



2018 Agenda for the Reference Committee on Organization & Finance

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 4001	Empowering Family Physicians to Provide Care for the Growing Latinx Population
2. Resolution No. 4002	Term Limit Guidance for AAFP Congress of Delegates
3. Resolution No. 4003	Normalizing Gender Identity Language through AAFP Registration
4. Resolution No. 4004	AAFP Board of Directors Public Member
5. Resolution No. 4005	Update Online Language and Resources Regarding Sexuality and Sexual Minorities
6. Resolution No. 4006	Rural Physician Engagement
7. Resolution No. 4007	Physicians in Government



Resolution No. 4001

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Empowering Family Physicians to Provide Care for the Growing Latinx Population

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3 Introduced by: Claudia Mercado, MD, General Registrant
4 Melissa See, MD, MPA, Minority
5 Oscar Gantes, MD, General Registrant
6

7 WHEREAS, By the year 2060, one in three individuals in the United States (U.S.) will be of
8 Hispanic origin (<https://census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>), and
9

10
11 WHEREAS, Spanish is the second most spoken language in the world, English being the third
12 (<https://www.weforum.org/agenda/2018/02/chart-of-the-day-these-are-the-world-s-most-spoken-languages/>), and
13

14
15 WHEREAS, Latinxs make up only 5.5% of the physician workforce
16 (<https://www.aamc.org/download/432976/data/factsandfigures2010.pdf>), and now, therefore, be it
17

18 RESOLVED, That the American Academy of Family Physicians provide non-Latinx physicians
19 training in culturally competent care specific to the Latinx population, including social determinants
20 of health as barriers to care, and be it further
21

22 RESOLVED, That the American Academy of Family Physicians include in the strategic plan
23 moving forward to address the needs of non-Latinx physicians to effectively care for the Spanish-
24 speaking and/or Latinx populations, and be it further
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26 RESOLVED, That the American Academy of Family Physicians provide non-Latinx and non-
27 Spanish-speaking physicians Medical-Spanish training in the form of CME programming, and be it
28 further
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30 RESOLVED, That the American Academy of Family Physicians provide education materials on
31 familydoctor.org in Spanish, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians collaborate with organizations such
34 as the Latino Medical Student Association and the National Hispanic Medical Association to create
35 a strategic plan to increase the number of Latinx physicians into the family medicine workforce,
36 and be it further
37

38 RESOLVED, That the American Academy of Family Physicians be aware of and support the
39 ethical treatment of undocumented patients in the community (e.g. Census, ICE Raids).



Resolution No. 4002

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Term Limit Guidance for American Academy of Family Physicians Congress of Delegates

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3 Submitted by: Ivonne McLean, MD, New Physician
4 Julie Johnston, MD, FAAFP, General Registrant
5 Daniel Neghassi, MD, Minority

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7 WHEREAS, The American Academy of Family Physicians (AAFP) policy on “Diversity in the
8 Workforce” reaffirmed in the 2015 Congress of Delegates (COD) states that “the AAFP will position
9 itself in a leadership role in creating a medical workforce reflective of the patient populations family
10 physicians serve”, and

11

12 WHEREAS, there is no universal standard for terms of COD delegates and alternates, and

13

14 WHEREAS, some states that have no enforced term limits or terms that extend over many years
15 which limits participation and leadership of chapter members, and

16

17 WHEREAS, current AAFP statistics show that the gender distribution of our COD does not match
18 that of the membership, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians develop a standard that each state
21 must abide to term limits for delegates and alternates to improve the diversity and inclusion in the
22 decision-making body of the organization.



Resolution No. 4003

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Normalizing Gender Identity Language Through AAFP Registration

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3 Submitted by: Jonathan Wells, MD, LGBT
4 Kristi VanDerKolk, MD, LGBT
5 Ike Okwuwa, MD, IMG
6 Megan Guffey, MD, MPH, FAAFP, New Physician
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8 WHEREAS, Individuals who identify as lesbian, gay, bisexual, and transgender have historically
9 faced and continue to face many barriers to accessing compassionate and competent health care,
10 an element of which is how they are addressed and communicated with in health care settings,
11 and

12
13 WHEREAS, there is a growing population, particularly among youth, who identify as gender non-
14 conforming, and may choose to identify through communication using different pronouns that may
15 or may not be readily assumed or known upon presentation, and

16
17 WHEREAS, starting in 2016, the Uniform Data System for Health Resources & Services
18 Administration (HRSA) requires health centers to collect data on sexual orientation and gender
19 identity (SOGI) for all patients, and

20
21 WHEREAS, we as family physicians should strive to grow more comfortable in asking questions of
22 and interacting with individuals around their preferred pronouns and identities to better serve our
23 patients, communities, and connections, and

24
25 WHEREAS, the National Conference of Constituency Leaders will begin including preferred
26 pronouns upon badges starting in 2019, and

27
28 WHEREAS, this badge change is not planned as of yet for other American Academy of Family
29 Physicians events, now, therefore, be it

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31 RESOLVED, That the American Academy of Family Physicians (AAFP) allow registrants for all
32 AAFP-sponsored events and conferences to select their own preferred pronouns of address to be
33 visible on registrant badges.



Resolution No. 4004

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 AAFP Board of Directors Public Member

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3 Submitted by: Jen Brull, MD FAAFP, Women

4 Rachel Franklin, MD, FAAFP, Women

5 Margaret Smith, MD, Minority

6 Joe Freund, MD FAAFP, LGBT

7 LaDona Schmidt, MD, FAAFP, IMG

8 Jewell Carr, MD, New Physician

9 Sarah Marks, MD, FAAFP, LGBT

10 Samantha Algrim, MD, New Physician

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12 WHEREAS, Commitment to patient-centered care is foundational for the American Academy of
13 Family Physicians (AAFP), and involving consumers on the AAFP Board of Directors is both a
14 substantive and symbolic way to 'walk the talk', and

15

16 WHEREAS, all that we do – including upstream governance and program design – drives toward
17 supporting the two-way connection between clinicians and patients, which requires addressing
18 both sides of that relationship equation to achieve better health, through more effective and
19 affordable care, and

20

21 WHEREAS, patient engagement activities occur at different levels – direct care interactions,
22 organizational design and governance, and policy making – on a continuum from consultation to
23 partnership and shared leadership, and

24

25 WHEREAS, a growing body of evidence suggests that engaging patients in partnership roles can
26 lead to better health outcomes, contribute to improvement in quality and safety, and helps control
27 costs, and

28

29 WHEREAS, when consumers are effectively engaged in organizational design and governance,
30 patients' values, experiences, and perspectives are integrated into foundational decisions and
31 structures that drive actions of physicians and health professionals plus organizations, and

32

33 WHEREAS, involving the consumer perspective at the governance level is good business (just as
34 airlines seek fliers' feedback and restaurants seek diners' feedback to stay viable and competitive),
35 in as much as health care organizations risk losing "their" patients to other groups of clinicians or
36 facilities that compete for a share of the health care pie, and

37

38 WHEREAS, the role of patients is becoming more active, informed, and influential, with continuing
39 shifts toward shared decision-making, patient satisfaction scores, information on provider price and
40 quality, and benefit design incentives (such as high-deductible health plans) that put more control
41 into consumers' hands to drive individual and collective health care market demand, and

42

43 WHEREAS, consumer rating systems are more sophisticated and widely-used than ever, and
44 research has identified a robust correlation between what patients on Yelp and Facebook say
45 about their care and the actual safety records of health care facilities, and
46

47 WHEREAS, the patient or consumer perspective is unique and cannot be represented by
48 physicians or other health professionals who already understand, and are deeply involved in how
49 the "system" works, and
50

51 WHEREAS, patients are the best "key informants" – to quote a top official at Accreditation College
52 for Graduate Medical Education – about the actual quality of health care practices, as they are the
53 only ones with direct knowledge and hands on experience of how well physicians and other
54 clinicians practice the healing art of medicine, and
55

56 WHEREAS, with the increase of resources available to train and inform consumers and the health
57 care organizations that want to successfully engage them, there are more savvy, broad-thinking
58 and well-prepared patient leaders to fill board seats, now, therefore, be it
59

60 RESOLVED, That the American Academy of Family Physicians (AAFP) add a public member to
61 the AAFP Board of Directors by January 1, 2020.



Resolution No. 4005

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Update Online Language and Resources Regarding Sexuality and Sexual Minorities

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3 Submitted by: Kim Eubanks, MD, FAAFP, LGBT

4 Anna McMahan, MD, LGBT

5 Carrie Vey, MD, FAAFP, LGBT

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7 WHEREAS, Family medicine physicians provide important care for many marginalized patient
8 populations including transgender patients, and

9

10 WHEREAS, the language that is used to discuss sexual minority health issues should be positive
11 and supportive, and

12

13 WHEREAS, Family medicine physicians care for whole families and communities including the
14 support of Lesbian, Gay, Bisexual, Transgender, Queer patients as they come out to their families,
15 now, therefore, be it

16

17 RESOLVED, That www.familydoctor.org retitle the article "Homosexuality: Facts for Teens" to
18 "Sexuality: Facts for Teens" to recognize the spectrum of sexuality issues for adolescent patients
19 and not single out homosexuality, and be it further

20

21 RESOLVED, That the language used in www.familydoctor.org article currently titled
22 "Homosexuality: Facts for Teens" be re-evaluated to incorporate more inclusive and positive
23 language, and be it further

24

25 RESOLVED, That the American Academy of Family Physicians update and add to online
26 resources available on www.familydoctor.org to include Lesbian, Gay, Bisexual, Transgender
27 family and community support resources as found on www.hrc.org, and be it further

28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) update and add to online
30 resources available on AAFP's website of patient resources to make them concordant with
31 Lesbian, Gay, Bisexual, Transgender patient resources on www.familydoctor.org.



Resolution No. 4006

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1 Rural Physician Engagement

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3 Submitted by: Alan Michael Vargas, MD, New Physician
4 Mara Groom, DO, New Physician
5 Laura Hoefert, MD, New Physician
6 Edmund Miller, DO, New Physician
7 Robert Sedlacek, MD, FAAFP, New Physician

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9 WHEREAS, Isolation of the rural physician increases physician burnout, and

10

11 WHEREAS, retaining new physician membership is paramount to the future of the American
12 Academy of Family Physicians (AAFP), and

13

14 WHEREAS, rural physicians are often isolated from the proceedings of groups advocating on their
15 behalf within the AAFP, and

16

17 WHEREAS, there is an increase in rural physicians in practice with a decrease in rural physician
18 membership in the AAFP, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians survey members to identify
21 barriers to engagement for the purpose of reducing barriers and improving collaboration among
22 rural family physicians, and be it further

23

24 RESOLVED, That the American Academy of Family Physicians develop a toolkit for chapters to
25 partner with rural physician organizations within their states in order to increase rural physician
26 membership.



Resolution No. 4007

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Physicians in Government

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3 Submitted by: Kimberly Becher, MD, New Physician

4 Kara Mayes, MD, New Physician

5 Robert Sedlacek, MD, FAAFP, New Physician

6 Casey Henritz, DO, New Physician

7 Alex Mroszcyk-McDonald, MD

8

9 WHEREAS, Physicians are not well-represented in the United States Congress as there are
10 currently only 12 physicians in the House and three in the Senate, all of which are men, and
11

12 WHEREAS, in the upcoming election cycle there are 46 physicians running for national level office
13 but few family physicians, and
14

15 WHEREAS, the American Medical Association's Political Action Committee (AMPAC) hosts a
16 training session which has been successful in assisting physicians running for office, but not all
17 American Academy of Family Physicians members are members of the American Medical
18 Association, now, therefore, be it
19

20 RESOLVED, That the American Academy of Family Physicians offer resources/educational
21 opportunities that would assist family physicians running for political office.