



Commission on Health of the Public and Science 2016 Annual Report

COMMISSION ON HEALTH OF THE PUBLIC AND SCIENCE

Resident

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Scope

The Commission on Health of the Public and Science (CHPS) is a unique commission with a broad range of interests and topics. The commission helps provide recommendations to the American Academy of Family Physicians (AAFP) board on areas from incorporating evidence based medicine into clinical practice guidelines to developing projects to help address major health national health concerns. Recommendations to the AAFP Board of Directors are based off of resolutions submitted by AAFP physicians and student members and discussed within CHPS, especially within the subcommittees. The subcommittees include Health Equity, Public Health Issues, Clinical Practice Guidelines, and Clinical Preventive Services. In addition to the subcommittees there is a Primary Care and Public Health Integration Work Group.

The scope of work of the CHPS was updated this year to better incorporate the broad responsibilities and impact of CHPS. Below is the 2016 scope of work:

- Develop, endorse, and disseminate evidence-based clinical guidelines and policies.
- Synthesize, evaluate, and disseminate clinical research and scientific discovery.
- Advocate for societal, regulatory, and environmental initiatives that improve health for all.
- Promote health equity and the elimination of disparities in care and health outcomes.
- Support the provision of culturally proficient, person-centered care.

The commission has various levels of commitment years, four years for the physicians and one year for the resident and student members. The commission meets twice a year, in the winter for four days and in the summer for three days in Kansas City and works virtually and through emails and conference calls.

Subcommittee on Health Equity – Vivian Jiang

The Subcommittee on Health Equity (SHE) reviews, develops, and recommends policies that address disparities in health care with particular regard to underserved populations. This year, SHE discussed resolutions whose topics spanned the cutting edge of current social issues from discriminatory policing, to structural racism as manifested in the school-to-prison pipeline, to health impacts of gentrification, to transgender health issues. SHE began research and writing for several new policy/position papers: “Discriminatory Policing as a Public Health Concern,” “Clogging the School-to-Prison Pipeline,” and “Human Trafficking Education for Family Physicians.” SHE continues to work on investigating the health impact of gentrification and on developing tools to evaluate and address social determinants of health.

Unlike the other CHPS subcommittees, this subcommittee includes cross-commission representatives from each of the following AAFP Commissions: Governmental Advocacy (CGA), Education (COE), Continuing Professional Development (COCPD), Membership and Member Services (CMMS), and Quality and Practice (CQP). SHE also supports the organization FMAHealth by reviewing its written materials, providing access to the broad AAFP audience base, and helping to provide guidance on addressing the lack of diversity on their leadership team.

Subcommittee on Public Health Issues – Aisha Harris

The Subcommittee on Public Health Issues (SPHI) has a diverse number of focuses that range from five year review of current AAFP policies and position papers to review of resolutions that come AAFP members. After reviewing various policies and position papers up for five year reviews multiple recommendations were made to sunset, affirm, or update different policies and position papers. Policies in the process of revision include the policies on “Physical Activity in Children”, “Marijuana”, “Organ Donation”, “Adolescent Health Care, Sexuality, and Contraception”, and “Violence as a Public Health Concern”. The only position paper recommended for revision was the paper on “Mental Health Care Services by Family Physicians”.

The discussion surrounding these policies and papers stemmed from the current events, health outcomes, changing atmosphere of medicine, and clinical experience from the members of the AAFP. One of the recommendations that involved an advocacy route was from the Congress of Delegates that asked AAFP staff to write a letter to the Convenient Care Association communicating how the ill effects of tobacco products are in opposition to the message of health and wellness, especially when such products are sold in the same location where there are retail-based clinics. The SPHI has a unique opportunity to bring to light many topics and concerns that arise from students, residents, and physician members of AAFP.

Subcommittee on Clinical Practice Guidelines – Aisha Harris

The Subcommittee on Clinical Practice Guidelines (SCPG) reviews guidelines made from various organizations regarding different evidenced based guidelines to improve patient care. One guideline reaffirmed included the AAP’s “Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents” guideline, which the subcommittee believed was still valid though it was in the process of being updated. One guideline sunsetted included a guideline for “Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease” that the developing organization did not plan on updating. However, the subcommittee planned to nominate the topic to AHRQ because COPD is an important topic.

The “Cancer Care” policy was a new policy recommended for approval by SCPG after AAFP supported the IOM 2013 report that supported the need for an integrated workforce to address the needs of patients with cancer. Last year the original Cancer Care policy based on the IOM 1999 report was sunsetted and the new policy resulted from a work group formed. The SCPG submitted a revision of the AAFP Policy and Needle Exchange Programs and is in the process of developing a draft of an Opioid and Pain Management position paper to address some of the current concerns surrounding opioid abuse.

Subcommittee on Clinical Preventive Services – Vivian Jiang

The Subcommittee on Clinical Preventive Services (SCPS) evaluates current and proposed preventive care guidelines, and can also generate de novo clinical recommendations to the Commission at large and the Board for approval. The SCPS both assesses the supporting evidence for each guideline, and also determines the relevance and value of clinical guidelines for family medicine physicians and patients. Broad topic areas covered by the SCPS include Immunizations, Preventive Services Task Force (USPSTF) meeting updates, Five-year policy reviews, Resolutions and referrals, Genomics activities, and Choosing Wisely updates. While there were no immunization updates for this year, it is

anticipated that next year there will be discussion regarding RSV, Hepatitis B, Anthrax, HPV-9, and what to do about the Zika virus.

There was one five-year policy up for review, "Breast Cancer, Self BSE, and Clinical Breast Exams (CBE), which was reaffirmed with amendment. A previous policy statement, "Prevention and Control of Sexually Transmitted and Blood Borne Infections," was also brought to the table and the commission ultimately agreed to update this policy to include additional information on Pre-Exposure Prophylaxis for HIV (PrEP). Regarding resolutions, the subcommittee discussed "Health Impact of Incarceration on Families," and continues to work on a position paper to address what the family physician can do to best care for these families. Finally, the subcommittee reviewed AAFP's Choosing Wisely recommendations to ensure they were up to date with the latest evidence.

Primary Care and Public Health Integration Work Group – Vivian Jiang

The Primary Care and Public Health Integration (PCPHI) Work Group was developed in 2013 in response to the IOM 2012 paper, "Primary Care and Public Health: Exploring Integration to Improve Population Health." The AAFP aims to be a leader in the integration of primary care and public health as a means of improving population health. Since 2013, the PCPHI work group has partnered with Duke University and the deBeaumont Foundation in its work on the Practical Playbook for primary care and public health integration.

This year the PCPHI work group led the AAFP in formally adopting the AHRQ definition of the medical neighborhood in an effort to provide a framework for language to use when discussing and advocating for primary care and public health integration. The work-group also took on the task of exploring clinically tools to assess a patient's social determinants of health to thereby risk stratify patients based on their financial status, family support, homelessness, access to nutritional food, and other such factors. By the end of 2016, the PCPHI work group hopes to have developed a web page to assist members and chapters on identifying community resources for patients. The PCPHI work group is currently working to submit a funding proposal to the deBeaumont Foundation to secure funds for continuing these primary care and public health integration efforts.

Representation Reports, Advisory Committees, Member Interest Group – Aisha Harris

AAFP appreciates the opportunity to support other organizations and weigh in on various decisions that may influence the medical profession or patient care. Through representation at different conferences that AAFP is able to better understand the guidelines and recommendations made by other organizations and provide more information to its members. CHPS members represent AAFP at meetings for organizations that include AAP, ACOG, ACSM, CDC, AMA, FDA, HHS, HRSA, NIH and National Dairy Council Health and Wellness Advisory Council.

CHPS members also help organize member interest groups (MIG) to help foster ideas regarding clinical practice and improvement in patient care. Some of these member interest groups include oral health MIG, reproductive health MIG, and school doctors MIG. There are also various advisory panels to help provide valuable information and recommendations to members, like the science advisory panel, disaster preparedness member advisory panel, and the obesity prevention and control advisory panel.

Personal Reflection – Aisha Harris (student member)

Being a student member of CHPS was a unique opportunity to be surrounded by and learn from family physicians from across the country. The leadership development dinners were an opportunity for the new faces of AAFP leadership to get welcomed into the family and see the support and community within AAFP. We were introduced to fellow students, residents, and current board members who saw us as young colleagues and told stories of their challenges and successes within their years of practice. The leadership development dinners helped build on skills we would need as AAFP leaders and also on skills important for impacting patient care in all aspects of medicine including policy making and resolution writing.

The cluster CHPS meetings brought together a diverse group of family physicians and AAFP staff with various backgrounds and responsibilities. The scope of the commission was discussed and it clarified the spectrum of areas the commission covers from public health, health equity, clinical practices, and preventative services. The meetings focused on clinical experience, evidence based medicine, and interprofessional relationships with other fellow AAFP commissions and specialty organizations, which highlighted the importance of communication and working together for a common goal. I appreciated the different interests and passions of the commission and AAFP being represented in CHPS and setting the foundation and atmosphere for the work groups, subcommittees, and initiatives.

During the cluster meetings I was able to experience all of the subcommittees, which gave me an opportunity to see medicine from a different perspective. Knowing where the guidelines and initiatives originate was interesting to witness. Gaining a better understanding of the role members and leaders play in AAFP in regards to resolutions and decisions helped me understand the power of being in a position to help improve patient care and the overall health status of America. I enjoyed being able to contribute to some of the revisions of policies like the Physical Activity in Children Policy, Needle Exchange Policy, and Reproductive Decisions Policy.

Overall being on CHPS was a great opportunity to be more involved in AAFP. The experience left a lasting impression on me and made me want the position to be longer than a year. I plan to continue to be involved in AAFP through my years as a medical professional and believe that leadership in any aspect is important whether on a local, regional, or national level. I look forward to many years with AAFP and the impact I can make as a leader and active member.

Personal Reflection – Vivian Jiang (resident member)

Serving as the resident representative to CHPS has easily been one of the most influential experiences of my life. I have never felt simultaneously so intimidated yet so inspired to advocate for social justice and address the roots of healthcare disparities at the national policy level. When my friends ask how the cluster meetings go, I tell them, “I think we just saved the world again.”

CHPS physicians epitomize the spirit of family medicine through their compassion toward their patients, their respect and fondness for each another, and their dedication to improving healthcare for all. From developing policies to encourage all family physicians to address gender identity with their adolescent patients, to building systems to better integrate public health with primary care, CHPS is constantly pushing the boundaries of how family physicians can best address health of the public in the dynamic, ever-changing society of our young nation. I was humbled by not just the diversity of perspectives and experiences within the commission, but even more so by the entire commission’s dedication to ensuring all opinions were heard and represented. I remember our discussion on an old abortion policy – the ‘pro-choice’ voices spoke first, then welcomed a ‘pro-life’ perspective. Ultimately as different members volunteered to work on revising this policy off-line, several members stressed the importance of there being ‘pro-life’ and ‘pro-choice’ representation in the group. All this then culminated into a final comment on our very important job as family physicians not to shame our patients.

In challenging the family medicine community to take ownership of difficult issues, CHPS has taught me to view my passion for equitable healthcare through a lens of appreciation for the diverse opinions in family medicine. I have thoroughly enjoyed my time with CHPS and look forward to staying involved in health policy and with the AAFP in the future.

Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit aafp.org.