



Resident 2 Consent Calendar

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

- 1 **RECOMMENDATION: The Resident 2 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3
4 **Item 1:** Reaffirm Resolution No. R2-501 “Advocating Against Family Medicine Discrimination as
5 Hospitalists”
6
7 **Item 2:** Adopt Resolution No. R2-502 “Universal Health Access”
8
9 **Item 3:** Not Adopt Resolution No. R2-503 “Elimination of Race-Based-Medicine”
10
11 **Item 4:** Not Adopt Resolution No. R2-504 “Electronic Health Record Intercommunication”
12
13 **Item 5:** Not Adopt Resolution No. R2-505 “Gun Violence, education and Trauma-informed Care”
14
15 **Item 6:** Adopt Substitute Resolution No. R2-506 “Addressing the Separation of Families at the
16 Border” in lieu of Resolution No. R2-506
17
18 **Item 7:** Not Adopt Resolution No. R2-507 “Advocacy for Increased Pediatric Mental Health
19 Funding”
20
21 **Item 8:** Adopt Substitute Resolution No. R2-508 “Electronic Health Record Optimization for
22 Reduction of Physician Burden” in lieu of Resolution No. R2-508



Resident 2 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
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1 **The Resident 2 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. R2-501: ADVOCATING AGAINST FAMILY MEDICINE**
7 **DISCRIMINATION AS HOSPITALISTS**

8
9 RESOLVED, That the American Academy of Family Physicians have discussions with
10 internal medicine organizations (i.e. American College of Physicians) and hospital
11 groups (i.e. American Hospital Association, American College of Healthcare Executives)
12 to lobby against the discrimination of family medicine physicians in hospitalist positions.
13

14 The reference committee heard testimony in favor of the resolution from the author, specifically
15 highlighting his experiences as a physician seeking employment as a family medicine trained
16 hospitalist. He faced discrimination with consideration for employment at hospitals that were
17 preferential to hiring internal medicine physicians. The reference committee acknowledged that
18 this is an issue happening nation-wide, but often impacts certain geographic regions more than
19 others and is better handled within chapters. Additionally, the reference committee felt that the
20 resolved clause suggested organizations with which to collaborate but did not request specific
21 action. The resolution also requested the American Academy of Family Physicians (AAFP)
22 lobby on behalf of family medicine trained hospitalists; however, lobbying on this subject is
23 better done at the state level to more effectively address regional nuances. The reference
24 committee acknowledged that the AAFP has a variety of policies to support family medicine
25 physicians practicing as hospitalists. The AAFP currently advocates for and helps navigate the
26 process for members wishing to practice as hospitalists. For these reasons, the reference
27 committee chose to reaffirm.
28

29 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-501**
30 **be reaffirmed.**

31
32 **ITEM NO. 2: RESOLUTION NO. R2-502: UNIVERSAL HEALTH ACCESS**
33

34 RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge
35 and support that a single-payer system is currently one of the most promising ways to
36 achieve the AAFP's goal of universal health care as a basic human right, and be it
37 further

38 RESOLVED, That the American Academy of Family Physicians (AAFP) include the data
39 and conclusions of 2017 Congress of Delegates Board Report F, "Single Payer Health
40 Care System," in evidence-based educational programs, continuing medical education
41 activities, and stage presentations at AAFP meetings in the areas of health-care policy,
42 health-care economics, and health care-systems.
43

44 The reference committee heard testimony in support of this resolution. Testimony
45 acknowledged the recent actions by the Congress of Delegates and AAFP Board of Directors
46 on this issue. Testimony also reflected the need for the AAFP to act on the research conducted
47 and to acknowledge a single payer system as a way to achieve universal health care. The
48 reference committee believed that the testimony reflected the desire of residents for a more
49 strongly held public position by the AAFP based on the research published in Board Report F.
50 The reference committee agreed that this information would be appropriate content for
51 educational endeavors at AAFP national events. The reference committee appreciated that the
52 resolved clause recommended a single payer system as one option, as opposed to the only
53 option, but recognized that others may not be of the same opinion.
54

55 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-502**
56 **be adopted.**
57

58 **ITEM NO. 3: RESOLUTION NO. R2-503: ELIMINATION OF RACE-BASED MEDICINE**
59

60 RESOLVED, That the American Academy of Family Physicians denounce race-based
61 medicine.
62

63 The reference committee heard testimony in favor of the resolution, specifically advocating that
64 race not be used as a clinical decision-making tool and encouraging the focus of care to be on
65 the whole patient including the social needs impacting their health. The reference committee
66 agreed with the spirit of the resolution, specifically affirming the robust evidence that was shared
67 through the authors' testimony. The reference committee also acknowledged that the authors
68 captured the position of the Academy that social determinants of health should factor into
69 clinical treatment plans, as opposed to a patient's race. The reference committee affirmed the
70 work in which the Academy is already engaged, such as the EveryONE Project. However, the
71 reference committee felt that the specific language of the resolved clause did not match the
72 spirit and intention of the testimony provided. Merely denouncing race-based medicine in a
73 simple sound bite does not reflect nuances of the issues, nor does it fully acknowledge the
74 efforts in which the AAFP is involved.
75

76 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-503**
77 **not be adopted.**
78

79 **ITEM NO. 4: RESOLUTION NO. R2-504: ELECTRONIC HEALTH RECORD**
80 **INTERCOMMUNICATION**
81

82 RESOLVED, That the American Academy of Family Physicians research the process of
83 implementing a nation-wide health information exchange database providing
84 communication between electronic health record systems and potential costs and
85 benefits associated with such a database.
86

87 The reference committee heard testimony in support of the resolution. Testimony reflected the
88 need for national database standards and encouraged the AAFP to be a leader in this space.

89 The reference committee noted that the AAFP has a position paper and is in current
90 conversations with national experts and policy makers to address this issue. The reference
91 committee believed the investment required to research this issue would not be a good use of
92 AAFP resources, specifically questioning whether developing a national database was within
93 the scope and purview of the AAFP. The reference committee acknowledged this was an
94 important issue but one that did not just affect family physicians. The reference committee
95 affirmed the positive work the AAFP is already doing in collaborating with key health IT
96 stakeholders.

97
98 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-504**
99 **not be adopted.**

100
101 **ITEM NO. 5: RESOLUTION NO. R2-505: GUN VIOLENCE, EDUCATION AND TRAUMA-**
102 **INFORMED CARE**

103
104 RESOLVED, That the American Academy of Family Physicians work with appropriate
105 federal agencies to develop public health initiatives addressing the effects of gun
106 violence for all medical personnel, first responders, and the general public, and be it
107 further

108
109 RESOLVED, That the American Academy of Family Physicians develop education for
110 medical personnel that provides information on how to provide clinical and mental health
111 care for persons who have experienced trauma.

112
113 The reference committee did not hear testimony on this resolution. The reference committee
114 affirmed that the AAFP has taken a stance of strong opposition to gun violence and in 2018
115 provided testimony to both the House and Senate urging the funding of the Centers for Disease
116 Control and Prevention (CDC) to conduct public health research into firearm morbidity and
117 mortality prevention. As such, the reference committee affirmed that the specific request in the
118 first resolved clause represents current AAFP policy and action. With regards to the second
119 resolved clause, the reference committee agreed with the development of educational initiatives
120 for family physicians in the treatment of patients impacted by gun violence. However, the
121 resolved clause did not specifically request educational development for family physicians, nor
122 did it mention trauma related to gun violence. Therefore, seeing that the resolved clause could
123 not stand on its own, the reference committee did not adopt.

124
125 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-505**
126 **not be adopted.**

127
128 **ITEM NO. 6: RESOLUTION NO. R2-506: ADDRESSING THE SEPARATION OF FAMILIES**
129 **AT THE BORDER**

130
131 RESOLVED, That the American Academy of Family Physicans commit to stand against
132 immigration policies that result in family separation and long term detention of families
133 seeking asylum from violence and oppression, and be it further

134
135 RESOLVED, That the American Academy of Family Physicans call for timely access to
136 quality medical, dental, and mental health care for children and families inflicted by
137 detention and separation policies, and be it further

138 RESOLVED, That the American Academy of Family Physicians call upon the
139 Department of Homeland Security to implement alternatives to family separation and
140 long term detention of family units, including community-based case management.
141

142 The reference committee heard testimony in support of the resolution. The testimony noted the
143 importance of this issue and the role of the AAFP to support families through this difficult time.
144 The reference committee recognized the recent statement issued by AAFP opposing the forced
145 separation of children from their families or caregivers. The reference committee understands
146 that the AAFP currently advocates for timely, quality health care for all but felt it was important
147 for this population to be specifically addressed in advocacy efforts. The reference committee
148 revised the third resolved clause to comprehensively contain the inclusion of any government
149 agencies that may oversee various aspects of this broad issue. The reference committee
150 reviewed the recent work done by the AAFP and believed that there has not yet been a call to
151 implement alternatives to current separation policy.
152

153 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
154 **No. R2-506 be adopted in lieu of Resolution No. R2-506, which reads as follows:**
155

156 **RESOLVED, That the American Academy of Family Physicians commit to stand**
157 **against immigration policies that result in family separation and long-term**
158 **detention of families seeking asylum from violence and oppression, and be it**
159 **further**
160

161 **RESOLVED, That the American Academy of Family Physicians call for timely**
162 **access to quality medical, dental, and mental health care for children and families**
163 **affected by detention and separation policies, and be it further**
164

165 **RESOLVED, That the American Academy of Family Physicians call upon**
166 **appropriate government agencies to implement alternatives to family separation**
167 **and long-term detention of family units, including community-based case**
168 **management.**
169

170 **ITEM NO. 7: RESOLUTION NO. R2-507: ADVOCACY FOR INCREASED PEDIATRIC**
171 **MENTAL HEALTH FUNDING**
172

173 RESOLVED, That the American Academy of Family Physicians support and advocate
174 for legislation that will fund local and state-wide pediatric mental health programs aimed
175 at increasing access and volume to said services.
176

177 The reference committee heard testimony in favor of the resolution. The testimony
178 acknowledged the shortage of mental health providers for all patients, particularly the
179 underserved pediatric population. The reference committee acknowledged that the AAFP
180 advocates strongly for funding for mental health services for all patient populations but also
181 recognized the disparate negative impact that pediatric patients experience in regards to mental
182 health services. However, the resolved clause specifically requests legislation at the local and
183 state level which falls under the purview of AAFP chapters as opposed to the national AAFP. As
184 such, the reference committee recommended to not adopt this resolution. The reference
185 committee encourages the authors to consider future recommendations which include a national
186 focus and emphasize the AAFP's commitment to addressing health disparities.

187 **RECOMMENDATION: The reference committee recommends that Resolution NO. R2-507**
188 **not be adopted.**

189
190 **ITEM NO. 8: RESOLUTION NO. R2-508: ELECTRONIC HEALTH RECORD OPTIMIZATION**
191 **FOR REDUCTION OF PHYSICIAN BURDEN**

192
193 RESOLVED, That the American Academy of Family Physicians amend the policy
194 entitled "Electronic Health Records" to include language recommending the participation
195 of family physicians in the update and improvement of electronic health records.
196 Specifically, to change policy language to "The American Academy of Family Physicians
197 (AAFP) believes that every family physician should leverage and participate in quality
198 improvement of health information technology," and be it further

199
200 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the
201 feasibility of inviting electronic health records vendors to send representatives to
202 appropriate and practical AAFP conferences to participate in interest groups to facilitate
203 two-way discussion of physician recommendations, software-developer
204 recommendations, current limitations, and future shared goals for optimal EHR design,
205 function, and workflow, and be it further

206
207 RESOLVED, That the American Academy of Family Physicians investigate the
208 development of recommendations regarding appropriate physician documentation
209 workflow to reduce paperwork burden, including in electronic health records systems.

210
211 The reference committee heard testimony from the author in support of the resolution. The
212 author referenced recent studies highlighting the growing issue of physician burnout and
213 acknowledged the contributory role of electronic health records (EHRs). The author stressed
214 that although EHRs play a part in physician burnout, they are essential tools and can bring
215 efficiencies to health care when used correctly. The reference committee agreed that inclusion
216 of family physicians in discussions regarding EHR efficiency is important. With regard to the first
217 resolved clause, the reference committee agreed with the amendment of current policy but felt
218 that the specific language included was too prescriptive. The reference committee noted that
219 EHR vendors are typically present at national AAFP conferences and that it was appropriate for
220 the AAFP to investigate the feasibility of facilitating conversations between family physicians
221 and vendors. The reference committee updated the third resolved clause to recognize the
222 efforts the AAFP is engaged in around administrative burden and electronic health records.

223
224 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
225 **No. R2-508 be adopted in lieu of Resolution No. R2-508, which reads as follows:**

226
227 **RESOLVED, That the American Academy of Family Physicians amend the policy**
228 **entitled "Electronic Health Records" to include language recommending the**
229 **participation of family physicians in the update and improvement of electronic**
230 **health records, and be it further**

231
232 **RESOLVED, That the American Academy of Family Physicians investigate the**
233 **feasibility of inviting electronic health records (EHR) vendors to send**
234 **representatives to appropriate and practical AAFP conferences to participate in**
235 **interest groups to facilitate two-way discussion of physician recommendations,**
236 **software-developer recommendations, current limitations, and future shared goals**
237 **for optimal EHR design, function, and workflow, and be it further**

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240
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242

RESOLVED, That the American Academy of Family Physicians continue to investigate the development of recommendations regarding appropriate physician documentation workflow to reduce paperwork burden, including in electronic health records systems.

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

246
247 Respectfully submitted,

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249

250

251 _____
Natalie Britt, MD, Chair

252

253 Benjamin Meyerink, MD

254 Jeremy Johnson, MD

255 Yeri Park, MD

256 Michael Tarkey, MD

257 Kristen Otto, MD