



Resident 1 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
August 2-4, 2018 – Kansas City, MO

- 1 **RECOMMENDATION: The Resident 1 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3
4 **Item 1:** Adopt Substitute Resolution No. R1-401 “Removing REMS Categorization on
5 Mifepristone” in lieu of Resolution No. R1-401
6
7 **Item 2:** Adopt Substitute Resolution No. R1-402 “Building the Family Medicine Research
8 Workforce” in lieu of Resolution No. R1-402
9
10 **Item 3:** Adopt Substitute Resolution No. R1-403 “Bolstering the AAFP Research Network
11 (NRN)” in lieu of Resolution No. R1-403
12
13 **Item 4:** Reaffirm Resolution No. R1-404 “Restore Funding for AHRQ’s National Guidelines
14 Clearinghouse”
15
16 **Item 5:** Adopt Substitute Resolution No. R1-405 “Increasing Percentage of Women’s
17 Reproductive Health Topics at American Academy of Family Physicians (AAFP) National
18 Conference and the Family Medicine Experience (FMX)” in lieu of Resolution No. R1-405
19
20 **Item 6:** Adopt Substitute Resolution No. R1-406 “Reducing Barriers to Hospital Discharge for
21 Patients with Opioid Use Disorder with Methadone” in lieu of Resolution No. R1-406
22
23 **Item 7:** Adopt Substitute Resolution No. R1-408 “Adopt a Comprehensive Policy on the Health
24 Impacts of Immigration Policy” in lieu of Resolution No. R1-408



Resident 1 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
August 2-4, 2018 – Kansas City, MO

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

5
6 **ITEM NO. 1: RESOLUTION NO. R1-401: REMOVING REMS CATEGORIZATION ON**
7 **MIFEPRISTONE**

8
9 RESOLVED, That the American Academy of Family Physicians join the American Civil
10 Liberties Union Foundation lawsuit against the U.S. Department of Health and Human
11 Services and the U.S. Food and Drug Administration seeking to end the Risk Evaluation
12 Mitigation Strategies (REMS) classification on mifepristone by endorsing the principle
13 that the REMS classification on mifepristone is not based on scientific evidence and
14 limits access to abortion care and to the best evidence for medical management of
15 miscarriage, and be it further

16
17 RESOLVED, That the American Academy of Family Physicians engage in advocacy and
18 lobbying efforts to overturn the Risk Evaluation and Mitigation Strategies classification
19 on mifepristone.

20
21 The reference committee heard testimony in favor of the resolution. The authors reiterated there
22 is no scientific basis for mifepristone to be restricted and that 16 years of data supports the
23 safety of this drug.

24
25 The reference committee agreed with the spirit of the resolution, but does not believe it is
26 appropriate to request that the AAFP join the American Civil Liberties Union's lawsuit against
27 the U.S. Department of Health and Human Services and U.S. Food and Drug Administration
28 regarding the Risk Evaluation and Mitigation Strategies (REMS) classification on mifepristone.

29
30 The reference committee expressed its opinion that the AAFP can support efforts to overturn
31 the mifepristone REMS classification in other ways.

32
33 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
34 **No. R1-401 be adopted in lieu of Resolution No. R1-401 which reads as follows:**

35
36 **RESOLVED, That the American Academy of Family Physicians publicly endorse**
37 **the principle that the REMS classification on mifepristone is not based on**

38 **scientific evidence and limits access to abortion care and the best evidence-based**
39 **medical management of miscarriage, and be it further**

40
41 **RESOLVED, That the American Academy of Family Physicians engage in**
42 **advocacy efforts to overturn the Risk Evaluation and Mitigation Strategies**
43 **classification on mifepristone.**
44

45
46 **ITEM NO. 2: RESOLUTION NO. R1-402: BUILDING THE FAMILY MEDICINE RESEARCH**
47 **WORKFORCE**
48

49 RESOLVED, That the American Academy of Family Physicians make producing new
50 evidence through original research and building the primary care research workforce
51 core values and key priorities for the organization, and be it further
52

53 RESOLVED, That the the American Academy of Family Physicians create, sponsor, and
54 dedicate a stable funding line for family medicine research fellowships to train family
55 physicians in conducting primary care research in settings that may include, but are not
56 limited to, academic family medicine, practice-based research networks, community
57 engagement, health policy, or public health, and be it further
58

59 RESOLVED, That the the American Academy of Family Physicians create pilot funding
60 opportunities to support family medicine researchers in building a research base for
61 future grants and high impact research, and be it further
62

63 RESOLVED, That the American Academy of Family Physicians create and sponsor a
64 sustainable, inter-organizational family medicine research engagement task force with
65 the eight other national family medicine organizations (North American Primary Care
66 Research Group, Society of Teachers of Family Medicine, American Board of Family
67 Medicine, Association of Family Medicine Residency Directors, Association of
68 Departments of Family Medicine, American College of Osteopathic Family Physicians,
69 American Academy of Family Physicians Foundation, American Board of Family
70 Medicine Foundation), to identify and disseminate best practices for training new primary
71 care researchers and accordingly develop new primary care research training
72 opportunities, which might include, but are not limited to, interorganizational research
73 opportunities.
74

75 The reference committee heard testimony in favor of the resolution. It was shared that research
76 from the family medicine perspective is very important and there are limited opportunities to
77 access research funding.
78

79 The reference committee agreed that primary care research is important and discussed the
80 challenges residents have in getting funding to do research due to limited funds.
81

82 The reference committee noted their agreement with the author's intentions and support for the
83 AAFP to further investigate and seek opportunities for Family Medicine research. In addition, the
84 reference committee agreed with the author in asking the AAFP to look into more stable funding
85 for family medicine research fellowships.
86

87 The reference committee expressed its understanding for the need for protected research
88 dollars for family medicine residents and noted its belief that medical students would benefit
89 from this as well.

90
91 The reference committee expressed support for the investigation of a task force; however, they
92 noted that the AAFP should have the opportunity to determine the best collaborative groups with
93 whom to work.

94
95 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
96 **No. R1-402 be adopted in lieu of Resolution No. R1-402 which reads as follows:**

97
98 **RESOLVED, That the American Academy of Family Physicians seek opportunities**
99 **to contribute to evidence-based medicine through original research and building**
100 **the primary care research workforce, and be it further**

101
102 **RESOLVED, That the American Academy of Family Physicians investigate a stable**
103 **funding line for family medicine research fellowships to train family physicians in**
104 **conducting primary care research in settings that may include, but are not limited**
105 **to, academic family medicine, practice-based research networks, community**
106 **engagement, health policy, or public health, and be it further**

107
108 **RESOLVED, That the American Academy of Family Physicians create pilot funding**
109 **opportunities to support medical student as well as family medicine resident and**
110 **fellow researchers in building a research base for future grants and high impact**
111 **research, and be it further**

112
113 **RESOLVED, That the American Academy of Family Physicians investiate the**
114 **creation of a sustainable, inter-organizational family medicine research**
115 **engagement task force in possible collaboration with the eight other national**
116 **family medicine organizations (North American Primary Care Research Group,**
117 **Society of Teachers of Family Medicine, American Board of Family Medicine,**
118 **Association of Family Medicine Residency Directors, Association of Departments**
119 **of Family Medicine, American College of Osteopathic Family Physicians,**
120 **American Academy of Family Physicians Foundation, American Board of Family**
121 **Medicine Foundation) to identify and disseminate best practices for training new**
122 **primary care researchers and accordingly develop new primary care research**
123 **training opportunities, which might include, but are not limited to,**
124 **interorganizational research opportunities.**

125
126
127 **ITEM NO. 3: RESOLUTION NO. R1-403: BOLSTERING THE AAFP NATIONAL RESEARCH**
128 **NETWORK (NRN)**

129
130 RESOLVED, That the American Academy of Family Physicians dedicate a stable,
131 annual funding stream in its budget to support the National Research Network (NRN)
132 and collaborate with the NRN to determine the appropriate fiscal amount, and be it
133 further

134
135 RESOLVED, That the American Academy of Family Physicians (AAFP) create a liaison
136 position for the National Research Network representative responsible for
137 student/resident/fellow engagement on the AAFP Commission on Education or another

138 more appropriate commission to elevate efforts to expand the family medicine research
139 workforce.

140
141 The reference committee heard testimony in favor of the resolution. Multiple speakers cited the
142 limited opportunities within the family medicine specialty to do research on topics specific to
143 family medicine. The reference committee was in agreement that they would like to see stability
144 of the National Research Network (NRN), but noted that the determination of a fiscal note for
145 stability purposes is determinate on discussions between the AAFP and NRN.

146
147 The reference committee observed that the spirit of the second resolved clause was addressed
148 through the current student and resident representative to the AAFP NRN advisory group. The
149 committee agreed that this would satisfy the intent of the second resolved clause.

150
151 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
152 **No. R1-403 be adopted in lieu of Resolution No. R1-403 which reads as follows:**

153
154 **RESOLVED, That the American Academy of Family Physicians dedicate a stable,**
155 **annual funding stream in its budget to support the National Research Network**
156 **(NRN) and collaborate with the NRN to determine the appropriate fiscal amount.**

157
158 **ITEM NO. 4: RESOLUTION NO. R1-404: RESTORE FUNDING FOR AHRQ'S NATIONAL**
159 **GUIDELINES CLEARINGHOUSE**

160
161 RESOLVED, That the American Academy of Family Physicians advocate to the
162 appropriate bodies to restore funding for the Agency for Healthcare Research and
163 Quality's (AHRQ) National Guidelines Clearinghouse.

164
165 The reference committee heard limited testimony in support of the resolution. Those who
166 testified discussed the Agency for Healthcare Research and Quality's (AHRQ) National
167 Guidelines Clearinghouse's (NGC) immense usefulness in practicing evidence-based primary
168 care. It was mentioned that NGC ceased operations on July 2018 as a result of discontinued
169 federal funding through AHRQ. The reference committee acknowledged that the AAFP has
170 openly supported and advocated for funding of the NGC through AHRQ. The AAFP has a
171 record of longstanding support of the AHRQ, and it continues to advocate for ongoing federal
172 funding for the agency.

173
174 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-404**
175 **be reaffirmed.**

176
177 **ITEM NO. 5: RESOLUTION NO. R1-405: INCREASING PERCENTAGE OF WOMEN'S**
178 **REPRODUCTIVE HEALTH TOPICS AT AMERICAN ACADEMY OF FAMILY PHYSICIANS**
179 **(AAFP) NATIONAL CONFERENCE AND THE FAMILY MEDICINE EXPERIENCE (FMX)**

180
181 RESOLVED, That the American Academy of Family Physicians direct the Family
182 Medicine Experience Curriculum Advisory Panel to remove the 4% cap on the weight of
183 women's reproductive health topics and increase it at future FMX events, and be it
184 further

185
186 RESOLVED, That the American Academy of Family Physicians (AAFP) direct the Family
187 Medicine Experience Curriculum Advisory Panel to openly publish the percentage

188 allocations of session topic categories of live and online AAFP continuing medical
189 education activities, and be it further

190
191 **RESOLVED, That the American Academy of Family Physicians (AAFP) increase the**
192 **representation of women's reproductive health topics at future AAFP continuing medical**
193 **education events including National Conference for Family Medicine Residents and**
194 **Medical Students.**

195
196 The reference committee heard testimony in favor of the resolution. A majority of speakers
197 specified the need of reproductive health education for their practice, as it comprises a
198 significant part of their practice. In discussion with staff, the reference committee acknowledged
199 the role of the Curriculum Advisory Panel and AAFP CME. It was noted that the four percent
200 cited in the first resolved clause was actually increased to six percent, and that it is not a cap of
201 the education but the minimum percent of education on the topic for all of AAFP CME.
202 Therefore, the percentage had already been increased and the reference committee determined
203 that there was not a cap on the percentage.

204
205 The reference committee agreed that they would like to see the percentages from the
206 Curriculum Advisory Panel on the allocations of topic categories for continuing medical
207 education for transparency. They were also in agreement with regard to having more education
208 for the residents and students on the topic of women's reproductive health education at National
209 Conference. The reference committee was in agreement that continuing medical education is
210 not relevant for residents and students at National Conference.

211
212 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
213 **No. R1-405 be adopted in lieu of Resolution No. R1-405 which reads as follows:**

214
215 **RESOLVED, That the American Academy of Family Physicians (AAFP) direct the**
216 **Family Medicine Experience Curriculum Advisory Panel to openly publish the**
217 **percentage allocations of session topic categories of live and online AAFP**
218 **continuing medical education activities, and be it further**

219
220 **RESOLVED, That the American Academy of Family Physicians (AAFP) increase**
221 **the representation of women's reproductive health topics at future AAFP events**
222 **including the National Conference of Family Medicine Residents and Medical**
223 **Students.**

224
225 **ITEM NO. 6: RESOLUTION NO. R1-406: REDUCING BARRIERS TO HOSPITAL**
226 **DISCHARGE FOR PATIENTS WITH OPIOID USE DISORDER WITH METHADONE**

227
228 **RESOLVED, That the American Academy of Family Physicians advocate for policies**
229 **that prohibit discrimination based on whether a patient is on methadone maintenance**
230 **therapy, and be it further**

231
232 **RESOLVED, That the American Academy of Family Physicias advocate for and work**
233 **with stakeholders to design systems that allow for methadone maintenance treatment to**
234 **be initiated in the hospital and continued on discharge to skilled nursing facilities.**

235
236 The reference committee heard testimony in favor of the resolution. Testimony specified that
237 the issues and barriers related to the patients who are on methadone maintenance therapy to
238 go to other facilities upon discharge from the hospital. The reference committee agreed with the

239 spirit of the resolution with regard to advocating for patient care for those receiving treatment
240 and the issues with patients' post-hospital care. The reference committee stated its belief that
241 the AAFP has an established policy and engages in advocacy for prohibiting discrimination in
242 health care.

243
244 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
245 **No. R1-406 be adopted in lieu of Resolution No. R1-406 which reads as follows:**

246
247 **RESOLVED, That the American Academy of Family Physicians advocate for and**
248 **work with stakeholders to design systems that allow for methadone maintenance**
249 **treatment to be initiated in the hospital and continued on discharge to skilled**
250 **nursing facilities.**

251
252
253 **ITEM NO. 7: RESOLUTION NO. R1-408: ADOPT A COMPREHENSIVE POLICY ON THE**
254 **HEALTH IMPACTS OF IMMIGRATION POLICY**

255
256 RESOLVED, That the American Academy of Family Physicians author a policy
257 statement regarding the importance of mitigating negative health impacts of United
258 States' immigration practices which would include:

- 259 • meeting standards of care without compromising immigrant persons' rights
- 260 • timely access to healthcare for immigrant persons in detention facilities
- 261 • measures to reduce toxic stress associated with threat of detention and deportation,
- 262 • privacy protections for medical records of all immigrant persons whether documented
- 263 or undocumented equal to those afforded to U.S. citizens
- 264 • appropriate payment of physicians for care delivered to immigrant persons and their
- 265 families

266
267 The reference committee heard testimony in favor of the resolution. The reference committee
268 acknowledged the work that the AAFP has done as it relates to immigration. However, they
269 agreed that in light of recent immigration issues, the AAFP should take a more affirmative stand
270 in regard to current United States immigration practices and the effect on the immigrant
271 themselves. The reference committee believed that this would be better utilized through a AAFP
272 position paper versus a policy statement.

273
274 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
275 **No. R1-408 be adopted in lieu of Resolution No. R1-408 which reads as follows:**

276
277 **RESOLVED, That the American Academy of Family Physicians author a position**
278 **paper regarding the importance of mitigating negative health impacts of United**
279 **States' immigration practices which would include:**

- 280 • **meeting standards of care without compromising immigrant persons' rights**
- 281 • **timely access to healthcare for immigrant persons in detention facilities**
- 282 • **measures to reduce toxic stress associated with threat of detention and**
- 283 **deportation**
- 284 • **privacy protections for medical records of all immigrant persons whether**
- 285 **documented or undocumented equal to those afforded to U.S. citizens**
- 286 • **appropriate payment of physicians for care delivered to immigrant persons**
- 287 **and their families**

288
289

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

293
294 Respectfully submitted,

295
296
297
298 _____
298 Lauren Abdul Majeed, Designation, Chair

299
300 Vicky Bakhos Webb,
301 Amy Rogers,
302 James Wang,
303 Christian Bengtson,
304 Cheryl Martin,
305 Katherine Putnam,