



Commission on Health of the Public and Science

2018 Annual Report

Commission on Health of the Public and Science

Resident

Brittany Watson, MD
PGY-3, Atrium Health FMR
Class of 2019

Student

Paige Ely, OMS III
Pacific Northwest University
Class of 2020

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 of Directors on areas from incorporating evidence-based medicine into clinical practice guidelines to developing projects to help address major national health concerns.

Recommendations to the Board are based on resolutions submitted by AAFP physicians and resident 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 CHPS scope of work follows:

- 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, three years for the chapter executive, and one year for the resident and student members. The commission meets twice a year in Kansas City and works virtually and through emails and conference calls.

Subcommittee on Health Equity

The Subcommittee on Health Equity reviews, develops, and recommends policies related to disparities in health care with regard to underserved populations. This year the subcommittee discussed topics involving paid sick leave, homelessness, culturally proficient health care, and linguistically appropriate health care. Several current AAFP policies were reviewed for revision. The subcommittee reviewed National Conference of Constituency Leaders resolutions on topics such as supporting health care for undocumented patients, creating a sexual and gender health toolkit, and supporting the reduction of adverse childhood experiences. It reaffirmed resolutions regarding screening for hunger, as the AAFP's Social Determinants of Health Toolkit addresses it. The subcommittee also worked to craft a policy statement that addresses best practices for collecting information about race and ethnicity in federal data collection systems in order to maximize representation of racial and ethnic health subpopulations in data.

Subcommittee on Public Health Issues

The Subcommittee on Public Health Issues has a diverse number of focus is that range from five-year review of current AAFP policies in position papers to review of resolutions that come from AAFP members.

This year the subcommittee approved, revised or reaffirmed statements regarding oral health, the hearing impaired, texting and driving, driver's education, school bus safety, persons with disabilities participation in sports and physical activity, medical identification, aging, health education, solitary confinement in youth, environmental health and climate change, and genital surgeries on intersex children. It also reaffirmed the position paper on mental health care.

Subcommittee on Clinical Practice Guidelines

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

This year the subcommittee approved, revised or reaffirmed policies regarding benefits and complications of neonatal circumcision, when chelation therapy is appropriate, taking the stance that rigorous pre- and post-market testing of drugs should be done to ensure patient safety, that the AAFP should advocate for development and use of evidence-based clinical practice guidelines, taking the stance against use of drugs or blood products with the sole purpose of athletic enhancement, laetrile does not have a place in treating cancer patients, and the AAFP endorses expansion of collaborative research at national and state levels.

The subcommittee is also actively working on developing guidelines around detection and management of post-MI (ACS) depression, pharmacologic treatment of pain from diabetic neuropathy, and working with the American College of Physicians to develop guidelines around prescribing opioids for acute musculoskeletal pain.

Subcommittee on Clinical Preventive Services

The Subcommittee on Clinical Preventive Services evaluates current and proposed preventive care guidelines and can also generate the de novo clinical recommendations to the commission at large and the Board of Directors for approval. The SCPS assesses the supporting evidence for clinical guidelines and determines the relevance and value of guidelines for family medicine physicians and their patients. The subcommittee is tasked with covering broad topic areas such as immunizations, U.S. Preventive Services Task Force meeting updates, five-year policy reviews, resolutions and referrals, and Choosing Wisely updates.

This year the subcommittee reaffirmed the policy statement regarding fluoridation of public water supplies. Some statements were revised including the adolescent health care confidentiality policy. It reaffirmed a resolution regarding opioid harm reduction strategies, as the AAFP is supporting an AMA plan to pilot facilities for safe injection sites. Throughout the year, numerous USPSTF recommendations were reviewed, including prostate cancer screening. The subcommittee also discussed the live-attenuated flu vaccine recommendations at length.

Primary Care and Public Health Integration WorkGroup

The Primary Care and Public Health Integration (PCPHI) Work Group was developed in 2013 in response to the National Academy of Medicine's 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.

After receiving the resolution from the 2017 NCFMR resolution, "Family Physicians as Public Health Advocates and Collaborators," the workgroup discussed and recommended the action to identify and develop tools and resources for family physicians to become public health advocates and collaborators. After the staff conducts an extensive scan of available public health resources, a subgroup will help create a public health toolkit for family medicine residents and family physicians in practice. The group will review the public health resources currently available, identify gaps in material, and determine next steps to create the most effective and efficient toolkit possible.

Representation Reports, Advisory Committees, Member Interest Group

The AAFP appreciates the opportunity to support other organizations and weight in on various decisions that may influence the medical profession or patient care. Through representation at different meetings, the 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 AAN, AAO-HNS, AAOS, AAP, ACOG, ACP, IDSA/AAN/ACR, NAEPP/NHLBI, NASS, NDEP, SIDM, ACSM, CDC, AMA, FDA, HHS, HRSA, NIH and National Dairy Council Health and Wellness Advisory Council.

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

Personal Reflections

Paige Ely (Student Member)

This was an amazing opportunity to learn from a large group of leaders and role models in the areas of public health and evidence-based interventions. I have made connections and met mentors that will last a lifetime that I would not have met without this opportunity. I am very passionate about social justice and advocacy, so the opportunity to learn from leaders across the country with decades of experience around these issues was inspiring and greatly energizing. I had submitted a couple resolutions through the student congress but did not know the extent of the research and discussion that goes on in the commissions and subcommittees regarding these resolutions. I have an even higher level of respect for the policies and positions that AAFP produces, knowing now the thoughtful discussion from a variety of viewpoints that goes on to come to conclusion. By researching policies before voting on approving, reaffirming, revising, or deleting policies on the subcommittees, I learned about topics that had not come up on my rotations, and saw certain topics from a new viewpoint. I felt incredibly privileged to be able to contribute to discussion around these issues. The highlights of this year have been helping do research and write the policy on opposing medically-unnecessary genital surgeries on intersex children, having discussion around health equity and implicit bias, and helping create a public health toolkit for residents (this project is just in the very beginning).

Brittany Watson (Resident Member)

It has been a privilege to serve as the resident representative on the AAFP's Commission on Health of the Public and Science. Learning more about how the AAFP conducts business was enlightening. It gave me a better understanding about the process behind our policies. During the process, I had the opportunity to work on critiquing evidence and shape policy. Just participating in the various discussions was educational, and I felt my thoughts were valued. The leadership development sessions provided opportunities to develop skills for professional and personal growth. These are tools that I will use in my everyday life. One of my favorite parts of the experience has been meeting new people. It feels awesome to be surrounded by people who share a passion for family medicine, service and making a difference. I have learned so much from AAFP leaders, the practicing physicians on committees, fellow residents, students and staff. I wish that everyone could have this experience. It is one that has truly had a positive impact on my life and has shaped the direction of my future.

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.