicine or with the AAFP, and the fate of healthcare in the United States. These conversations enriched my passion for Family Medicine.

During my in-person meetings and conference calls in the interim I learned extensively about existing and proposed AAFP policy, the process of writing policy statements and clinical practice guidelines, the collaborative work being done in the sector of primary care and public health, and the work being done to advance social justice through health equity. The commission and subcommittees greatly enhanced my understanding of organizational medicine and the versatility of a career in family medicine.

Along with the commission work I also thoroughly enjoyed the student and resident leadership development dinners. This was a wonderful opportunity to interact with members of the Board of Directors as well as fellow students and residents, who I believe will be changing the landscape and future of Family Medicine and healthcare within the United States. This group of individuals inspires me to continue on my career path in Family Medicine and organizational medicine. These dinners were also an opportunity to grow in my leadership skills where I learned about appreciative inquiry and different decision-making pathways.

Overall being on CHPS and working with the AAFP was an invaluable opportunity to learn and grow in my young career in family medicine. I met fantastic individuals over this past year and I look forward to future opportunities to work with the AAFP.

#### **Personal Reflection – Alexa Mieses (resident member)**

My time as resident member of the Commission on Health of the Public and Science has been transformational. What initially started out as an intimidating position turned out to be the most rewarding thus far. In just a short while, I grew professionally, expanded my network and made some new friends along the way!

Preparing for the first meeting (the Winter Cluster) was intimidating. There were dozens of pages of material to read prior to the meeting, and I was unfamiliar with the way in which the commission meetings operate. My initial intimidation quickly melted away as soon as the meeting began. The weekend started with a medical student and resident mixer that included both icebreakers and professional development exercises. This session also served as an orientation to the position, commission, and meeting.

During both the winter and summer clusters, I learned about public health issues pertinent to family medicine as well as the policies and procedures of the Academy. I enjoyed exchanging ideas with seasoned family physicians, and witnessed my own voice evolve. Initially, I thought that I gained more from the position than I could offer. However, I quickly realized that residents bring a fresh perspective to the commission and my thoughts and opinions are valued.

Apart from the intellectual side of being a commission member, mentorship is a large component of the experience. Not only was I able to learn from more senior physicians, but I was able to pay it forward and share my own experience with medical students. Through these experiences I was fortunate to expand my professional network and make friends along the way!

*Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit [aafp.org](http://aafp.org).*