Student 1
Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2017 - Kansas City, MO

RECOMMENDATION: The Student 1 Reference Committee recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. S1-101 “Expanding “Housing First” Programs for People Experiencing Homelessness” (p. 1).

Item 2: Adopt Resolution No. S1-102 “Healthcare is a Human Right” (p 2).

Item 3: Adopt Substitute Resolution No. S1-103 “Maximizing Representation of Racial and Ethnic Health Subpopulations in Data” (pp. 2-3).

Item 4: Not Adopt Resolution No. S1-104 “Electronic Health Record Optimization Through Interoperabilty” (pp. 3-4).

Item 5: Not Adopt Resolution No. S1-105 “Electronic Medical Records and Clinical Photography” (p. 4).

Item 6: Not Adopt Resolution No. S1-106 “Improving EHR Inter-Operability via Smart Card Technology” (pp. 4-5).

Item 7: Adopt Resolution No. S1-107 “Combine NCSM and NCFMR” (p 5).

Item 8: Adopt Substitute Resolution No. S1-108 “Improved and Expanded Medicare for All (Single Payer)” (pp. 5-6).

Item 9: Adopt Substitute Resolution No. S1-109 “Actively Improving the Ethnic and Gender Diversity of the AAFP Board of Directors” (pp. 6-7).

Student 1
Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2017 - Kansas City, MO

The Student 1 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 S1-101: EXPANDING "HOUSING FIRST" PROGRAMS FOR PEOPLE EXPERIENCING HOMELESSNESS

> RESOLVED, That the American Academy of Family Physicians advocate for the expansion of "Housing First" programs that provide affordable, accessible, and secure housing options for people experiencing homelessness or at risk of homelessness, combining rapid access to permanent housing with community-based, health rehabilitation and support services.

The reference committee heard testimony in favor of this resolution specifically highlighting the physical and financial benefits of the "Housing First" approach to treating patients. Specific testimony was presented on the benefits of this approach for those who also suffer from substance abuse issues. The reference committee agreed with the resolution, but was uncertain if the authors only wanted the AAFP to advocate for the expansion of existing "Housing First" programs. The testimony and whereas clauses of the resolution appeared to be in favor of the broad concept and not just limited to advocating for existing "Housing First" programs. The reference committee also noted that the resolved clauses included many descriptors of the "Housing First" philosophy that give a more vivid image of the approach, but are not necessary to achieve the goal of the resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-101 be adopted in lieu of Resolution No. S1-101, which reads as follows:

> **RESOLVED: That the American Academy of Family Physicians advocate for the expansion of the "Housing First" approach to homelessness.**

ITEM NO. 2: RESOLUTION S1-102: HEALTHCARE IS A HUMAN RIGHT

RESOLVED, That the American Academy of Family Physicians recognize that health care is a basic human right for every person and not a privilege.

The reference committee heard testimony in favor of this resolution specifically highlighting the fact that the language of “health care is a basic human right” is not included in any in existing AAFP policy and is not used as a common phrase when the AAFP discusses the importance of health care for all. The testimony noted that the American Medical Association endorses health care as a basic human right for every person. The committee discussed two existing policies: “Health Care” and “Health Care for All: A Framework for Moving to a Primary Care Based Health Care System in the United States” that encompass the spirit of this resolution. The committee appreciated the existing polices wording that all should have access to care, but do not believe that the wording was strong enough to convey the same message and belief that health care is a basic human right.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-102 be adopted.

ITEM NO. 3: RESOLUTION S1-103: MAXIMIZING REPRESENTATION OF RACIAL AND ETHNIC HEALTH SUBPOPULATIONS IN DATA

RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity create a public statement of support for changes to data collection so that subpopulations are identified in order to acknowledge and mitigate distinct health disparities, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for the amendment and expansion of the White House Office of Management and Budget’s “Standards for the Classification of Federal Data on Race and Ethnicity” to have federal data collection reflect the actual racial and ethnic demographics in America.

The reference committee heard testimony in favor of this resolution with specific subpopulations, Koreans, Nigerians, Bangladeshi among others, being highlighted as unrepresented or poorly represented within the existing data collection methods. The testimony noted how our existing data classifications do not allow physicians to make accurate decisions when treating patients that are not well represented. The testimony also highlighted that the current broad racial and ethnic categories do not capture the negative social impacts for individuals within some populations. The committee agreed with the resolution, but believed that the phrase “actual racial and ethnic” in the last line of the resolved clause was redundant due to the phrase being utilized in the title of the document in the line above.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-103 be adopted in lieu of Resolution No. S1-103, which reads as follows:

> **RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity create a public statement of support for changes to data collection so that subpopulations are identified in order to acknowledge and mitigate distinct health disparities, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians advocate for the amendment and expansion of the White House Office of Management and Budget's "Standards for the Classification of Federal Data on Race and Ethnicity" to have federal data collection reflect the demographics in America.**

ITEM NO. 4: RESOLUTION S1-104: ELECTRONIC HEALTH RECORD OPTIMIZATION THROUGH INTEROPERABILTY

> RESOLVED, That the American Academy of Family Physicians will advocate for legislation to mandate electronic health record (EHR) interoperability through a simple, secure interface.

The reference committee heard testimony from the author and two others in support of the resolution. Testimony was provided that because the Affordable Care Act (ACA) mandates the use of electronic healthcare records (EHRs) by physicians in providing care to patients. EHRs, as required tools for health care delivery, should meet a baseline of improving patient care, including the ability to communicate with each other, or interoperability. Further testimony discussed the use of the word, "mandate" within the resolution. The reference committee discussed the resolution, noting that while they agreed with the spirit of the resolution, EHRs have been developed and employed by physicians extensively, and the resolution may have the opposite effect of increasing the burden on physicians who are working with existing systems. Further, the committee discussed the AAFP's efforts towards implementation of a single EHR over the past decades, noting that an additional effort by the AAFP would not feasibly move the progress towards interoperability further than has already been achieved and the billions of dollars and thousands of man-hours that have been devoted to date within the industry towards achieving interoperability (including the 2007 effort to establish the American Society for Testing and Materials (ATSM) Continuity of Care Record Standard (CCR), which was then supplanted with the HL7 Continuity of Care Document (CCD) and subsequent revisions, and successors of the CCD are required as part of the 2015 Edition Certified EHR Technology). The committee further discussed that the AAFP's current hope for achieving better interoperability is through the movement toward value-based payment which will reward interoperability and pull it forward, instead of pushing against existing standards that have been tried for decades.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-104 not be adopted.

ITEM NO. 5: RESOLUTION S1-105: ELECTRONIC MEDICAL RECORDS AND CLINICAL PHOTOGRAPHY

> RESOLVED, That the American Academy of Family Physicians actively encourages and initiates conversation with electronic health record system providers as well as implementation of clinical image photography capabilities in all electronic health record systems nationwide.

The reference committee heard testimony from the author concerning the benefits of clinical image photography in electronic health records in providing cohesive patient care, particularly for patients who may see multiple physicians within the same practice in follow-up for an illness as a visual record of the original diagnosis. The reference committee discussed the resolution and noted that while they are in support of the sentiment behind the resolution, clinical image photography is currently an available option on many electronic health records systems available, and that those options are available to physicians as consumers to elect to purchase, or to not purchase, as governed by their individual perceived requirements for an EHR system and budgets. The committee observed, in particular, that safety-net organizations that frequently operate with the lowest affordable technology would be negatively impacted in being forced into a higher-tier EHR system. The committee further observed that the resolution would encourage the AAFP into a commercial role that falls outside of the organization's mission and purview.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-105 not be adopted.

ITEM NO. 6: RESOLUTION S1-106: IMPROVING EHR INTER-OPERABILITY VIA SMART CARD TECHNOLOGY

> RESOLVED, That the American Academy of Family Physicians investigate and create policy related to using smart card technology in the hands of patients as a means to improve electronic health record system inter-operability in the United States health system.

The reference committee heard limited testimony from the author in favor of the resolution. Many countries use smart card technology to put a patient's medical record in their own hands. This technology would improve patient safety and save time and energy in coordinating care. Investigation needs to occur to learn more about how this could be implemented within the United States health system where there are multiple payers. The reference committee did not believe enough evidence was presented to support the resolution and that it would be conflicting to ask the AAFP to investigate and create policy at the same time. In addition, smart card technology would not necessarily address electronic health record (EHR) interoperability.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-106 not be adopted.

ITEM NO. 7: RESOLUTION S1-107: COMBINE NCSM AND NCFMR

> RESOLVED, That the American Academy of Family Physicians consider combining the National Congress of Student Members and National Congress of Family Medicine Residents to form a unified voting body for voting on resolutions.

The reference committee heard testimony that the current structure of the National Congress of Student Members (NCSM) and the National Congress of Family Medicine Residents (NCFMR) is inefficient and results in resolutions on the same topic being submitted to both congresses for consideration. The reference committee believed that combining congresses would create mentorship opportunities between residents and students and reduce staff time. This change would also ensure that both students and residents experience a meeting that more closely resembles the AAFP Congress of Delegates.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-107 be adopted.

ITEM NO. 8: RESOLUTION S1-108: IMPROVED AND EXPANDED MEDICARE FOR ALL (SINGLE PAYER)

> RESOLVED, That the American Academy of Family Physicians will endorse a privately delivered, publicly funded system that will expand and improve our current Medicare program, while specifically avoiding grouping people based on age, income, medical complexity, employment status, disability, or geographic location, and be it further
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> RESOLVED, That although the the American Academy of Family Physicians acknowledges the insurance industry may play a role in administering such a plan, it will specifically avoid investor owned corporations from being involved in any medically necessary care, and be it further
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> RESOLVED, That the American Academy of Family Physicians will utilize its resources, draw upon its knowledge of population health, and capitalize on its political influence to advocate for Improved Medicare for All with our colleagues, the public, and our legislators.

The majority of testimony heard was in favor of the resolution which calls for AAFP to advance a “Medicare for All” approach to health care coverage. Those testifying indicated that Medicare is a lower cost, higher-quality system approach to health care. They encouraged the AAFP to take a position on the need to move to a single payer system. It was noted that physicians are concerned with the administrative work placed on them with multiple payers and its influence on their satisfaction with practicing family

medicine. The current approach is costly and does not lead to better outcomes for patients when compared to health care offered in other countries. It was also stated that patients would benefit from a less complex health care system where all physicians would be considered in-network, even those in rural areas. As family medicine moves to the forefront of the system, testimony indicated that it was important for patients to hear family medicine strongly advocating for a "Medicare for All" system. The reference committee believed it is important for the AAFP to utilize its resources to advocate for "Medicare for All" but recognized that this could be a divisive issue for the AAFP. It was noted that, at the request of the 2016 Congress of Delegates, a report from the AAFP Board of Directors on single payer health care will be presented to the 2017 Congress of Delegates. This report may influence AAFP's future stance on this issue. The reference committee believe the substitute resolution more summarizes the overall intent of the resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-108 be adopted in lieu of Resolution No. S1-108, which reads as follows:

> **RESOVED: That the American Academy of Family Physicians utilize its resources, draw upon its knowledge of population health, and capitalize on its political influence to advocate for Medicare for All.**

ITEM NO. 9: RESOLUTION S1-109: ACTIVELY IMPROVING THE ETHNIC AND GENDER DIVERSITY OF THE AAFP BOARD OF DIRECTORS

> RESOLVED, That the student and resident branches of the American Academy of Family Physicians (AAFP) release a statement on the importance of diversity in AAFP leadership, and be it further
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> RESOLVED, That the American Academy of Family Physicians make further efforts to recruit and retain women and people of color in positions of leadership, and be it further
>
> RESOLVED, That the American Academy of Family Physicians Congress Delegates consider diversity when electing the board of directors.

The reference committee heard testimony that the diversity of the AAFP membership is not reflected in the AAFP Board of Directors. Having a diverse make-up enables the Board to consider issues from a variety of perspectives and helps members deliver better care to patients. It was noted that the AAFP should be receptive to improving any lack of diversity in leadership. Many members who run for election to the Board of Directors, do so after serving in a leadership capacity within their chapter and at the national level on a commission. Chapters may have a lengthy pipeline of individuals who desire to ascend to this role. While the Congress of Delegates elects nine directors and five officers, it is not the only body that elects members to the Board of Directors. The National Conference of Constituency Leaders (NCCL) (through the New Physicians

member constituency), the National Congress of Family Medicine Residents (NCFMR), and the National Congress of Student Members (NCSM) also elect the student, resident and new physician Board members. The AAFP offers an annual leadership conference for current and aspiring leaders, which includes the NCCL, a leadership training ground for the five Board-approved member constituencies consisting of women, minority, new physicians, IMG, and LGBT. The AAFP's Commission on Membership and Member Services (CMMS) annually analyzes the demographic make-up of the chapter and national leadership compared to the make-up of the AAFP's active membership and provides this information to the Board of Directors. The reference committee noted that the second resolved clause only mentioned women and people of color while the whereas clauses also mentioned lesbian, gay, bisexual, and transgender (LGBT) and international medical graduate (IMG) members.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-109 be adopted in lieu of Resolution No. S1-109, which reads as follows:

> **RESOLVED: That the American Academy of Family Physicians Congress of Delegates, National Congress of Student Members, National Congress of Family Medicine Residents, and the National Conference of Constituency Leaders consider diversity when electing its representatives to the Board of Directors.**

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.

Respectfully submitted,

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John Heafner, Chair

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