



AAFP Board of Directors Resident/Student 2016-2017 Annual Report

AAFP BOARD OF DIRECTORS RESIDENT/STUDENT MEMBERS

Resident

Stewart Decker, MD
Cascades East Family Medicine Residency
OHSU
Class of 2017

Student

Lauren Abdul-Majeed
University of Illinois at Chicago College of Medicine
Class of 2017

Thank you for choosing us to represent you on the AAFP Board of Directors for 2016-2017. It has been an amazing experience to serve as the resident and student voices on the board. We were vocal of our support of resident and student issues, including debt relief, health care for all, prevention of burnout, and social justice. We not only felt that our contributions were valued but they were also actively sought out and, honestly, influential.

Purpose & Scope of Work

As the student and resident representatives to the Board of Directors, we have had the honor of voicing the priorities of over 30,000 students and 10,000 residents on a national level. The Board values the perspective we provide as the training in medicine is a constantly evolving process. In addition to attending quarterly board meetings, we also serve as liaisons to a commission (Dr Abdul Majeed to Governmental Advocacy, and Dr Decker to Health of the Public and Science), and serve as members of the Commission on Education's Subcommittee on Resident and Student Issues. We attended all three major conferences (Family Medicine Experience, National Conference of Constituency Leaders, and the National Conference for Students and Residents). Dr Decker was also asked to attend the College of Family Physicians of Canada's Section of and Students and Residents Meeting in Toronto this Spring and Dr Abdul Majeed attended the Family Medicine Congressional Conference in Washington, DC in May.

Activities and Achievements

Since the AAFP is one of the few medical organizations that offers student and resident positions on their board of directors, it was a unique privilege to participate in board level deliberations and decisions that affect the 120,000 members and the direction of the US healthcare system is headed. We participated in discussions that were especially relevant to students and residents, and we've highlighted a few below.

First, I'll remind our dear readers that last year the Board identified a strategic identity and several strategic objectives with which to guide our decisions. They are found in detail [here](#), but, in sum, we are charged to focus our advocacy efforts on payment reform (including focusing on MACRA, reducing administrative complexity, and increased primary care spend), practice transformation (Health IT), Workforce (well-being and burnout, diversity and inclusion, and the family medicine pipeline), and Clinical Expertise (becoming experts on the social determinants of health).

One of the AAFP's most significant achievements of the past year has been its launch of the [Center for Diversity and Inclusion](#). This initiative is designed to address social aspects of health, nurture diversity and promote health equity through collaboration, policy development, advocacy and education.

Advocacy

As mentioned above, the AAFP is guided in their advocacy efforts by longstanding goals and principles. We have been asking for healthcare for all since the 1980s. We have been pushing for increased primary care spend, health system improvements, and decreased administrative for decades. Framing our goals in a manner that draws widespread support in a divisive political climate is challenging but feasible, as we have inherently non-partisan priorities that support all patients and their primary care physicians. One of the things I am most proud of is the internal consistency of message we have been able to bring to the table for decades.

Currently our main advocacy targets include:

- Maintaining gains in the health insurance industry policies: think pre-existing injuries, elimination of lifetime caps, and maintenance of laws requiring coverage of at least one drug in each class.
- maintaining gains in percent insurance coverage achieved through the Affordable care act. We are currently hopeful for an "amend and improve" approach rather than "repeal and replace."
- Increase percent primary care spend. There are several recent studies showing that as states increase the percent spend on primary care their health outcomes improve and their total spend decreases. We want this to inform future health policy choices.

Through the Academy's advocacy both on Capitol Hill and in the federal agencies, we have continued to push for **health care for all**, funding of **Teaching Health Centers**, and promotion of the newly formed **Primary Care Caucus** in the House of Representatives. The AAFP was an important leader in communicating with the new White House administration and with legislators regarding the importance of retaining and expanding healthcare coverage, rather than passing legislation that would eliminating coverage for millions of Americans. These efforts were done collaboratively with the "Group of 6," which included the American Academy of Family Physicians, the American Academy of Pediatrics, the American Congress of Obstetricians and Gynecologists, the American College of Physicians, the American Osteopathic Association and the American Psychiatric Association.

The AAFP has continued to assist its members during the implementation of **MACRA** (Medicare Access and CHIP Reauthorization Act) in the transition to value based payments and quality measure reporting.

Our FamMedPAC reached its **\$1M goal** in 2016. The Family Medicine Advocacy Summit (formerly Family Medicine Congressional Conference) once again took place in DC in the spring, as well as the Family Medicine National Day of Action, which occurred across the US at state capitals. The AAFP launched a new grassroots program, the [Family Physician Action Network](#), to help members engage in advocacy-related campaigns. It has been especially beneficial in communicating with legislators during national health care reform efforts.

Education

Through our work on the Commission on Education's Subcommittee of Resident and Student Issues (SRSI), we were able to tackle the important topics of student and resident well-being and resilience, diversity and inclusion, and increasing student choice in family medicine.

Lauren wrote a [blog post](#) on the significance of graduating from medical school and becoming a family physician, as well as a [post](#) about the ongoing challenges related to student choice of family medicine.

Stewart has written blog posts that touch on resiliency and recovery, how to live in the time of the match, and 6 ways to rank the rank list.

Public Health

Perhaps the most exciting development within the realm of public health this last year has been the development of Health Landscape and the Community Health Resource Navigator. Have you ever wanted to give your patients a prescription for fresh vegetables, or help them locate a smoking cessation group? This resource puts those things at your fingertips. By entering in your zip code you can look up local resources and print out their contact information and address.

We have continued attempting to address gun violence through discussions on the Hill, Cosponsoring a gun violence summit presented by the American Medical Association and the American Bar Association, and a blog post about bipartisan gun control measures. We have also continued the bold defense of “health in all things” by commenting on the health impacts of various executive orders and policy propositions, such as the attempted policy on immigration and by ramping up our involvement in the medical consortium highlighting the health impacts of climate change.

We are training in an exciting and unpredictable era in healthcare, and it’s been incredible to learn how involved and internally consistent the AAFP is when it comes to pushing for change. Thank you again for such an incredible opportunity.

Steward Decker, Resident Representative
Lauren Abdul-Majeed, Student Representative

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.