



# Resident 2 Agenda and Resolutions

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National Conference of Family Medicine Residents and Medical Students  
July 27 -29, 2017 – Kansas City, MO

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1. Resolution No. R2-501                      Student Loan Refinancing Program
2. Resolution No. R2-502                      Make a Statement Opposing Department of Health and Human Services Department Cuts to the Reproductive Health Programs and Funding
3. Resolution No. R2-503                      Improve Physician Wellness Through Providing Travel Credit from Commercial Airline Partners
4. Resolution No. R2-504                      Harm Reduction Strategies to Prevent Opioid Overdose-related Events
5. Resolution No. R2-505                      Supporting family physicians in advocating for healthier practice environments
6. Resolution No. R2-506                      Implementing Objective Assessment of Resident Physician Burnout
7. Resolution No. R2-507                      The Medicare and Medicaid Funding Shortage – Impact for Puerto Rico
8. Resolution No. R2-508                      Addressing Unmet Need: Personal Financial Education
9. Resolution No. R2-509                      Affiliating International Student Members with AAFP State Chapter

1 **Resolution NO. R2-501**

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3 **Student Loan Refinancing Program**

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5 Introduced by: Chetan Patel, MD, Columbus, Georgia

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7 WHEREAS, Student loan debt is rapidly growing and is a factor in student choice of medical  
8 specialty, and

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10 WHEREAS, income, length of credit history, and current income status can adversely affect a  
11 resident's or new physician's ability to refinance a student loan for a good rate, and

12

13 WHEREAS, a loan of \$250,000 paid back at an interest rate of 3.5% instead of 6.8% can  
14 reduce repayments by over \$150,000, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians study the feasibility of creating a  
17 loan refinancing program in partnership with a financial institution to reduce the effect of loans  
18 on physicians' finances and student choice.

1 **Resolution NO. R2-502**

2  
3 **Make a Statement Opposing Department of Health and Human Services Department Cuts**  
4 **to the Reproductive Health Programs and Funding**

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6 Introduced by: Yakira Teitel, MD, San Francisco, California

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8 WHEREAS, 81 reproductive health education and research programs nationwide learned this  
9 month that the five-year grants handed out by President Barack Obama's administration in 2015  
10 were being canceled as of June 2018, and

11  
12 WHEREAS, the Trump Administration gave no explanation for the decision, which rescinded  
13 \$213 million in grant awards specifically aimed at reproductive health education, access, and  
14 teen pregnancy prevention, and

15  
16 WHEREAS, the United States has the worst maternal mortality rates in the Global North, and  
17 access to safe and comprehensive reproductive health care is actively being attacked in the  
18 current political climate, and

19  
20 WHEREAS, the American Academy of Family Physicians has a history of making statements in  
21 support of access to reproductive health and opposing cuts to reproductive health access and

22  
23 WHEREAS, at the same time, it ended funding for the grants the Health and Human Services  
24 Department proposed sharply increasing funding for abstinence education, and

25  
26 WHEREAS, the American Medical Association (AMA), American Academy of Pediatrics (AAP),  
27 Society for Adolescent Medicine (SAM), and American College of Obstetricians & Gynecologists  
28 (ACOG) have official policy statements urging schools to implement comprehensive sexuality  
29 education programs and/or criticizing abstinence-only programs as inaccurate and ineffective,  
30 and

31  
32 WHEREAS, the American Academy of Family Physicians' Family Physicians' Creed states "I  
33 support access to health care for all," which includes comprehensive reproductive health care  
34 and education for patients, now, therefore be, it

35  
36 RESOLVED, That the American Academy of Family Physicians issue a statement in support of  
37 reproductive health access and education programs and against the cuts to such programs by  
38 the Department of Health and Human Services.

1 **Resolution NO. R2-503**

2  
3 **Improve Physician Wellness Through Providing Travel Credit from Commercial Airline**  
4 **Partners**

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6 Introduced by: Yin Zheng, MD, Tampa, Florida  
7 Mehak Gandhi, MD, Gainesville, Florida  
8 Caroline Price, MD, Jacksonville, Florida  
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10 WHEREAS, Burnout is defined by emotional exhaustion, decreased depersonalization and  
11 sense of reduced accomplishment, and

12  
13 WHEREAS, family medicine resident burnout rate at the University of North Carolina is reported  
14 to be 50%, which is representative of the national average, and

15  
16 WHEREAS, residents are burdened financially, and

17  
18 WHEREAS, travel provides the opportunity to de-stress and

19  
20 WHEREAS, the American Academy of Family Physicians partners with multiple other  
21 organizations to promote physician wellness, now, therefore, be it

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23 RESOLVED, That the American Academy of Family Physicians collaborate with commercial  
24 airline partners to provide undesignated travel credits to family medicine residents to alleviate  
25 the financial burden of travel so that residents will have the opportunity to travel to promote  
26 resident wellness, ie visit family, friends, or leisure, and be it further

27  
28 RESOLVED, That the American Academy of Family Physicians suggest travel credit in the  
29 amount of \$500 or equivalent frequent flyer mileage.

1 **Resolution NO. R2-504**

2

3 **Harm Reduction Strategies to Prevent Opioid Overdose-related Events**

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5 Introduced by: Kevin Kennedy, MD, Seattle, Washington

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7 WHEREAS, In the United States we are in the midst of an opioid epidemic, and

8

9 WHEREAS, more than half of drug overdose deaths in the United States are due to opioids,  
10 with over 33,000 opioid overdose-related deaths occurring in 2015, and with an average of 91  
11 deaths occurring per day, and

12

13 WHEREAS, it has been shown that harm-reduction models in the form of safe injection sites  
14 have reduced mortality rates related to opioid overdose, and

15

16 WHEREAS, in Vancouver, Canada opioid-related deaths declined by 35% near a safe injection  
17 site and by 9% in the whole city, and

18

19 WHEREAS, some cities such as New York and Seattle are proposing the creation of safe  
20 injection sites, and

21

22 WHEREAS, some cities such as Seattle and San Francisco have implemented buprenorphine  
23 first programs to prevent opioid overdose-related, now, therefore, be it

24

25 RESOLVED, That the American Academy of Family Physicians evaluate data regarding  
26 buprenorphine first programs and safe injection sites as harm reduction models to reduce  
27 mortality from opioid-related deaths.

1 **Resolution NO. R2-505**

2  
3 **Supporting Family Physicians in Advocating for Healthier Practice Environments**

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5 Introduced by: Lauren Williams, MD, Minneapolis, Minnesota  
6 Chetan Patel, MD, Columbus, Georgia  
7 Taneev Escamilla, MD, MPH, Seattle, Washington  
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9 WHEREAS, The American Academy of Family Physicians (AAFP) clearly supports the health of  
10 communities as evidenced by its efforts of “Family Medicine for America’s Health” and its  
11 associated “Health is Primary Campaign,” and  
12

13 WHEREAS, the environment may arguably represent the largest asset of a healthy community,  
14 and  
15

16 WHEREAS, according to the most recent Environmental Protection Agency (EPA) report, “in  
17 2013, Americans generated about 254 million tons of trash and recycled and composted about  
18 87 million ton of this material, equivalent to a 34.3 percent recycling rate,” and  
19

20 WHEREAS, according to the Healthier Hospitals initiative, hospitals and health systems  
21 produce approximately 11.7 thousand tons of waste each day, or 48 pounds per patient per day,  
22 and  
23

24 WHEREAS, by enrolling in waste reduction programs, 457 hospitals were able to achieve a  
25 recycling rate of 24%, diverting 445,722 tons of materials from area landfills, and  
26

27 WHEREAS, there are many organizations and programs such as GreenHealth and Healthier  
28 Hospitals which focus on reducing waste, practice environmental stewardship and incorporate  
29 sustainable materials management into healthcare settings, now, therefore, be it  
30

31 RESOLVED, That the American Academy of Family Physicians consolidate resources into a  
32 toolkit to assist family medicine physicians in advocating for more sustainable practices in their  
33 hospitals, clinics and other practice settings.

1 **Resolution NO. R2-506**

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3 **Implementing Objective Assessment of Resident Physician Burnout**

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5 Introduced by: Scott Hippe, MD, Boise, Idaho  
6 Josef Bartels, MD, Boise, Idaho  
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8 WHEREAS, The American Academy of Family Physicians (AAFP) published a position paper in  
9 2014 titled "Physician Burnout," which offers definitions for the term and identifies physician  
10 burnout as a problem that must be dealt with "openly and proactively," and  
11

12 WHEREAS, burnout among physicians has been shown to affect patient health outcomes, and  
13

14 WHEREAS, rate of burnout is high among physicians during their years of residency training,  
15 and  
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17 WHEREAS, resident physician burnout is a treatable entity, with various interventions that have  
18 been associated with reduced burnout and increased well-being, and  
19

20 WHEREAS, measuring levels of burnout among resident physicians would give residency  
21 programs information vital to guide the implementation of strategies aimed at reducing resident  
22 physician burnout, now, therefore, be it  
23

24 RESOLVED, That the American Academy of Family Physicians encourage and/or collaborate  
25 with the Accreditation Council for Graduate Medical Education to develop objective measures to  
26 assess resident physician burnout, and be it further  
27

28 RESOLVED, That the American Academy of Family Physicians adopt an alternative strategy to  
29 objectively measure family medicine resident burnout on a national scale if working through the  
30 Accreditation Council for Graduate Medical Education is not a feasible option.

1 **Resolution NO. R2-507**

2  
3 **The Medicare and Medicaid Funding Shortage – Impact for Puerto Rico**

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5 Introduced by: David Cevallos, MD, Manati, Puerto Rico  
6 Dayhana Pena, MD, San Juan, Puerto Rico  
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8 WHEREAS, Puerto Rico has received a fixed federal matching rate of 55% in Medicaid funding  
9 while the 50 states and the District of Columbia has received an adjustable rate of 50%-83%  
10 based on the states' per capita income, and

11  
12 WHEREAS, Puerto Rico's federal funding for healthcare is capped at \$321 million compared to  
13 the rest of 50 states and District of Columbia which is uncapped, and

14  
15 WHEREAS, the increasing needs of Puerto Rico's aging and underserved population results in  
16 exhaustion of allotted Medicaid and Medicare funding before the end of Fiscal Year, and

17  
18 WHEREAS, the Medicare and Medicaid funding shortage has affected the quality and  
19 availability of the healthcare services to the population and has contributed to Puerto Rico's  
20 financial crisis, and

21  
22 WHEREAS, the Obama Administration identified this issue and proposed the elimination of the  
23 Medicare and Medicaid funding cap for Puerto Rico for the 2017 Fiscal Year, however, the  
24 proposal was never passed, now, therefore, be it

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26 RESOLVED, That the American Academy of Family Physicians support equal funding for  
27 Medicaid and Medicare in Puerto Rico similar to the 50 states and District of Columbia, and be it  
28 further

29  
30 RESOLVED, That the American Academy of Family Physicians write a letter to the Centers for  
31 Medicare and Medicaid Services to uncap Puerto Rico's federal Medicare and Medicaid Funds.



1 **Resolution NO. R2-508**

2

3 **Addressing Unmet Need: Personal Financial Education**

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5 Introduced by: Chetan Patel, MD, Columbus, Georgia

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7 WHEREAS, Personal financial education is lacking in undergraduate and graduate medical  
8 education, and

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10 WHEREAS, the financial burden of education on students and residents is increasing, and

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12 WHEREAS, learning financial management can be very confusing and hard to understand  
13 without professional guidance, and

14

15 WHEREAS, education on budgeting, various forms of insurance, tax planning and retirement  
16 strategies is useful to both residents and students, now, therefore, be it

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18 RESOLVED, That the American Academy of Family Physicians include education at the  
19 National Conference of Family Medicine Residents and Medical Students addressing personal  
20 financial issues such as budgeting, insurance, tax planning and retirement planning, and be it  
21 further

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23 RESOLVED, That the educator of a session at the National Conference of Family Medicine  
24 Residents and Medical Students addressing personal financial issues be a certified financial  
25 planner who does not sell financial products to receive payment in the form of sales  
26 commissions.

1 **Resolution NO. R2-509**

2

3 **Affiliating International Student Members with AAFP State Chapter**

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5 Introduced by: Jason Schrock, MD, Baton Rouge, Louisiana  
6 Eukesh Ranjit, MD, West Monroe, Louisiana

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8 WHEREAS, Despite the increased interest in family medicine by the international medical  
9 student community, international medical students are currently unable to participate in state  
10 chapters, and

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12 WHEREAS, the American Academy of Family Physicians (AAFP) defines International Medical  
13 Students as medical students who are currently enrolled in a medical school in a country or  
14 territory outside the United States that is not accredited by the Liaison Committee on Medical  
15 Education (LCME) or the American Osteopathic Association's Commission on Osteopathic  
16 College Accreditation (AOA COCA), and

17

18 WHEREAS, the AAFP and state chapters are committed to increasing and supporting the family  
19 medicine workforce, from the time a student chooses family medicine through the completion of  
20 a satisfying career, and

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22 WHEREAS, student membership raises the awareness, understanding, and the confidence of  
23 medical students to choose family medicine, now, therefore, be it

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25 RESOLVED, That international student members be affiliated with state chapters to promote  
26 family medicine as a specialty of choice.