



Resident 1 Agenda and Resolutions

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

1. Resolution No. R1-401 Removing REMS Categorization on Mifepristone
2. Resolution No. R1-402 Building the Family Medicine Research Workforce
3. Resolution No. R1-403 Bolstering the AAFP National Research Network (NRN)
4. Resolution No. R1-404 Restore Funding for AHRQ's National Guidelines Clearinghouse
5. Resolution No. R1-405 Increasing Percentage of Women's Reproductive Health Topics at American Academy of Family Physicians (AAFP) National Conference and the Family Medicine Experience (FMX)
6. Resolution No. R1-406 Reducing Barriers to Hospital Discharge for Patients with Opioid Use Disorder with Methadone
7. Resolution No. R1-407 Increasing Transparency and Trainee Participation in the FamMedPAC
8. Resolution No. R1-408 Adopt a Comprehensive Policy on the Health Impacts of Immigration Policy

1 **Resolution NO. R1-401**

2
3 **Removing REMS Categorization on Mifepristone**

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5 Introduced by: Cleopatra McGovern, MD, New York, NY
6 Sarah Baden, MD, New York, NY
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9 WHEREAS, The Food and Drug Administration (FDA) uses the Risk Evaluation and Mitigation
10 Strategies (REMS) classification to impose restrictions on only the most dangerous drugs with
11 known or suspected serious complications or contraindications, and
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13 WHEREAS, although the current FDA label for mifepristone was modified in 2016 to reflect
14 more evidenced-based dosing and gestational limits, the label still includes a REMS
15 classification requiring three provisions to "assure safe use," including that mifepristone be
16 dispensed in a health care setting under supervision from a provider who is registered and has
17 signed a provider agreement with the pharmaceutical distributor, and the patient sign an FDA-
18 approved Patient Agreement Form, and
19

20 WHEREAS, the American Academy of Family Physicians "supports a woman is access to
21 reproductive health services and opposes non-evidence-based restrictions on medical care and
22 the provision of such services," and
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24 WHEREAS, the REMS restrictions on mifepristone are not based on scientific evidence and
25 cause significant barriers to accessing abortion care, (such as landlords whose leases don't
26 allow abortions to be done on site, managers who won't allow stocking of mifepristone, and
27 colleagues who object to provision, and
28

29 WHEREAS, there are 16 years of data proving an outstanding safety record of mifepristone,
30 including a 0.05% risk of major complications, and
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32 WHEREAS, other drugs with higher complication rates, such as acetaminophen, aspirin,
33 loratadine, and sildenafil, do not have REMS restrictions, and
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35 WHEREAS, the REMS classification contributes to delays in care, thereby increasing second-
36 trimester and surgical abortions, both of which have increased complication rates now,
37 therefore, be it
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39 RESOLVED, That the American Academy of Family Physicians join the American Civil Liberties
40 Union Foundation lawsuit against the U.S. Department of Health and Human Services and the
41 U.S. Food and Drug Administration seeking to end the Risk Evaluation Mitigation Strategies
42 (REMS) classification on mifepristone by endorsing the principle that the REMS classification on
43 mifepristone is not based on scientific evidence and limits access to abortion care and to the
44 best evidence for medical management of miscarriage, and be it further
45

46 RESOLVED, That the American Academy of Family Physicians engage in advocacy and
47 lobbying efforts to overturn the Risk Evaluation and Mitigation Strategies classification on
48 mifepristone.

1 **Resolution No. R1-402**

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3 **Building the Family Medicine Research Workforce**

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5 Introduced by: Vivian Jiang, MD, Vienna, VA
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8 WHEREAS, Family medicine research is vital to the advancement of family medicine as a
9 clinical practice and academic field, and

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11 WHEREAS, primary care clinicians care for the majority of the population, yet research in
12 primary care is severely lacking in comparison to other medical fields, and

13
14 WHEREAS, family physicians often feel they do not have the skills to participate or conduct
15 even small research studies when in reality, with just a little bit of training they could do a lot to
16 contribute to family medicine and primary care research, and

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18 WHEREAS, the quality of research training in medical schools and residencies varies widely
19 and the large majority of family medicine residency graduates do not participate in research
20 after residency, now, therefore, be it

21
22 RESOLVED, That the American Academy of Family Physicians make producing new evidence
23 through original research and building the primary care research workforce core values and key
24 priorities for the organization, and be it further

25
26 RESOLVED, That the the American Academy of Family Physicians create, sponsor, and
27 dedicate a stable funding line for family medicine research fellowships to train family physicians
28 in conducting primary care research in settings that may include, but are not limited to,
29 academic family medicine, practice-based research networks, community engagement, health
30 policy, or public health, and be it further

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

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36 RESOLVED, That the American Academy of Family Physicians create and sponsor a
37 sustainable, inter-organizational family medicine research engagement task force with the eight
38 other national family medicine organizations (North American Primary Care Research Group,
39 Society of Teachers of Family Medicine, American Board of Family Medicine, Association of
40 Family Medicine Residency Directors, Association of Departments of Family Medicine,
41 American College of Osteopathic Family Physicians, American Academy of Family Physicians
42 Foundation, American Board of Family Medicine Foundation), to identify and disseminate best
43 practices for training new primary care researchers and accordingly develop new primary care
44 research training opportunities, which might include, but are not limited to, interorganizational
45 research opportunities.

1 **Resolution No. R1-403**

2

3 **Bolstering the AAFP National Research Network (NRN)**

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5 Introduced by: Vivian Jiang, MD, Vienna, VA

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7 WHEREAS, Family medicine research aimed at improving patient care is best conducted in a
8 practice-based (i.e. outpatient clinic) setting, and

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10 WHEREAS, even the idea of a practice-based research network, let alone how to participate in
11 one, is foreign to many family physicians, and

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13 WHEREAS, the American Academy of Family Physicians (AAFP) has its own practice-based
14 research network called the National Research Network (NRN) and yet many AAFP members,
15 including those serving on AAFP commissions, are unaware of its existence and significance,
16 and

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18 WHEREAS, there is currently no dedicated funding in the AAFP budget written for the NRN, and

19

20 WHEREAS, the NRN staff spend most of their time working on externally-funded projects and
21 do not have protected time to strengthen the infrastructure of the NRN (such as through project
22 development, mentoring, and research capacity building), and

23

24 WHEREAS, the AAFP NRN needs more dedicated and experienced principal investigators and
25 mentors who can merge teams and ideas for new projects, as well as learners who can
26 participate in moving these projects forward, now, therefore, be it

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

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32 RESOLVED, That the American Academy of Family Physicians (AAFP) create a liaison position
33 for the National Research Network representative responsible for student/resident/fellow
34 engagement on the AAFP Commission on Education or another more appropriate commission
35 to elevate efforts to expand the family medicine research workforce.

1 **Resolution No. R1-404**

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3 **Restore Funding for AHRQ's National Guidelines Clearinghouse**

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5 Introduced by: Vivian Jiang, MD, Vienna, VA

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8 WHEREAS, Diagnostic and treatment guidelines are crucial for ensuring evidence-based
9 clinical practice for family physicians, and

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11 WHEREAS, the Agency for Healthcare Research and Quality's (AHRQ) National Guidelines
12 Clearinghouse clearly and concisely summarized thousands of clinical guidelines and provided
13 these summaries in one central location, now, therefore, be it

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

1 **Resolution No. R1-405**

2
3 **Increasing Percentage of Women's Reproductive Health Topics at American Academy of**
4 **Family Physicians (AAFP) National Conference and the Family Medicine Experience**
5 **(FMX)**

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7 Introduced by: Jessie Liu, MD, Martinez, CA

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10 WHEREAS, The American Academy of Family Physicians (AAFP) affirms it is essential that
11 family physicians be well trained to provide "comprehensive, continuing care of women
12 throughout their lifecycle," and

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14 WHEREAS, the AAFP "supports a woman's access to reproductive health services and
15 opposes non-evidence based restrictions on medical and the provision of such services," and

16
17 WHEREAS, in order to maintain such qualifications and a broad scope of practice, family
18 physicians must continue learning throughout their careers so they can provide patients with up-
19 to-date and evidence-based care throughout their lifecycle, and

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21 WHEREAS, for the 2018 Family Medicine Experience (FMX), the Curriculum Advisory Panel
22 (CAP) has weighted women's reproductive health topics at 4%, and

23
24 WHEREAS, visits to primary care providers compose 51% of all physician visits and the highest
25 proportion of those visits are with family medicine physicians at 19.5%, and

26
27 WHEREAS, an estimated 17.9% of outpatient visits are by women of reproductive age, with
28 preconception or contraceptive counseling as integral aspects of these visits, and

29
30 WHEREAS, funding for Planned Parenthood and Title X clinics is at risk, shifting care to
31 Federally Qualified Health Centers (FQHC), often led by family physicians, thus requiring a well-
32 prepared work force to meet the increased demand of reproductive health needs, now,
33 therefore, be it

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

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39 RESOLVED, That the American Academy of Family Physicians (AAFP) direct the Family
40 Medicine Experience Curriculum Advisory Panel to openly publish the percentage allocations of
41 session topic categories of live and online AAFP continuing medical education activities, and be
42 it further

43
44 RESOLVED, That the American Academy of Family Physicians (AAFP) increase the
45 representation of women's reproductive health topics at future AAFP continuing medical
46 education events including National Conference for Family Medicine Residents and Medical
47 Students.

1 **Resolution No. R1-406**

2
3 **Reducing Barriers to Hospital Discharge for Patients with Opioid Use Disorder with**
4 **Methadone**

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6 Introduced by: Diana Huang, MD, Seattle, WA
7 Anne Marie Williams, MD, Seattle, WA
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10 WHEREAS, Opioid use disorder is a national crisis, with 2.1 million people affected by opioid
11 use disorder in 2016, and, of them, 116 people dying of opioid overdose daily that year, and
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13 WHEREAS, one of the primary treatments for opioid use disorder is methadone maintenance
14 treatment (MMT), which allows patients to stop their dependence on illicit substances and avoid
15 the associated risks of infection and reduce the risk of overdose, cutting mortality by $\frac{2}{3}$, while
16 preventing withdrawal which can lead to against medical advice discharges for vulnerable
17 patients, and
18

19 WHEREAS, there were 350,000 patients on MMT as of 2015, which is far from the number of
20 patients who could benefit from treatment, and
21

22 WHEREAS, there has been a 64% increase in opioid-related hospitalizations over the last ten
23 years, and
24

25 WHEREAS, while methadone use could ideally be initiated in the hospital, being on MMT is one
26 of the top barriers to discharge as skilled nursing facilities will often not consider accepting
27 patients who are on methadone, and
28

29 WHEREAS, barriers to skilled nursing facility discharge for patients on methadone lead to
30 prolonged hospitalizations for opioid use disorder-related conditions such as osteomyelitis and
31 endocarditis without treatment of the underlying disorder, often leading to readmission and
32 development of hospital-associated infections, and
33

34 WHEREAS, these readmissions are costly, with a study in 2017 showing that among 165
35 patients there were 137 readmissions over an average observation period of 4.5 months, with
36 an average charge per admission of \$31,157 (\$55,493 for endocarditis readmissions and
37 \$68,774 for osteomyelitis readmissions), now, therefore, be it
38

39 RESOLVED, That the American Academy of Family Physicians advocate for policies that
40 prohibit discrimination based on whether a patient is on methadone maintenance therapy, and
41 be it further
42

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

1 **Resolution No. R1-407**

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3 **Increasing Transparency and Trainee Participation in the FamMedPAC**

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5 Introduced by: Reshma Ramachandran, MD, MPP, Los Angeles, CA

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7 WHEREAS, The FamMedPAC operates as a financial vehicle for the American Academy of
8 Family Physicians (AAFP) in advancing the organization's legislative agenda and in broadening
9 its visibility with the U.S. Congress, and

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11 WHEREAS, the FamMedPAC has published the monetary amounts donated to candidates and
12 committees on the AAFP website periodically, and

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14 WHEREAS, the FamMedPAC has been actively soliciting and collecting donations from
15 residents and students, now, therefore, be it

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17 RESOLVED, That the American Academy of Family Physicians (AAFP) ensure the publication of
18 the minutes of the proceedings of the FamMedPAC on their website to be available for all AAFP
19 members, and be it further

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21 RESOLVED, That the American Academy of Family Physicians request that FamMedPAC
22 outline their rationale for providing or withholding funds to candidates, politicians, and
23 committees, and be it further

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25 RESOLVED, That the American Academy of Family Physicians call for a resident and student
26 seat on the FamMedPAC Board of Directors.

1 **Resolution No. R1-408**

2
3 **Adopt a Comprehensive Policy on the Health Impacts of Immigration Policy**

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5 Introduced by: Lauren Williams, MD, Minneapolis, MN

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8 WHEREAS, The American Academy of Family Physicians (AAFP) policy on health equity
9 states: "The American Academy of Family Physicians supports the attainment of the highest
10 level of health for all people," and

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12 WHEREAS, the 2014 Congress of Delegates adopted a resolution which states: "That the
13 American Academy of Family Physicians support policies to reduce health disparities borne by
14 immigrants, refugees or asylees," and

15
16 WHEREAS, the AAFP has policy opposing physician reporting of immigration status,
17 discrimination based on national origin, and criminalization of the provision of medical care to
18 undocumented individuals, and

19
20 WHEREAS, negative health impacts of both long-standing and new U.S. immigration policies
21 are well documented in various case-studies and reports, and

22
23 WHEREAS, the AAFP has issued multiple individual statements and letters opposing legislation
24 that would negatively impact the health of immigrant persons, and

25
26 WHEREAS, the AAFP has issued numerous policy statements which each serve as a reference
27 point and guide for the AAFP and its board when swift and/or direct action needs to be taken in
28 response to new legislative or commercial developments, and

29
30 WHEREAS, the AAFP has no current comprehensive policy statement to inform its advocacy
31 efforts on behalf of immigrant persons, now, therefore, be it

32
33 RESOLVED, That the American Academy of Family Physicians author a policy statement
34 regarding the importance of mitigating negative health impacts of United States' immigration
35 practices which would include:

- 36
- 37 • meeting standards of care without compromising immigrant persons' rights
 - 38 • timely access to healthcare for immigrant persons in detention facilities
 - 39 • measures to reduce toxic stress associated with threat of detention and deportation,
 - 40 • privacy protections for medical records of all immigrant persons whether documented or
undocumented equal to those afforded to U.S. citizens
 - 41 • appropriate payment of physicians for care delivered to immigrant persons and their
42 families