



Resident 3 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. R3-601	Addressing Unforeseen Family Medicine Residency Closures
2. Resolution No. R3-602	Crisis Response Plan needed In case of Hospital Closure/Filing of Bankruptcy
3. Resolution No. R3-603	Separation of Immigrant Children from Families in the Border
4. Resolution No. R3-604	Hospital Closure and Resident CMS funding
5. Resolution No. R3-605	Hospital Closure and Institutional Accreditation
6. Resolution No. R3-606	Federal Acknowledgment and Support of Residents at Safety Net Hospitals
7. Resolution No. R3-607	Retention of Resident Training Records Due to Program Closure
8. Resolution No. R3-608	AAFP Immigrant and Refugee Health Toolkit and Workshop

1 **RESOLUTION NO. R3-601**
2

3 **Addressing Unforeseen Family Medicine Residency Closures**
4

5 Introduced by: Meray Ohanessian, MD
6 Shawn Hamm, DO, MPH
7

8 WHEREAS, Research has shown there is a shortage in the primary care physician workforce,
9 and
10

11 WHEREAS, in 2019, 3,848 medical students and graduates matched into family medicine
12 residency programs, which was the highest number in the history of the specialty, and
13

14 WHEREAS, there have been instances of residency programs unexpectedly terminating and
15 leaving residents at risk of not completing their graduate medical education, and
16

17 WHEREAS, this would lead to increased barriers to patient access to care, and
18

19 WHEREAS, resident physicians struggle to find replacement positions without assistance, which
20 can negatively impact their families, cause financial burdens, and jeopardize their wellbeing,
21 now, therefore, be it
22

23 RESOLVED, That the American Academy of Family Physicians develop a policy to assist and
24 support family medicine residents in the unforeseen circumstance that their residency program
25 shuts down.

1 **RESOLUTION NO. R3-602**
2

3 **Crisis Response Plan needed In case of Hospital Closure/Filing of Bankruptcy**
4

5 Introduced by: Fotini Debonera, MD
6

7 WHEREAS, Hospital closure leaves family medicine residents without guidance as to how to
8 navigate the process of transfer, and
9

10 WHEREAS, such closure leads to uncertainty of time of transfer, lack of official body to offer
11 updates to residents, lack of designated body to determine availability of funds and slots, and
12

13 WHEREAS, financial instability of a hospital can be ongoing but residents and programs are left
14 in the dark, unable to recognize warning signs, as there is no standard monitoring process of
15 the financial health of the teaching hospital, now, therefore, be it
16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby the Accreditation
18 Council for Graduate Medical Education (ACGME) to install a crisis response plan in cases of
19 hospital closure/filing of bankruptcy that:

- 20 • Designates first responders such as ACGME, Centers for Medicare and Medicaid
21 Services, program directors and legal support;
- 22 • Establishes/Nominates committees responsible to collect residents' information;
- 23 • Establishes communication means amongst residents and first responders;
- 24 • Establishes policy towards media;
- 25 • Designates emergency funds to help transitioning residents acquire records from closing
26 hospital/program;
- 27 • Assists in identifying and selecting 2-3 legal firms that can advocate for residents, speak
28 on their behalf, be in a position to offer advice, and help support litigation if needed;
- 29 • Establishes official advocacy entities: AAFP, American Medical Association, ACGME.
- 30 • Lobbies to create new regulations to facilitate expedited resolution of crisis, and, be it
31 further

32
33 RESOLVED, That the American Academy of Family Physicians lobby the Accreditation Council
34 for Graduate Medical Education Institutional Review Committee to establish monitoring of
35 hospital financial operations:

- 36 • Residency programs to communicate and scrutinize financial health of hosting/teaching
37 hospitals in an effort to recognize failing signs;
- 38 • Establish close monitoring/auditing of resident slots and funding available prior to hiring
39 residents and monitor closely during training;
- 40 • Establish process to monitor financial trajectory of teaching hospitals and monitor
41 regularly;

1 **RESOLUTION NO. R3-603**
2

3 **Separation of Immigrant Children from Families in the Border**
4

5 Introduced by: Reshma Ramachandran, MD, MPP
6 Aubrey Hertenstein Perez, MD
7

8 WHEREAS, Increasing numbers of unaccompanied migrant children have crossed into the
9 United States facing forced displacement from their birth countries due to the threat of violence
10 by organized and armed criminal actors, violence in the home, or exploitation by human
11 traffickers, and
12

13 WHEREAS, the trauma and toxic stress of separating children from their parents can lead to
14 long-term negative impacts on their physical, mental, and behavioral health including regression
15 and reversal of developmental milestones as noted by the American Academy of Pediatrics, and
16

17 WHEREAS, there have been outbreaks of chicken pox, scabies, and other infections among
18 detainees within detention centers due to close quarters and lack of adequate sanitation, now,
19 therefore, be it
20

21 RESOLVED, That the American Academy of Family Physicians commit to stand against
22 immigration policies that result in family separation and long-term detention of families seeking
23 asylum from violence and oppression, and be it further
24

25 RESOLVED, That the American Academy of Family Physicians call for timely access to quality
26 medical, dental, and mental health care for children and families as well as basic sanitation
27 services inflicted by detention and separation policies, and be it further
28

29 RESOLVED, That the American Academy of Family Physicians call upon the Department of
30 Homeland Security to implement alternatives to family separation and long term detention of
31 family units, including community-based case management.

1 **RESOLUTION NO. R3-604**
2

3 **Hospital Closure and Resident CMS funding**
4

5 Introduced by: Ansa Anderson, MD
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7 WHEREAS, Hospital closures occur often, in the filing of bankruptcy of Hahnemann University
8 Hospital, Centers for Medicare and Medicaid Services (CMS) graduate medical education
9 (GME) funds have been brought into the court as a bankruptcy asset, and
10

11 WHEREAS, the closure of the hospital has left resident education in current poor standing and
12 residents who would like to move are unable to due to CMS GME funds being held up in court,
13 and
14

15 WHEREAS, this can cause delays in resident education and possible graduation dates, now,
16 therefore, be it
17

18 RESOLVED, That the American Academy of Family Physicians intercede on behalf of residents
19 at Hahnemann University Hospital for the quick release of Centers for Medicare and Medicaid
20 Services (CMS) graduate medical education (GME) funds to residents of closing programs.

1 **RESOLUTION NO. R3-605**
2

3 **Hospital Closure and Institutional Accreditation**
4

5 Introduced by: Lily Payvandi, MD
6

7 WHEREAS, Sudden hospital closures leave family medicine residents without a site for
8 inpatient training, and
9

10 WHEREAS, such closures threaten the viability of a residency program, and
11

12 WHEREAS, for a residency program to stay intact while moving to a different hosting hospital
13 (i.e transfer of sponsorship), it must re-apply for institutional accreditation through the
14 Accreditation Council for Graduate Medical Education, and
15

16 WHEREAS, delays in Accreditation Council for Graduate Medical Education accreditation may
17 compromise program viability during such crises, and ultimately residents' contiguous training,
18 now, therefore, be it
19

20 RESOLVED, That American Acedemy of Family Physicians lobby the Accreditation Council for
21 Graduate Medical Education Institutional Review Committee to install a crisis plan that
22 expeditiously determines institutional accreditation of threatened residency programs during
23 circumstances of hospital closure, such that these programs may change sponsorship with
24 minimal delay in resident training.

1 **RESOLUTION NO. R3-606**
2

3 **Federal Acknowledgment and Support of Residents at Safety Net Hospitals**
4

5 Introduced by: Derek Maloney, MD
6

7 WHEREAS, Safety net hospitals provide care to a proportionately high number of uninsured,
8 Medicaid, and other vulnerable populations who have difficulty paying for services, and
9

10 WHEREAS, current legislation allots federal funding to safety net hospitals for uncompensated
11 care, and
12

13 WHEREAS, changes in legislation as per the American Health Care Act of 2017 will lead to cuts
14 in Medicaid and federal grants to states for uncompensated care, and
15

16 WHEREAS, many safety net hospitals are academic centers and training sites for residency
17 programs, now, therefore, be it
18

19 RESOLVED, That the American Academy of Family Physicians lobby for legislation which
20 implements financial protection and support plans for residency training programs at safety net
21 hospitals at risk for sudden closure.

1 **RESOLUTION NO. R3-607**
2

3 **Retention of Resident Training Records Due to Program Closure**
4

5 Introduced by: Adib Rushdan, MD
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7 WHEREAS, Program closures can be unique and abrupt, such as the bankruptcy filing of the
8 sponsoring institution, i.e., Hahnemann University Hospital (HUH), leading to unexpected
9 professional, financial, and emotional stress for residents, and
10

11 WHEREAS, resident and fellow training records are currently housed by graduate medical
12 offices at sponsoring institutions, such as HUH, and
13

14 WHEREAS, the impending displacement of HUH residents will create a scenario where the
15 burden to retain/manage training records will be placed upon the above residents, and
16

17 WHEREAS, the American Academy of Family Physicians acknowledges that documentation of
18 training and experiences is of the utmost importance, and
19

20 WHEREAS, the Federation of State Medical Boards can assist with retention of resident/fellow
21 records if a program is closing; offering to permanently store records for the sponsoring
22 institution and residents having attended, the program, now, therefore, be it
23

24 RESOLVED, That the American Academy of Family Physicians strongly encourage the
25 Accreditation Council for Graduate Medical Education to establish within its program closure
26 policy, that residents and fellows within programs facing closure shall not endure the burden
27 financial or otherwise, of record retention, and be it further,
28

29 RESOLVED, That the responsibility, including financial, of training records retention for
30 residents and fellows be placed upon the sponsoring institution to ensure that records are
31 appropriately secure and protected through the Federation of State Medical Boards, unless
32 another viable option is available which shall be communicated with trainees prior to closure.

1 **Resolution NO. R3-608**
2

3 **AAFP Immigrant and Refugee Health Toolkit and Workshop**
4

5 Introduced by: Audrey Hertenstein Perez, MD
6 Morgan Beatty, MD
7

8 WHEREAS, It is estimated that in 2017, 44.5 million persons living in the U.S. identify as
9 immigrants, 11 million of whom are undocumented immigrants, and
10

11 WHEREAS, immigrant, documented and undocumented, and refugee patients are less likely to
12 utilize health care and more likely to experience barriers to health care access related to their
13 immigration status, and experience disparities in health care access and delivery, and
14

15 WHEREAS, physicians working in a variety of settings encounter the barriers to health and
16 wellbeing experienced by documented and undocumented immigrant patients, and
17

18 WHEREAS, physicians, with proper knowledge and training, have the opportunity to support the
19 health and wellbeing of immigrant and refugee patients, and
20

21 WHEREAS, the American Academy of Family Physicians has adopted policy in support of more
22 effective means of health care for refugees entering the U.S. and supports health care for all in
23 the country, now, therefore, be it
24

25 RESOLVED, That the American Academy of Family Physicians adopt a policy in support of
26 physician education on the unique health care needs of all immigrant and refugee patients,
27 regardless of documentation status, and be it further
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29 RESOLVED, That the American Academy of Family Physicians develop and make available a
30 toolkit and workshop template aimed at increasing physician knowledge regarding the health
31 and wellbeing of all immigrant and refugee patients, regardless of documentation status, and be
32 it further
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34 RESOLVED, That the American Academy of Family Physicians aim to hold a workshop at the
35 2020 AAFP National Conference addressing health care delivery to all immigrant and refugee
36 patients.