



Student 3 Consent Calendar

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

1 **RECOMMENDATION: The Student 3 Reference Committee recommends the**
2 **following consent calendar for adoption:**
3

4 **Item 1:** Adopt Substitute Resolution No. S3-301 in lieu of Resolution No. S3-301
5 “Support of Teen Pregnancy Prevention Research” and Resolution No. S3-302
6 “Preserve Funding for Teen Pregnancy Prevention Programs” (pp. 1-2)
7

8 **Item 2:** Not Adopt Resolution No. S3-304 “Establish an Accessible Online Minority
9 Mentorship Program” (pp. 2-3)
10

11 **Item 3:** Not Adopt Resolution No. S3-307 “Expanding Technology Utilization in the
12 Primary Care Environment” (pp. 3-4)
13

14 **Item 4:** Adopt Substitute Resolution No. S3-308 “Decreasing Cost and Increasing
15 Environmental Sustainability” (p. 4)
16

17 **Item 5:** Not Adopt Resolution No. S3-309 “Include the Papaya Workshop for Uterine
18 Aspirations in the AAFP National Conference of Family Medicine Residents and
19 Students” (pp. 4-5)
20

21 **REAFFIRMATION CALENDAR:**

22 (A) Resolution No. S3-303 “Public Service Loan Forgiveness Program Support” (p. 6)

23 (B) Resolution No. S3-305 “Support Reproductive Health Education” (pp. 6-7)

24 (C) Resolution No. S3-306 “Request for Increasing Emphasis on End-of-Life Care
25 Planning” (p. 7-8)

26 (D) Resolution No. S3-310 “Medical Student and Resident Advocacy Related to the
27 AMA RUC Committee” (p. 8)



Student 3 Reference Committee Report

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

1 **The Student 3 Reference Committee has considered each of the items referred to**
2 **it and submits the following report. The committee's recommendations will be**
3 **submitted as a consent calendar and voted on in one vote. Any item or items may**
4 **be extracted for debate.**

5
6 **ITEM NO. 1: RESOLUTION S3-301: SUPPORT OF TEEN PREGNANCY**
7 **PREVENTION RESEARCH**

8
9 RESOLVED, That the American Academy of Family Physicians reaffirm its
10 support for comprehensive sexual education and research for teen pregnancy
11 preventions, and be it further

12
13 RESOLVED, That the American Academy of Family Physicians write a letter to
14 the United States Department of Health and Human Services urging them to
15 continue funding for research and development of innovative pregnancy
16 prevention programming.

17
18 **RESOLUTION S3-302: PRESERVE FUNDING FOR TEEN PREGNANCY**
19 **PREVENTION PROGRAMS**

20
21 RESOLVED, That the American Academy of Family Physicians release a
22 statement opposing the Department of Health and Human Services proposed
23 budget cuts to the Teen Pregnancy Prevention Program grantees in 2018 fiscal
24 year, and, be it further

25
26 RESOLVED, That the American Academy of Family Physicians send a letter to
27 the Department of Health and Human Services Secretary urging him to rescind
28 the proposed budget cuts for the 2018 fiscal year to the Teen Pregnancy
29 Prevention Program grantees.

30
31 The reference committee heard testimony from the authors and other members
32 regarding the important role that community-based programs play in preventing
33 unplanned teen pregnancies. Testimony also captured the connection between
34 unwanted teen pregnancies and poor health outcomes among both the parents and
35 children involved, as well as other social factors such as lower educational

36 advancement. There was specific concern that this issue is especially affected in the
37 current political climate. Authors of the resolution cited concerns about recent actions by
38 the current United States administration to encourage Congress to reduce funding for
39 programs that aim to reduce unwanted pregnancies among teenagers that use
40 strategies other than abstinence education, and for the US Department of Health and
41 Human Services to redirect resources in this area. Both authors and others reflected
42 personal patient experiences with teen parents and noted that academic health centers
43 provide care for many of these patients. The authors also testified that they would be
44 supportive of joining these two resolutions. The reference committee agreed with the
45 goals of these resolutions and felt that it is important for the AAFP, representing family
46 physicians who care for these patients on the front line and champion preventive care,
47 to use its influence to affect these issues at a federal level. The committee suggested
48 modification of the resolutions to allow the AAFP Government Relations Division to
49 reach the appropriate government entities using the most effective modalities.

50
51 **RECOMMENDATION: The reference committee recommends that**
52 **Substitute Resolution No. S3-301 be adopted in lieu of Resolution No. S3-301 and**
53 **Resolution No. S3-302, which reads as follows:**

54
55 **RESOLVED, That the American Academy of Family Physicians**
56 **communicate to the appropriate government entities including, but not**
57 **limited to, Congress and the United States Department of Health and**
58 **Human Services, opposition to budget cuts to the Teen Pregnancy**
59 **Prevention Program.**

60
61 **ITEM NO. 2: RESOLUTION S3-304: ESTABLISH AN ACCESSIBLE ONLINE**
62 **MINORITY MENTORSHIP PROGRAM**

63
64 RESOLVED, That the American Academy of Family Physicians establish an
65 accessible online program for mentors who have a goal of supporting minority
66 students and residents, and be it further

67
68 RESOLVED, That in creating the mentorship program, the American Academy of
69 Family Physicians consider using mentor identifiers such as ethnic background,
70 practice setting, clinical interests, gender identity, sexual orientation and religion,
71 and be it further

72
73 RESOLVED, That the American Academy of Family Physicians promote the
74 mentorship program as a benefit of membership.

75
76 The reference committee did not hear testimony on this resolution. The reference
77 committee agreed with the spirit of the resolution and what they interpreted to be the
78 intention of the authors to create opportunities for students from backgrounds
79 underrepresented in medicine to connect with others they identify with, especially those
80 who may be more advanced in their careers and may be able to offer guidance in
81 addition to camaraderie. The committee felt that the AAFP offers many benefits with the

82 same aim, including the Minority Special Interest Discussion at the AAFP National
83 Conference of Family Medicine Residents and Medical Students; the online
84 communities for AAFP Member Constituencies which include women, minorities, new
85 physicians, international medical graduates, and lesbian, gay, bisexual, and
86 transgender groupings; and the National Congress of Constituency Leaders which
87 provides a vehicle for policy and program development led by these constituencies. The
88 reference committee was concerned about the resource intensiveness of a project such
89 as this one, as databases require both initial development and significant, intentional
90 maintenance to remain current and relevant. The committee was also concerned about
91 sensitivities in identifying members by factors such as gender identity, sexual
92 orientation, and religion in a public forum such as an online community. The
93 committee's primary concern is that the database proposed would not achieve what the
94 spirit of the resolution called for, which is more meaningful connections and stronger
95 support for members who may feel isolated and underpowered.

96

97 **RECOMMENDATION: The reference committee recommends that Resolution No.**
98 **S3-304 not be adopted.**

99

100 **ITEM NO. 3: RESOLUTION S3-307: EXPANDING TECHNOLOGY UTILIZATION IN**
101 **THE PRIMARY CARE ENVIRONMENT**

102

103 RESOLVED, That the American Academy of Family Physicians continue to
104 support and expand the presence of technology integration and implementation
105 discussion at workshops and talks at the National Conference, and be it further

106

107 RESOLVED, That the American Academy of Family Physicians advocate to state
108 and federal governments for health policies supportive of the implementation of
109 technology in patient management, including but not limited to, advocacy for
110 reimbursement for telemedicine visits, and be it further

111

112 RESOLVED, That the American Academy of Family Physicians provide support
113 for interested students and residents seeking to expand their skill in medical
114 technology development, quality measurement, and implementation by posting
115 current opportunities in a tech digest section of *American Family Physician*.

116

117 The reference committee heard testimony in favor of the resolution, with two students
118 speaking on the ever-growing use of technology in the primary care office and its impact
119 on the delivery of care. Because health technology is constantly undergoing change, it
120 is essential for the AAFP to ensure that members receive updates on advancements as
121 they become available and provide education on effective implementation. The
122 reference committee reflected on the potential for technology to improve patient
123 experience and satisfaction, cost-effectiveness, and health outcomes. Most of the
124 resolution was consistent with current AAFP positions and actions on health information
125 and technology, for example, through providing programming at National Conference on
126 the subject of technology integration in primary care offices. However, the development
127 of a new technology-focused department in *American Family Physician*, which is a

128 clinically focused and editorially independent publication, was not found to be an
129 actionable proposal, nor one that would achieve the aim of the resolution.

130
131 **RECOMMENDATION: The reference committee recommends that Resolution No.**
132 **S3-307 not be adopted.**

133
134 **ITEM NO. 4: RESOLUTION S3-308: DECREASING COST AND INCREASING**
135 **ENVIRONMENTAL SUSTAINABILITY OF THE NATIONAL CONFERENCE**

136
137 RESOLVED, That the American Academy of Family Physicians' National
138 Conference Planning Committee consider doing away with gift bags and
139 transitioning documents, promotional information, and other paper-based printing
140 to electronic forms.

141
142 The reference committee heard testimony in favor of the resolution, during which
143 students proposed that the AAFP "lead the charge" for reducing negative environmental
144 impacts and financial costs associated with National Conference by increasing the
145 number of resources available electronically rather than on paper. The reference
146 committee felt that considering the environmental impact of National Conference
147 resources and handouts was an important task. The committee also felt that the printed
148 promotional products, particularly those delivered in registration bags, are not effective
149 at reaching student attendees. However, the committee recognized that allowing
150 companies to advertise on AAFP National Conference resources and handouts,
151 including various paper products, is an important driver of revenue for the conference.

152
153 **RECOMMENDATION: THE REFERENCE COMMITTEE RECOMMENDS THAT**
154 **SUBSTITUTE RESOLUTION NO. S3-308 BE ADOPTED IN LIEU OF RESOLUTION**
155 **NO. S3-308, WHICH READS AS FOLLOWS:**

156
157 **RESOLVED, That the American Academy of Family Physicians (AAFP)**
158 **explore opportunities to maintain and increase revenue for the AAFP**
159 **National Conference of Family Medicine Residents and Medical Students**
160 **using options that also reduce the need for paper production and more**
161 **effectively influence attendees.**

162
163 **ITEM NO. 5: RESOLUTION S3-309: INCLUDE THE PAPAYA WORKSHOP FOR**
164 **UTERINE ASPIRATION IN THE AAFP NATIONAL CONFERENCE OF FAMILY**
165 **MEDICINE RESIDENTS AND STUDENTS**

166
167 RESOLVED, That the American Academy of Family Physicians support an
168 annual Papaya Workshop for Uterine Aspiration at the National Conference of
169 Family Medicine Residents and Medical Students, and be it further

170
171 RESOLVED, That the delegates of the American Academy of Family Physicians
172 (AAFP) Resident and Student Congress present a resolution to the AAFP COD

173 to include a Papaya Workshop for training in Uterine Aspiration in the residents
174 and students conference curriculum.

175
176 The reference committee heard substantial testimony in favor of this resolution. Authors
177 expressed an intent to use the resolution process to advocate for the inclusion of this
178 specific clinical skills workshop because their submissions through the established
179 process for proposals for National Conference programming have not been
180 accepted. Authors felt the Papaya Workshop for Uterine Aspiration held off site from
181 the AAFP National Conference would be better attended if it was accepted as official
182 National Conference programming.

183
184 One member voiced a concern that the absence of this workshop from National
185 Conference may suggest a lack of support or promotion of reproductive education by
186 the AAFP. Many students testified to a desire to include this type of workshop in
187 National Conference programming because such an opportunity is difficult to find in
188 medical school training and may be limited within the current political climate. Students
189 emphasized the importance of family physician training in this area as family doctors
190 have strong continuity of care with their patients and often provide the greatest
191 availability of medical services in rural communities.

192
193 The reference committee, although supportive of medical student and resident
194 education across the scope of reproductive health procedures performed by family
195 physicians, felt that it was important to maintain the integrity and authority of the AAFP's
196 National Conference Workshop Proposal submission process. This process is open to
197 all medical students, residents, and faculty, and allows for the consideration of proposed
198 workshops based on their relevancy to six focus areas: career planning, clinical skills,
199 health policy and advocacy, leadership development, practice management, and
200 research. This process also allows for resident and student members of the AAFP's
201 Subcommittee on National Conference Planning to carefully consider the strength of
202 each proposal and take into consideration data on interest and demand for workshop
203 topics. The reference committee encourages the authors and all students interested in
204 this workshop to express that interest through the National Conference post-event
205 attendee survey.

206
207 **RECOMMENDATION: The reference committee recommends that Resolution No.**
208 **28 S3-309 not be adopted.**

209
210 **REAFFIRMATION CALENDAR**
211 The following items A through D are presented by the Reference Committee on the
212 Reaffirmation Calendar. Testimony in the Reference Committee hearing and discussion
213 by the Reference Committee in Executive Session concurred that the resolutions
214 presented in Items A through D are current policy or are already addressed in current
215 projects. At the request of the National Congress of Family Medicine Residents, any

216 item may be taken off the Reaffirmation Calendar for an individual vote on that item.
217 Otherwise, the Committee will request approval of the Reaffirmation Calendar in single
218 vote.

219
220 (A) Resolution S3-303 – Public Service Loan Forgiveness Program Support

221
222 RESOLVED, That the American Academy of Family Physicians advocate to the
223 Department of Education and United States Congress in support of the
224 continuation and expansion of the Public Service Loan Forgiveness Program,
225 and be it further

226
227 RESOLVED, That the American Academy of Family Physicians oppose the
228 passage of H.R. 2725, the "Student Loan Lower Interest Rate and Lower Monthly
229 Repayment Refinancing Act of 2017."

230
231 The reference committee heard testimony from the author reflecting the benefits of the
232 Public Service Loan Forgiveness program as an option for family physicians who work
233 in qualifying not-for-profit health systems to have aid repaying their loans, reducing their
234 personal debt burden. Another member testified in support of the resolution citing a
235 connection between primary care specialty choice and perceived affordability of a
236 career in primary care. The reference committee discussed the importance of
237 supporting any efforts to reduce student loan debt and help family physicians with their
238 financial wellbeing. The committee recognized that the AAFP has numerous policy
239 statements that focus on and relate to student debt that reflect the organization's
240 support for efforts that assist in reducing the debt burden. The committee also reviewed
241 testimony given by president John Meigs, MD, to the Senate Appropriations
242 Subcommittee on Labor, Health and Human Services, & Education on May 31, 2017,
243 that specifically urged the subcommittee to continue the Public Service Loan
244 Forgiveness Program.

245
246 (B) Resolution S3-305 – Support Reproductive Health Education

247
248 RESOLVED, That the American Academy of Family Physicians advocate on
249 behalf of family physicians who perform and teach contraception, options
250 counseling for unintended pregnancy, miscarriage management, and abortion
251 care, many of whom are subjected to legislation or hospital restrictions that may
252 limit scope of practice or training opportunities, and be it further

253
254 RESOLVED, That planners of the American Academy of Family Physicians
255 National Conference of Family Medicine Residents and Medical Students support
256 and encourage inclusion of reproductive health topics such as contraception,
257 abortion, miscarriage, and options counseling for unintended pregnancy, as well
258 as procedural topics like intrauterine device insertion and implant insertion at the
259 National Conference of Family Medicine Residents and Medical Students.
260

261 The reference committee heard testimony in favor of the resolution. Four students,
262 including the author, advocated for the AAFP to take an active role in supporting
263 reproductive health care education. It was noted that the current political climate makes
264 speaking out as an organization an especially pressing activity. Members shared
265 pointed observations gleaned from their personal experiences providing men and
266 women with reproductive health care. Rural clinics were cited as being especially
267 vulnerable to legislation that attempts to limit family physicians' scope of practice
268 through restrictions on reproductive health care. Recent output of legislation requires
269 that teachers be embraced by a supportive medical community that encourages them in
270 achieving their mission to educate future family physicians. The reference committee
271 echoes the firm support for extensive and accessible reproductive health education
272 shared in testimony. Because of the AAFP's unyielding commitment to protecting scope
273 of practice, it has publicly opposed all proposed and otherwise enacted non-evidence-
274 based limits on the care that family physicians can provide their patients, as captured in
275 current policy. Additionally, programming such as workshops held on reproductive
276 health topics at the 2017 National Conference and previous events supports medical
277 students learning how to provide effective reproductive health care. The open
278 submission process for selecting programs encourages the continual presence of these
279 programs.

280

281 (C) Resolution S3-306 – Request for Increasing Emphasis on End-Of-Life Care
282 Planning

283

284 RESOLVED, That the American Academy of Family Physicians explore and
285 incorporate education on end-of-life care into programming at the AAFP National
286 Conference for Family Medicine Residents and Medical Students or other
287 appropriate educational venues.

288

289 The reference committee heard testimony in favor of the resolution, including from an
290 author, who explained that many medical students, and even many currently practicing
291 physicians, feel unprepared to provide end-of-life care planning to their patients and
292 would benefit from further education. Testimony was also heard from members from
293 three other states, reflecting a wide interest among the student constituency. Testimony
294 also highlighted the importance of end-of-life care planning to the future physicians of
295 an aging U.S. population. The reference committee strongly agreed that education in
296 this area is important to medical students, especially those entering family medicine, but
297 felt that this proposal is already encompassed within the AAFP's goals to reflect the
298 breadth of family medicine within its National Conference programming. To ensure a
299 wide scope of programming at National Conference, there is an annual open call for
300 program proposals where, for example, end-of-life educational sessions could be
301 proposed. The reference committee felt that the most effective and appropriate means
302 of ensuring that is offered at future conferences is through this established submission
303 process. The process includes an open call-for-proposals process that is accessible to
304 all medical students, residents, faculty, and others. Proposals submitted in this manner
305 are considered based on their relevancy within six areas of focus--career planning,
306 clinical skills, health policy and advocacy, leadership development, practice

307 management, and research--and are vetted by the AAFP Commission on Education
308 Subcommittee on National Conference Planning made up of AAFP student, resident,
309 and active physician members.

310
311 (D) Resolution S3-310 – Medical Student and Residency Advocacy Related to the
312 AMA RUC Committee

313
314 RESOLVED, That the student and resident branches of the AAFP actively lobby
315 the AMA to increase the representation of family physicians on AMA's RUC, and
316 be it further

317
318 RESOLVED, That the student and resident branches of the AAFP create a sub-
319 committee or special designated member dedicated to RUC reform.

320
321 The reference committee heard testimony in favor of the resolution from two students.
322 An author testified that students are largely unaware of the considerable role that the
323 American Medical Association Specialty Society Relative Value Scale Update
324 Committee (RUC) has in determining physician pay through its recommendations to the
325 Centers for Medicare and Medicaid Services (CMS), noting that CMS accepts nearly all
326 reimbursement schedule recommendations that are made by RUC. The reference
327 committee shared the author's concern that the AAFP has only one permanent seat on
328 the RUC, with most committee seats belonging to subspecialist organizations. This
329 representation model has led to an unbalanced payment system that disproportionately
330 rewards subspecialist care, widening an already alarming pay gap. However, the
331 reference committee felt that the AAFP is already using appropriate means to influence
332 the RUC, and acknowledged that those efforts are largely unrewarded. Regarding
333 student and resident influence on the RUC, the committee acknowledged that the
334 committee is served exclusively by physicians who have long been established in
335 practice. Because of this, students are unlikely to find information about how they can
336 affect decision-making on payment reform within this body. The reference committee
337 felt that the student and resident members on the American Academy of Family
338 Physicians (AAFP) Commission on Quality and Practice, which deals with issues
339 related to physician payment and the RUC and advises the AAFP-appointed RUC
340 member on decision making and receives updates from him or her on RUC
341 proceedings, have the opportunity to share information with their constituencies and
342 increase student awareness and understanding. Additionally, the reference committee
343 discussed that in 2010, the AAFP wrote to the RUC Board Chair requesting that
344 additional seats be created for family physicians. This appeal for more adequate
345 representation of primary care was not fully received by RUC, and another letter is
346 unlikely to prompt further action.

347
348 **RECOMMENDATION: The Reference Committee recommends that Items A**
349 **through D on the Reaffirmation Calendar be approved as current policy or as**
350 **already being addressed in current projects.**

351

352 **I wish to thank those who appeared before the reference committee to give**
353 **testimony and the reference committee members for their invaluable assistance. I**
354 **also wish to commend the AAFP staff for their help in the preparation of this**
355 **report.**

356
357 Respectfully submitted,

358
359
360 _____
361 Laura Ruhl

362
363 Erin Clark
364 Allen Rodriguez
365 Margaret Smith
366 Olivia Bolen
367 Rozanna Fang
368 C. C. Linder