



Resident 2 Agenda and Resolutions

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

1. Resolution No. R2-501 Advocating Against Family Medicine Discrimination as Hospitalists
2. Resolution No. R2-502 Universal Health Access
3. Resolution No. R2-503 Elimination of Race-Based Medicine
4. Resolution No. R2-504 Electronic Health Record Intercommunication
5. Resolution No. R2-505 Gun Violence, Education and Trauma-informed Care
6. Resolution No. R2-506 Addressing the Separation of Families at the Border
7. Resolution No. R2-507 Advocacy for Increased Pediatric Mental Health Funding
8. Resolution No. R2-508 Electronic Health Record Optimization for Reduction of Physician Burden

1 **Resolution No. R2-501**

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3 **Advocating Against Family Medicine Discrimination as Hospitalists**

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5 Introduced by: Joshua Koerner, DO, Lawrenceville, GA

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7 WHEREAS, There is currently a shortage of family-medicine-trained hospitalists, and

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9 WHEREAS, family medicine programs are in need of family-medicine-trained hospitalists in
10 order to meet the needs of graduate medical education, and

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12 WHEREAS, family medicine physicians are currently being denied the opportunity to apply to
13 hospitalist groups and denied privileges in hospital by-laws, particularly in urban areas to
14 practice as hospitalists by internal medicine physicians, and

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16 WHEREAS, the American Academy of Family Physicians has taken a position regarding the
17 qualification of family medicine physicians to provide high quality hospital medicine, noting "The
18 opportunity to participate as a hospitalist should be open to all interested physicians whose
19 education, training, and current competence qualify them to serve effectively in this role. During
20 their training, family physicians acquire attitudes, skills, and knowledge that enable them to
21 provide continuing and comprehensive medical care across the spectrum of care settings,
22 including the inpatient setting," now, therefore, be it

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24 RESOLVED, That the American Academy of Family Physicians have discussions with internal
25 medicine organizations (i.e. American College of Physicians) and hospital groups (i.e. American
26 Hospital Association, American College of Healthcare Executives) to lobby against the
27 discrimination of family medicine physicians in hospitalist positions.

1 **Resolution No. R2-502**

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3 **Universal Health Access**

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5 Introduced by: Kyle Leggott, MD, Aurora, CO
6 Dominick Ruybal, DO, Denver, CO

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8 WHEREAS, In 2017, the American Academy of Family Physicians (AAFP) commissioned an
9 independent study into publicly funded, privately delivered, systems of universal health care,
10 and

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12 WHEREAS, this independent study concluded that a single-payer system is a solution to
13 America's current health-care crisis, as has been demonstrated in numerous other developed
14 nations as an effective method of achieving better health outcomes at lower expense, and

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16 WHEREAS, all of these systems rely to varying degrees on a single-payer system to achieve
17 universal health care, and

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19 WHEREAS, in 2017, the AAFP resolved that health is a basic human right, and

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21 WHEREAS, in 2017, the AAFP resolved that "the right to health includes universal access to
22 timely, acceptable and affordable health care of appropriate quality," now, therefore, be it

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

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

1 **Resolution No. R2-503**

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3 **Elimination of Race-Based Medicine**

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5 Introduced by: Ebiere Okah, Minneapolis, MN
6 Daniel Salahuddin, MD, Pittsburgh, PA
7 Adrian Tomes, MD, Minneapolis, MN

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10 WHEREAS, Race is a social construct, but is often used in clinical decision-making as if it were
11 a marker of genetic predisposition, and

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13 WHEREAS, while there is a role for ancestry, race has little value, and often detracts from
14 addressing the underlying societal structures that contribute to health disparities, now, therefore,
15 be it

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17 RESOLVED, That the American Academy of Family Physicians denounce race-based medicine.

1 **Resolution No. R2-504**

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3 **Electronic Health Record Intercommunication**

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5 Introduced by: Jessica Sallstrom, DO, Boise, ID

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8 WHEREAS, All physicians have been mandated to use electronic medical records, and

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10 WHEREAS, the aim of electronic health records is to better record and share health data and
11 provide improved patient care, and

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13 WHEREAS, there is a lack of intercommunication between separate electronic health records
14 even within the same community, and

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16 WHEREAS, this fragments patient care and limits clinicians' access to patient records, and

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18 WHEREAS, this fragmentation increases cost of patient care and limits quality, now, therefore,
19 be it

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21 RESOLVED, That the American Academy of Family Physicians research the process of
22 implimenting a nation-wide health information exchange database providing communication
23 between electronic health record systems and potential costs and benefits associated with such
24 a database.

1 **Resolution No. R2-505**

2
3 **Gun Violence, Education and Trauma-informed Care**

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5 Introduced by: Cheryl Martin, MD, Bronx, NY
6 Reshma Ramachandran, MD, Los Angeles, CA
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9 WHEREAS, Gun violence has been increasing across the U.S., and

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11 WHEREAS, mass casualty events caused by firearms are becoming more prevalent and
12 receiving increasing media coverage, leading to greater exposure to violence and its outcomes
13 as recognized by American Academy of Family Physicians (AAFP) position Paper "Violence in
14 the Media and Entertainment," and

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16 WHEREAS, the AAFP position paper on "Violence" recognizes the adverse health outcomes
17 associated with exposure to violence and the need for providers to offer trauma-informed care,
18 and

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20 WHEREAS, as the New York State Academy of Family Physicians (NYSAFP) Resolution 01-6
21 states, "The NYSAFP will stress educational efforts to help reduce gun violence and will
22 educate its members in the risk factors concerning gun violence such as safe firearm storage,
23 firearm safety, contributions of alcohol and substance abuse, media violence and gang
24 membership and provide CME programs which will show how a physician can make
25 interventions to reduce these risk factors," and

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27 WHEREAS, there are currently no easily accessible educational materials or continuing medical
28 education (CME) programs available via NYSAFP on gun violence, safe firearm storage, firearm
29 safety, contribution of alcohol and substance abuse to gun violence, the role of media violence
30 and gang membership in firearms, and trauma-informed care, and

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32 WHEREAS, the language from NYSAFP resolution on "Gun Violence, Education and Trauma-
33 informed Care" submitted for the 2018 Congress of Delegates does not specifically resolve to
34 address the need for providers to offer trauma-informed care, and

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36 WHEREAS, persons who have experienced trauma are often lost to primary care due to the
37 effects of their traumatic experiences, now, therefore, be it

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

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

1 **Resolution No. R2-506**

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3 **Addressing the Separation of Families at the Border**

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

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8 WHEREAS, Increasing numbers of unaccompanied migrant children have crossed into the U.S.
9 facing forced displacement from their birth countries due to the threat of violence by organized
10 and armed criminal actors, violence in the home, or exploitation by human traffickers, and

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12 WHEREAS, in June 2018, an Executive Order was signed adopting a "zero tolerance" policy
13 that led to the separation of 2,342 children from their parents between May 5 and June 9, 2018,
14 and

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16 WHEREAS, the trauma and toxic stress of separating children from their parents can lead to
17 long-term negative impacts on their physical, mental, and behavioral health including regression
18 and reversal of developmental milestones as noted by the American Academy of Family
19 Physicans, and

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21 WHEREAS, there have been outbreaks of chickenpox, scabies, and other infections among
22 detainees within detention centers due to close quarters and lack of adequate sanitation, now,
23 therefore, be it

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

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

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

1 **Resolution No. R2-507**

2
3 **Advocacy for Increased Pediatric Mental Health Funding**

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5 Introduced by: Christopher LaJeunesse, MD, Detroit, Michigan
6 Kayla Stefanko, DO, Lake Ann, MI
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8 WHEREAS, The Centers for Disease Control and Prevention along with the U.S. Surgeon
9 General have estimated that one in five American children suffer from a mental health disorder,
10 and

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12 WHEREAS, it has been reported that as little as 2% of children using publicly funded services
13 receive evidence-based services, and

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15 WHEREAS, there has been a 42% reduction in children's mental health services research
16 funding between 2005 and 2015, and

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18 WHEREAS, though the 2016 National Congress of Family Medicine Residents' resolution (R2-
19 511) proposed increased advocacy for mental health education among family physicians and
20 the American Academy of Family Physicians (AAFP), and

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22 WHEREAS, a resolution regarding increased access to mental health services, especially in the
23 pediatric populations, has not been formally addressed by AAFP, and

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25 WHEREAS, the AAFP supports enhancing patient care and the coordination of care across the
26 medical neighborhood, now, therefore, be it

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

1 **Resolution No. R2-508**

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3 **Electronic Health Record Optimization for Reduction of Physician Burden**

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5 Introduced by: Eric Kim, MD, PhD, Denver, CO

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8 WHEREAS, The Centers for Medicare and Medicaid Services reimbursement policy and
9 American Academy of Family Physicians (AAFP) policy among others recognize the benefits of
10 integrated electronic health records in medical practice, including enhanced communication,
11 coordination, and quality improvement, and

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13 WHEREAS, a 2015 Mayo Clinic study of 35,922 physicians reported that the rate of physician
14 burnout has increased between 2011 and 2014 with nearly half of all physicians experiencing
15 burnout in 2014, and

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17 WHEREAS, in studies done by the Agency for Healthcare Research and Quality among others,
18 physician burnout has been attributable in large part to documentation burden, with adoption of
19 an electronic health record being associated with both an acute and chronic increase in reported
20 stress levels, and

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22 WHEREAS, modern software development approaches like Agile make regular iterative use of
23 end-user feedback to improve their products, and

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25 WHEREAS, it is a major objective of the AAFP to support family physician wellness, now,
26 therefore, be it

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28 RESOLVED, That the American Academy of Family Physicians amend the policy entitled
29 "Electronic Health Records" to include language recommending the participation of family
30 physicians in the update and improvement of electronic health records. Specifically, to change
31 policy language to "The American Academy of Family Physicians (AAFP) believes that every
32 family physician should leverage and participate in quality improvement of health information
33 technology," and be it further

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

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