



Resident 2 Agenda and Resolutions

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

<u>Item No.</u>	<u>Resolution Title</u>
1 Resolution No. R2-501	Increasing Awareness of Opportunities for Advocacy Activities Through AAFP
2. Resolution No. R2-502	Potential Screening and Treatment for Health Conditions Related to Poor Water Quality
3. Resolution No. R2-503	Advanced Electronic Health Record Training for Reduction of Physician Burnout
4. Resolution No. R2-504	Improve Transparency and Communication of FamMedPAC
5. Resolution No. R2-505	Gender-Affirming Care for Adolescent Patients
6. Resolution No. R2-506	Increase Gender Affirming Therapy Training in Family Medicine Residencies
7. Resolution No. R2-507	Making Gender and Sexual Minority Information Universal for All EHRs
8. Resolution No. R2-508	Single Payer Preference for Health Care Reform
9. Resolution No. R2-509	Reciprocal Resident Membership

1 **RESOLUTION NO. R2-501**

2
3 **Increasing Awareness of Opportunities for Advocacy Activities Through AAFP**

4
5 Introduced by: Julie Thai, MD, MPH
6 Linda Stanek, MD
7

8 WHEREAS, Advocacy and health policy training can help increase family physicians' ability to
9 help their patients better deal with social determinants of health, and

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11 WHEREAS, one-year Health Equity Fellowships exists through the American Academy of
12 Family Physicians, but there are limited positions, now, therefore, be it

13
14 RESOLVED, That the American Academy of Family Physicians establish a residency advocacy
15 member interest group to promote advocacy and health policy activities, and be it further

16
17 RESOLVED, That the American Academy of Family Physicians (AAFP) raise awareness to
18 AAFP membership about advocacy opportunities outside of completing a fellowship.

1 **RESOLUTION NO. R2-502**

2
3 **Potential Screening and Treatment for Health Conditions Related to Poor Water Quality**

4
5 Introduced by: Julie Thai, MD, MPH
6 Linda Stanek, MD

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8 WHEREAS, Family physicians recognize there is an increased rate of lead exposure in
9 disadvantaged communities, and

10
11 WHEREAS, the American Academy of Family Physicians (AAFP) is working on an informational
12 resource that focuses on Environmental Health and Climate Change which includes water
13 quality and lead and mercury exposure, and

14
15 WHEREAS, clinical practice in screening for and treating health conditions related to lead
16 exposure is limited primarily to children and adolescents, now, therefore, be it

17
18 RESOLVED, That American Academy of Family Physicians membership be provided with
19 clinical guidelines on how to screen for and treat health conditions in the general population
20 related to exposure to poor water quality, lead and mercury, and be it further

21
22 RESOLVED, That the American Academy of Family Physicians increase awareness around this
23 issue and potential screening and treatment options at the discretion of the American Academy
24 of Family Physicians staff in order to provide American Academy of Family Physicians
25 membership with as much education on this issue as possible.

1 **RESOLUTION NO. R2-503**

2
3 **Advanced Electronic Health Record Training for Reduction of Physician Burnout**

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5 Introduced by: Eric Kim, MD, PhD
6 Kenneth Herring, MD

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8 WHEREAS, A 2015 Mayo Clinic study of 35,922 physicians reported that the rate of physician
9 burnout has increased between 2011 and 2014 with nearly half of all physicians experiencing
10 burnout in 2014, and

11
12 WHEREAS, it is a major objective of the American Academy of Family Physicians (AAFP) to
13 support family physician wellness, and

14
15 WHEREAS, in studies done by the Agency for Healthcare Research and Quality among others,
16 physician burnout has been attributable in large part to documentation burden, with adoption of
17 an electronic health record (EHR) being associated with both an acute and chronic increase in
18 reported stress levels, and

19
20 WHEREAS, an extensive 2015 meta-analysis and AAFP policy among others recognized the
21 benefits of integrated Electronic Health Records (EHR) in medical practice, including enhanced
22 communication, coordination, quality improvement, safety, and efficiency, and

23
24 WHEREAS, in studies performed by the University of Colorado Health System, University of
25 California Davis, and Kaiser Permanente among others, advanced EHR training was associated
26 with increased physician satisfaction, and

27
28 WHEREAS, a 2018 Kaiser Permanente study suggests that advanced EHR training improves
29 safety, quality, accuracy, and timeliness of care, and

30
31 WHEREAS, novel and well-received continuous training concepts have been proposed and
32 trialed including peer-to-peer “EHR happy hours”, and sprint developments with EHR builders
33 and trainers integrated into a clinic for a time and providing one-on-one training to providers,
34 now, therefore, be it

35
36 RESOLVED, That the American Academy of Family Physicians amend policy to recognize the
37 importance of necessary and appropriate advanced provider Electronic Health Records training
38 for reduction of administrative burden and physician burnout, and be it further

39
40 RESOLVED, That the American Academy of Family Physicians study the current data regarding
41 Electronic Health Records (EHR) training for providers with the goal of creating a set of
42 recommendations regarding optimal EHR training for reduction of burnout.

1 **RESOLUTION NO. R2-504**

2
3 **Improve Transparency and Communication of FamMedPAC**

4
5 Introduced by: Reshma Ramachandran, MD, MPP
6 Vikas Jayadeva, MD MEd
7 Ramsey Salem, MD MPH
8 Morgan Beatty, MD MPH
9

10 WHEREAS, The FamMedPAC operates as a financial vehicle for American Academy of Family
11 Physicians (AAFP) in advancing the organization's legislative agenda and in broadening its
12 visibility with Congress, and

13
14 WHEREAS, the FamMedPAC has published the monetary amounts donated to candidates and
15 committees on the AAFP website periodically, and

16
17 WHEREAS, currently the FamMedPAC outlines a set of general criteria for their donations to
18 candidates during each election cycle, and

19
20 WHEREAS, the AAFP requests the FamMedPAC to prepare an annual report outlining their
21 rationale for providing or withholding donations to candidates, politicians, and committees that
22 would be available on AAFP's website for membership to ensure transparency and
23 accountability of such funds collected from student, resident, and physician members, and

24
25 WHEREAS, the AAFP has adopted a legislative stance on drug pricing that states that the
26 AAFP "supports legislation [e]nsuring the availability of effective, safe and affordable
27 medications," and

28
29 WHEREAS, the AAFP has put forward a position paper in 2018 entitled, "Health Care for All: A
30 Framework for Moving to a Primary Care-Based Health Care System in the United States" as
31 guidance towards "achiev[ing] the goal of health care coverage for all" – a goal based upon
32 AAFP policy which recognizes that health is a basic human right for every person and that the
33 right to health includes universal access to timely, acceptable and affordable health care of
34 appropriate quality, and

35
36 WHEREAS, during the 2018 election cycle, the FamMedPAC contributed funds to candidates
37 who received significant funding from the National Rifle Association and the pharmaceutical and
38 biotechnology industries, and

39
40 WHEREAS, during the 2018 election cycle, the FamMedPAC contributed funds to candidates
41 who voted to repeal or have stated that they support the repeal of the Affordable Care Act,
42 legislation that the AAFP had continued to support and defend, and

43
44 WHEREAS, the FamMedPAC is engaging in a fundraising strategy that is anticipated in making
45 it the 5th largest medical specialty PAC by the end of the 2020 cycle, allowing FamMedPAC to
46 wield significant influence over elected officials in advancing AAFP's legislative priorities as well
47 as its mission and values, now, therefore, be it

48
49 RESOLVED, That the American Academy of Family Physicians (AAFP) examine best practices
50 among professional societies including outside the health care profession on aligning Political
51 Action Committee funds with organizational stances and values including methods for receiving

52 feedback from general membership towards ensuring that FamMedPAC's donations are
53 congruent with AAFP's policies and improved communication on which AAFP's policies take
54 priority each legislative year, and be it further
55

56 RESOLVED, That the American Academy of Family Physicians require that the FamMedPAC
57 examine the campaign contributions of the National Rifle Association (NRA) and other related
58 groups as well as pharmaceutical and biotechnology companies in determining whether or not
59 funds should be directed toward candidates, and be it further
60

61 RESOLVED, That the American Academy of Family Physicians (AAFP) require that the
62 FamMedPAC review the candidates' voting records to ensure that they align with AAFP's
63 commitment to Health Care for All, affordable prescription drugs, and gun violence prevention in
64 determining whether or not funds should be allocated for such a candidate, and be it further
65

66 RESOLVED, That the American Academy of Family Physicians (AAFP) request the
67 FamMedPAC to prepare an annual report outlining their rationale for providing or withholding
68 donations to candidates, politicians, and committees that would be available on AAFP's website
69 for membership to ensure transparency and accountability of such funds collected from student,
70 resident, and physician members, and be it further,
71

72 RESOLVED, That the American Academy of Family Physicians ensure the publication of the
73 minutes of the proceedings of the FamMedPAC on their website to be available for all AAFP
74 members, and be it further,
75

76 RESOLVED, That the American Academy of Family Physicians allow members including
77 residents and students to earmark their contributions towards specific candidates or issues to
78 ensure accountability of where such funds are directed, and be it further,
79

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

1 **RESOLUTION NO. R2-505**

2
3 **Gender-Affirming Care for Adolescent Patients**

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5 Introduced by: Johan Clarke, MD
6 Jordan Hoese, MD
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8 WHEREAS, Living in a body that does not match your gender identity causes emotional and
9 mental stress and can lead to societal stigma, poor mental health outcomes, and suicide, and

10
11 WHEREAS, research shows that regardless of developmental stage, prepubertal children who
12 assert a transgender identity know their gender as clearly and consistently as their
13 developmentally equivalent peers and benefit from the same level of validation and social
14 acceptance and very rarely return to their gender at assigned birth, and

15
16 WHEREAS, the American Academy of Family Physicians supports policies affirming individuals'
17 gender, including supporting "public and private insurance coverage for treatment of gender
18 identity/gender dysphoria" and hormone treatment for transgender care, and

19
20 WHEREAS, gender affirmation care for trans children and adolescents is specifically under
21 attack by legislators, and

22
23 WHEREAS, in 2019, many state legislators proposed and some introduced bills that would limit
24 physicians from providing gender affirmation care for trans teens/youth, and

25
26 WHEREAS, medical decision-making on treatment for gender affirmation should solely occur
27 between a patient, the patient's family, and physician, and

28
29 WHEREAS, legislators should not play a role in this medical decision-making, particularly in the
30 nuanced and sensitive topic, now, therefore, be it

31
32 RESOLVED, That the American Academy of Family Physicians specifically support gender-
33 affirming care for children and adolescents, and be it further

34
35 RESOLVED, That the American Academy of Family Physicians oppose any legislation limiting
36 gender-affirming care for children and adolescents.

1 **RESOLUTION NO. R2-506**

2
3 **Increase Gender Affirming Therapy Training in Family Medicine Residencies**

4
5 Introduced by: Yeri Park, MD
6 Johan Clarke, MD
7

8 WHEREAS, Family physicians and educators are tasked with providing patient-centered and
9 culturally appropriate care to all patients, and

10
11 WHEREAS, transgender patients face discrimination from society leading to harmful effects on
12 their physical and medical health with 33% of transgender patients not seeking any preventative
13 care, and

14
15 WHEREAS, 19% of transgender patients report being refused care outright because they were
16 transgender or gender non-conforming and 28% of respondents were subjected to harassment
17 in medical settings, and

18
19 WHEREAS, standardized interviews with transgender patients demonstrate a desire to have
20 their primary care physicians be able to initiate hormone therapy and to have their health care
21 needs centralized with a physician they trust, and

22
23 WHEREAS, in one study over 80% of primary care providers were willing to provide routine care
24 to transgender patients and with family physicians five times more likely to provide
25 Papanicolaou test in transgender men, showing importance of family physicians' roles in
26 providing comprehensive care to our transgender patients, and

27
28 WHEREAS, one preliminary study stated that only about half of primary care providers surveyed
29 were willing to continue gender affirming therapy for transgender patients due to poor training,
30 and

31
32 WHEREAS, despite a willingness to serve the transgender population better, a study from the
33 Canadian Medical Education Journal stated "that there was a lack of clinical exposure and
34 trans-related teaching within postgraduate curricula resulting in feelings of unpreparedness to
35 meet the health care needs of this underserved population", and

36
37 WHEREAS, transgender hormone therapy is not a core part of most family medicine
38 residencies despite the percentage of patients needing gender affirming hormone therapy being
39 equivalent to multiple other chronic maintenance medications that all residencies are expected
40 to feel comfortable with, now, therefore, be it

41
42 RESOLVED, That the American Academy of Family Physicians work with relevant stakeholders
43 such as the Accreditation Council for Graduate Medical Education to research ways to improve
44 gender affirming hormone therapy education in residency programs in order to improve
45 competency rates among future family physicians.

1 **RESOLUTION NO. R2-507**

2
3 **Making Gender and Sexual Minority Information Universal for All EHRs**

4
5 Introduced by: Johan Clarke, MD

6
7 WHEREAS, Family physicians and educators are tasked with providing patient-centered and
8 culturally appropriate care to all patients, and

9
10 WHEREAS, transgender patients face discrimination from society leading to harmful effects on
11 physical and medical health with 33% of transgender patients not seeking preventative care,
12 and

13
14 WHEREAS, 19% of transgender patients report being refused care outright because they were
15 transgender or gender non-conforming and 28 percent of respondents were subjected to
16 harassment in medical settings, and

17
18 WHEREAS, such comprehensive care can be easily incorporated into electronic health records
19 (EHR) though it is not universally incorporated into each electronic health record EHR, and

20
21 WHEREAS, most medical practices do not have strong data collection tools for knowing
22 percentages of their patient populations about medical history that affects sexual and gender
23 minority individuals like gender affirming hormone therapy and surgical status, and

24
25 WHEREAS, EHRs provide a useful data collection tool for such information, now, therefore, be
26 it

27
28 RESOLVED, That the American Academy of Family Physicians ask the electronic health
29 records (EHR) vendors they work with to make data affecting sexual and gender minority
30 patients universally incorporated into their EHR products.
31

1 **RESOLUTION NO. R2-508**

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3 **Single Payer Preference for Health Care Reform**

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5 Introduced by: Kenneth Herring, MD
6 Eric Kim, MD
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8 WHEREAS, In 2017 the American Academy of Family Physicians (AAFP) declared that health
9 care is a human right, and

10
11 WHEREAS, in 2018 the AAFP declared that “Health Has No Zip Code” and accepted the goal of
12 health care equity as policy, and

13
14 WHEREAS, the AAFP has evaluated systems of health care in Board Reports F to the 2017
15 Congress of Delegates (COD) and G to the 2018 COD, now, therefore, be it

16
17 RESOLVED, That single payer is the only system amongst those studied by the American
18 Academy of Family Physicians that ensures an equitable system and delivers health care as a
19 human right for all, and be it further

20
21 RESOLVED, That single payer be the preferred system of the American Academy of Family
22 Physicians in efforts for health care reform.

1 **Resolution NO. R2-509**

2
3 **Reciprocal Resident Membership**

4
5 Introduced by: Elizabeth McIntosh, MD
6 Kelly Thibert, DO
7 Kelsey Murray, MD
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9 WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) family
10 medicine requirements include mandatory obstetrics and gynecology curriculum time and
11 experience in well-woman care, family planning, contraception, prenatal care, labor and
12 delivery, and postpartum care that states “Residents must have at least 100 hours or 125
13 patient encounters dedicated to the care of women with gynecologic issues, including well-
14 woman care, family planning, contraception, and options counseling for unintended pregnancy;
15 200 hours (or two months) dedicated to participating in deliveries and providing prenatal and
16 post-partum care”, and
17

18 WHEREAS, 18% of family medicine physicians continue to do obstetrics, and
19

20 WHEREAS, American Academy of Family Physicians (AAFP) policy supports a partnership
21 between AAFP and the American College of Obstetricians and Gynecologists (ACOG) and
22 encourages collegial relationships and excellence in women’s health and maternity care, and
23

24 WHEREAS, ACOG has up-to-date research, practice bulletins, resources, and educational
25 opportunities, many behind an ACOG login, and
26

27 WHEREAS, ACOG does not have family medicine resident membership options, and
28

29 WHEREAS, family physicians can only apply for membership after they are board certified, now,
30 therefore, be it
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32 RESOLVED, That the American Academy of Family Physicians advocate to make an American
33 College of Obstetricians and Gynecologists membership available for family medicine residents
34 similar to the junior fellow membership available for obstetrics and gynecology residents, and be
35 it further
36

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