



Resident 2 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 25-27, 2019 – Kansas City, MO

RECOMMENDATION: The Resident 2 Reference Committee recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. R2-501 “Increasing Awareness of Opportunities for Advocacy Activities Through AAFP” in lieu of Resolution No. R2-501

Item 2: Adopt Substitute Resolution No. R2-502 “Potential Screening and Treatment for Health Conditions Related to Poor Water Quality” in lieu of Resolution No. R2-502

Item 3: Adopt Resolution No. R2-503 “Advanced Electronic Health Record Training for Reduction of Physician Burnout”

Item 4: Adopt Substitute Resolution No. R2-504 “Improve Transparency and Communication of FamMedPAC” in lieu of Resolution No. R2-504

Item 5: Reaffirm Resolution No. R2-505 “Gender-Affirming Care for Adolescent Patients”

Item 6: Adopt Substitute Resolution No. R2-506 “Increase Gender Affirming Therapy Training in Family Medicine Residencies” in lieu of Resolution No. R2-506

Item 7: Adopt Substitute Resolution No. R2-507 “Making Gender and Sexual Minority Information Universal for All EHRs” in lieu of Resolution No. R2-507

Item 8: Adopt Substitute Resolution No. R2-508 “Single Payer Preference for Health Care Reform” in lieu of Resolution No. R2-508

Item 9: Adopt Resolution No. R2-509 “Reciprocal Resident Membership”



Resident 2 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 25-27, 2019 – Kansas City, MO

The Resident 2 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. R2-501: INCREASING AWARENESS OF OPPORTUNITIES FOR ADVOCACY ACTIVITIES THROUGH AAFP

RESOLVED, That the American Academy of Family Physicians establish a residency advocacy member interest group to promote advocacy and health policy activities, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) raise awareness to AAFP membership about advocacy opportunities outside of completing a fellowship.

The reference committee heard from the author in favor of this resolution. The testimony provided specifically highlighted the need to raise awareness of advocacy opportunities for students and residents. The committee agreed that exploring new ways to communicate these activities would be useful. Member interest groups are established by the members according to guidelines on www.aafp.org. Groups that duplicate a category of membership is not permissible per the current guidelines.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R2-501 be adopted in lieu of Resolution No. R2-501 which reads as follows:

RESOLVED, That the American Academy of Family Physicians explore ways of raising awareness of advocacy opportunities available to student and resident members.

ITEM NO. 2: RESOLUTION No. R2-502: POTENTIAL SCREENING AND TREATMENT FOR HEALTH CONDITIONS RELATED TO POOR WATER QUALITY

RESOLVED, That American Academy of Family Physicians membership be provided with clinical guidelines on how to screen for and treat health conditions in the general population related to exposure to poor water quality, lead and mercury, and be it further

RESOLVED, That the American Academy of Family Physicians increase awareness around this issue and potential screening and treatment options at the discretion of the

American Academy of Family Physicians staff in order to provide American Academy of Family Physicians membership with as much education on this issue as possible.

Testimony was heard from the author in support of the resolution stating more information and guidelines are needed on the diagnosis and treatment of lead exposure in adults. Current resources available are only for children. The committee believed establishing guidelines will provide the education needed and increase awareness.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R2-502 be adopted in lieu of Resolution No. R2-502, which reads as follows:

RESOLVED, That American Academy of Family Physicians develop clinical guidelines related to exposure to poor water quality, lead, and mercury in children and adults.

ITEM NO. 3: RESOLUTION No. R2-503: ADVANCED ELECTRONIC HEALTH RECORD TRAINING FOR REDUCTION OF PHYSICIAN BURNOUT

RESOLVED, That the American Academy of Family Physicians amend policy to recognize the importance of necessary and appropriate advanced provider Electronic Health Records training for reduction of administrative burden and physician burnout, and be it further

RESOLVED, That the American Academy of Family Physicians study the current data regarding Electronic Health Records (EHR) training for providers with the goal of creating a set of recommendations regarding optimal EHR training for reduction of burnout.

The reference committee heard brief supportive testimony on the resolution. An author remarked that EHRs are a commonly cited source of burnout, and that physicians experience a significant improvement in well-being after receiving properly personalized EHR training. The committee was uncertain how the AAFP would be able to develop training recommendations for all EHRs. However, the committee agreed that EHR training is an important topic and should be explored further by the AAFP.

RECOMMENDATION: The reference committee recommends that Resolution No. R2-503 be adopted.

ITEM NO. 4: RESOLUTION No. R2-504: IMPROVE TRANSPARENCY AND COMMUNICATION OF FAMMEDPAC

RESOLVED, That the American Academy of Family Physicians (AAFP) examine best practices among professional societies including outside the health care profession on aligning Political Action Committee funds with organizational stances and values including methods for receiving feedback from general membership towards ensuring that FamMedPAC's donations are congruent with AAFP's policies and improved communication on which AAFP's policies take priority each legislative year, and be it further

RESOLVED, That the American Academy of Family Physicians require that the FamMedPAC examine the campaign contributions of the National Rifle Association

(NRA) and other related groups as well as pharmaceutical and biotechnology companies in determining whether or not funds should be directed toward candidates, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) require that the FamMedPAC review the candidates' voting records to ensure that they align with AAFP's commitment to Health Care for All, affordable prescription drugs, and gun violence prevention in determining whether or not funds should be allocated for such a candidate, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) request the FamMedPAC to prepare an annual report outlining their rationale for providing or withholding donations to candidates, politicians, and committees that would be available on AAFP's website for membership to ensure transparency and accountability of such funds collected from student, resident, and physician members, and be it further,

RESOLVED, That the American Academy of Family Physicians ensure the publication of the minutes of the proceedings of the FamMedPAC on their website to be available for all AAFP members, and be it further,

RESOLVED, That the American Academy of Family Physicians allow members including residents and students to earmark their contributions towards specific candidates or issues to ensure accountability of where such funds are directed, and be it further,

RESOLVED, That this resolution be sent to the Congress of Delegates.

The reference committee heard brief supportive testimony on the resolution. An author emphasized the critical role of the AAFP in supporting candidates and elected officials, and the need to make FamMedPAC contributions more transparent and also reflective of member preferences. The committee agreed with the spirit of the resolution but was concerned that certain clauses might alienate existing members or elected officials with whom the AAFP has an existing relationship.

The second resolved clause labels certain interest groups that may support political figures who otherwise are champions of family medicine and, if passed, could endanger existing working relationships with these individuals. The third resolved clause oversimplifies the FamMedPAC's process of supporting candidates and could result in decisions that are not reflective of the needs of the AAFP and its members. The fourth resolved clause was amended to make it more actionable, because explaining the reasons why donations are withheld from any and all candidates could be an infinite process for the AAFP. The fifth resolved clause was amended to request the publication of minutes since the committee members did not know if it is legal or appropriate for a PAC to disclose the details of its minutes. The remaining portions of the resolution were deemed valuable and the committee supported them.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R2-504 be adopted in lieu of Resolution No. R2-504, which reads as follows:

RESOLVED, That the American Academy of Family Physicians (AAFP) examine best practices among professional societies including outside the health care profession to align political action committee funds with organizational stances and values including methods for receiving feedback from general membership

towards ensuring that FamMedPAC's donations are congruent with AAFP's policies and improving communication on which AAFP's policies take priority each legislative year, and be it further

RESOLVED, That the American Academy of Family Physicians request the FamMedPAC to prepare an annual report to ensure transparency and accountability of distribution of donations from student, resident, and physician members, and be it further

RESOLVED, That the American Academy of Family Physicians request the publication of the minutes of the proceedings of the FamMedPAC on their website to be available for all AAFP members, and be it further

RESOLVED, That the American Academy of Family Physicians allow members including residents and students to earmark their contributions towards specific candidates or issues to ensure accountability of where such funds are directed, and be it further

RESOLVED, That this resolution be sent to the Congress of Delegates.

ITEM NO. 5: RESOLUTION No. R2-505: GENDER-AFFIRMING CARE FOR ADOLESCENT PATIENTS

RESOLVED, That the American Academy of Family Physicians specifically support gender-affirming care for children and adolescents, and be it further

RESOLVED, That the American Academy of Family Physicians oppose any legislation limiting gender-affirming care for children and adolescents.

The author testified in support of this resolution. The reference committee recognized the importance of supporting gender-affirming care for children and adolescents and noted the AAFP has policy on this topic that was adopted by the Congress of Delegates in 2012 and reaffirmed in 2017.

RECOMMENDATION: The reference committee recommends that Resolution No. R2-505 be reaffirmed as current policy or as already being addressed in current projects.

ITEM NO. 6: RESOLUTION No. R2-506: INCREASE GENDER AFFIRMING THERAPY TRAINING IN FAMILY MEDICINE RESIDENCIES

RESOLVED, That the American Academy of Family Physicians work with relevant stakeholders such as the Accreditation Council for Graduate Medical Education to research ways to improve gender affirming hormone therapy education in residency programs in order to improve competency rates among future family physicians.

Extensive testimony was provided to the reference committee in support of this resolution. Family physicians provide full-person care and have the opportunity to provide gender-affirming care throughout a patient's life span. The committee agreed that increased training should be provided in residency programs to support this care. The recommendation aligns with the testimony heard about surgical and non-surgical therapies.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R2-506 be adopted in lieu of Resolution No. R2-506, which reads as follows:

RESOLVED, That the American Academy of Family Physicians work with relevant stakeholders such as the Accreditation Council for Graduate Medical Education to research ways to improve gender affirming therapy education in residency programs in order to improve competency rates among future family physicians.

ITEM NO. 7: RESOLUTION No. R2-507: MAKING GENDER AND SEXUAL MINORITY INFORMATION UNIVERSAL FOR ALL EHRs

RESOLVED, That the American Academy of Family Physicians ask the electronic health records (EHR) vendors they work with to make data affecting sexual and gender minority patients universally incorporated into their EHR products.

The reference committee heard brief supportive testimony on the resolution. An author emphasized the importance of equipping EHRs with the capability to allow physicians to care compassionately for sexual and gender minority patients. The committee agreed that this is an important issue, noting that a similar resolution was adopted at the most recent National Conference of Constituency Leaders (NCCL). The committee noted that the AAFP does not work exclusively with any specific vendors and amended the resolved clause to reflect this.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R2-507 be adopted in lieu of Resolution No. R2-507, which reads as follows:

RESOLVED, That the American Academy of Family Physicians encourage electronic health records (EHR) vendors to make data affecting sexual and gender minority patients universally incorporated into their EHR products.

ITEM NO. 8: RESOLUTION No. R2-508: SINGLE PAYER PREFERENCE FOR HEALTH CARE REFORM

RESOLVED, That single payer is the only system amongst those studied by the American Academy of Family Physicians that ensures an equitable system and delivers health care as a human right for all, and be it further

RESOLVED, That single payer be the preferred system of the American Academy of Family Physicians in efforts for health care reform.

There was limited testimony both for and against the resolution. The testimony in favor of the resolution spoke to the Board Reports to the 2017 and 2018 Congress of Delegates that indicated that a single payer system was an option in the U.S. healthcare system, and described the benefits of a single payer system. The testimony in opposition to the single payer system noted the diversity of opinion within the membership on this issue and the potential harm should the AAFP be restricted to take a singular position on this issue. The reference committee recommends this complex issue be fully debated by the resident congress to provide the AAFP with the benefit of the sentiments of resident members.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R2-508 be adopted in lieu of Resolution No. R2-508, which reads as follows:

RESOLVED, That single payer be the preferred system of the American Academy of Family Physicians in efforts for health care reform.

ITEM NO. 9: RESOLUTION No. R2-509: RECIPROCAL RESIDENT MEMBERSHIP

RESOLVED, That the American Academy of Family Physicians advocate to make an American College of Obstetricians and Gynecologists membership available for family medicine residents similar to the junior fellow membership available for obstetrics and gynecology residents, and be it further

RESOLVED, That the American Academy of Family Physicians consider offering a membership option for obstetrics and gynecology residents.

The author of the resolution testified to the valuable resources provided by the American College of Obstetricians and Gynecologists (ACOG) that are not accessible to family medicine residents because they are not eligible for resident membership in ACOG. Physicians in other specialties become eligible for ACOG membership when they are board certified in their own specialty. Similarly, AAFP resident membership is limited to residents in family medicine. The AAFP's Supporting category of membership is available to physicians only when they complete their residency training. The resolution asks the AAFP to explore with ACOG a change to their existing categories of membership that would allow family medicine residents to access their resources available to ACOG members.

RECOMMENDATION: The reference committee recommends that Resolution No. R2-509 be adopted

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,

Devesh Vashistha, MD

Elise Duwe, MD

Shawn Hamm, DO

Wade Edwards, MD

Julie Thai, MD

Heather Koch, MD