



Summary of Actions: 2016 National Conference of Constituency Leaders

2016 Resolutions

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Res. No.	Title and Resolved	Constituency	Reference Committee	Referrals	Action
1001	<p>Expanding Physician Education Materials For Sexually Transmitted Diseases in Immigrant and Uneducated Minority Populations <i>RESOLVED, That the American Academy of Family Physicians (AAFP) develop a toolkit to educate physicians on sexually transmitted infections (STI) and pregnancy prevention targeting minority and immigrant populations who lack adequate sex education.</i></p>	Minority, New Physicians	Advocacy	Commission on Health of the Public & Science	Accept for information. The AAFP already provides information on a variety of topics related to sexually transmitted infections and pregnancy prevention. Creating additional patient education and translating the information into several languages would require a heavy investment of time and funds.
1002	<p>Improving Medicare Financing Through Parts A, B, C and Through Medigap Consolidation <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocates for legislation that eliminates the Medicare Advantage and Medigap programs, and folds the benefits of Part C plans and Medigap plans into traditional Medicare.</i></p>	Minority	Advocacy	Board of Directors	<p>Accept for information. The Affordable Care Act restructured payments to Medicare Advantage plans by setting payments to different percentages of Medicare fee-for-service (FFS) rates, with higher payments for areas with low FFS rates and lower payments (95% of FFS) for areas with high FFS rates. These payment changes were phased-in over three years beginning in 2011 for plans in most areas.</p> <p>The AAFP has a policy statement on “Medicare Payment.” However, that policy does not address elimination of Medicare Advantage or Medigap programs.</p> <p>The subcommittee agreed this is a complex situation, and unsure how the new Republican administration will deal with any healthcare issues. It was suggested that this resolution be accepted for information and then wait and see what happens under the new administration.</p>
1003	<p>Eliminating Patient Satisfaction Scores as a Metric of Quality Healthcare <i>RESOLVED, That the American Academy of Family Physicians (AAFP) send a letter to the Centers</i></p>	New Physicians, Minority	Advocacy	Commission on Quality & Practice	Accept for information. The 2015 COD adopted Substitute Resolution No. 311, "Patient Satisfaction Measurement." This resolution advocates for the use of standardized clinically validated

	<p><i>for Medicare and Medicaid Services discouraging the use of patient satisfaction scores as a metric of quality healthcare, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support collecting patient satisfaction/experience data for the use of internal quality improvement but not for the purpose of ranking, rating, nor resulting in financial consequences from third party payers.</i></p>				<p>instruments to measure patient experience of care (including quality and satisfaction), the adoption of these instruments by payers, and the use of satisfaction measures as incentives, not penalties. The commission determined that the AAFP accept for information Resolution No. 1003, because the clause asking to "eliminate patient satisfaction scores as a metric of quality healthcare" is in conflict with 2015 COD adopted Substitute Resolution 311.</p>
1004	<p>Educating a Diverse Physician Workforce</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support pipeline programs and encourage support services for underrepresented minority students that will support them as they move through their educational process beginning in elementary school onward through college, medical school and residency programs, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support the American Medical Association (AMA) in recommending that medical school admissions use holistic evaluation of admission applicants, taking into account the diversity of preparation and the variety of talents that applicants bring to the medical school and residency programs, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support the American Medical Association (AMA) in advocating to the National Residency Matching Program (NRMP) to track and disseminate demographic information pertaining to race and ethnicity collected from Electronic Residency Application Service (ERAS) applications, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support programs in the American Medical Association (AMA) to improve the diversity of the physician workforce.</i></p>	Minority	Advocacy	Commission on Education	<p>Agree with Modification (with or without recommendation to Board). Revised Resolution: <u>RESOLVED, That the AAFP explore, study, support and monitor pipeline programs, and encourage longitudinal support services for underrepresented minority students that will support them as they move through their education process beginning in elementary school onward through college, medical school and residency programs.</u> Pipeline programs that reach underserved and minority students early in their education are an important tactic to improve the diversity of the workforce. Programs that engage students over an extended period of time, and/or longitudinally, may be more effective than a one-time experience. During the discussion of this topic at the SRSI meeting, participants were clear of the necessity of data collection to measure the effectiveness of any program to increase the number of underrepresented minority students entering medicine.</p>
1005	<p>Opioid Prescribing Restrictions</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) publicly condemn the practice of medicine without a license by state legislators, and be</i></p>	Women, GLBT	Advocacy	1 st Resolved Clause only: Commission on Governmental Advocacy	<p>2nd & 3rd Resolved Clauses not adopted by the 2016 National Conference of Constituency Leaders.</p> <p>1st Resolved Clause. Reaffirm. The CGA recommended that the Board</p>

	<p><i>it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) strongly advocate for Federal Legislation prohibiting state restriction of physician prescribing, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) AMA Delegation bring Resolution No. 1005 from the 2016 National Conference of Constituency Leaders to the AMA.</i></p>				reaffirm Resolution 1005 as in keeping with current AAFP policy and advocacy on medical licensure.
1006	<p>Specialty-Specific Peer Domain of Medical Licensure Issues and Disciplinary Actions</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a currently licensed and practicing family physician to actively participate in the evaluation and resolution of any licensure and disciplinary issues for family physicians.</i></p>	Women	Advocacy	Commission on Governmental Advocacy	Accept for information. The CGA recommended that the Board accept for information Resolution 1006 as not aligned with AAFP strategic priorities. CGA members described that some state boards do a fair job on this. The CGA discussed the hope for ad hoc membership of the same speciality but recognized that this is an state issue for chapter advocacy.
1007	<p>Mitigate Disparities in Mental Health Availability</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for increased value-based payments for counseling and services rendered for mental health illnesses, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) explore advocacy efforts to improve availability of mental health provider access.</i></p>	IMG	Advocacy	Commission on Quality & Practice	Accept for information. The commission agreed to accept the resolution for information. The AAFP advocates for adequate provider networks and payment of mental health services in a variety of ways. The AAFP meets annually with five to six of the largest private payers and CMS to advocate for an increased spend in primary care through fee-for-service or value-based payments for services, including mental health care. The AAFP encourages these payers to offer adequate networks. The AAFP has been active in communicating and promoting the CPC+ program, which pays a per beneficiary per month fee to physicians to support time counseling patients with mental health disorders. The AAFP has supported the creation of code GPPPX, which would essentially pay physicians for psychiatric type services performed in and coordinated by their offices. With CMS setting payment precedent, commercial carriers would also have the opportunity to pay for this code.
1008	<p>Limiting Increases in Drug Enforcement Agency and State Licensing Fees and Unrelated Fees to Practice Medicine</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with all state licensing and federal bodies to roll back fees to practice medicine and unrelated fees to practice medicine be removed, and be it further</i></p> <p><i>RESOLVED, That the American</i></p>	Women, Minority	Advocacy		Not adopted by the 2016 National Conference of Constituency Leaders.

	<p><i>Academy of Family Physicians (AAFP) request that when physician licensing fee increases are proposed by state and federal licensing agencies, that physicians be notified one calendar year before fees are to occur, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) request the state and federal licensing agencies provide justifiable reasons for licensing fee increases.</i></p>				
1009	<p>Single-Payer Health Care (Medicare For All) <i>RESOLVED, That the American Academy of Family Physicians (AAFP) lobby Congress in favor of Single Payer Healthcare (Medicare for All), and be it further</i></p> <p><i>RESOLVED, That Resolution No. 1009 on Single Payer Healthcare be submitted to the Congress of Delegates.</i></p>	Women, New Physicians	Advocacy	<p>Commission on Governmental Advocacy</p> <p>6/6/16: The Commission on Membership & Member Services determined that the resolution did not meet the requirements for submittal to the Congress of Delegates.</p>	No update is available. Similar resolutions (COD Res. Nos. 510, 511, and 512) were submitted to the 2016 Congress of Delegates and ultimately referred to the AAFP Board of Directors by the COD. The Board of Directors referred the resolutions to the AAFP's Executive Vice President for next steps.
1010	<p>Call to Repeal State Laws Which Punish Pregnant Women Suffering from Addiction <i>RESOLVED, That the American Academy of Family Physicians join the 18 other health care organizations who have already publicly released statements strongly condemning existing state laws which punish rather than assist pregnant women suffering from addiction by releasing a statement which highlights our updated policy on this matter.</i></p>	Women, Minority	Advocacy	Commission on Health of the Public & Science	Reaffirm. The AAFP's policy titled, "Pregnant Women, Substance Use and Abuse by," was reaffirmed by the Board of Directors in 2016 and states that the AAFP opposes imprisonment or other criminal sanctions of pregnant women solely for substance abuse during pregnancy, but encourages facilitated access to an established drug and alcohol rehabilitation program for such women.
1011	<p>Lowering Total Out-Of-Pocket Costs For All Health Insurance <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for legislation that significantly reduces or eliminates deductibles, copayments, and other out of pocket costs for all types of insurance plans, especially silver and bronze level Affordable Care Act (ACA) plans, as these measures lead to patients avoiding necessary care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an in-depth economic analysis of the current Affordable Care Act (ACA), to</i></p>	Minority			Reaffirmed by the 2016 National Conference of Constituency Leaders.

	<i>determine whether or not it has the ability to meet the mission of the (AAFP) as it pertains to universal access and an acceptable manner of cost containment.</i>				
2001	<p>Unconscious Bias Training in Residency and for AAFP Members <i>RESOLVED, That the American Academy of Family Physicians (AAFP) create an annotated list of unconscious bias educational resources and materials for members and residency educators on www.aafp.org, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote the integration of unconscious bias training into residency programs through the creation of novel materials or by use of the existing toolkits and seminars available through organizations such as the American Association of Medical Colleges or other academic institutions.</i></p>	Minority, New Physicians	Education	Commission on Education	Accept for information. Beyond the scope of work of the AAFP. The AAFP does not typically create resource lists from outside sources about topics for the website. There currently is content on the AAFP Website re implicit bias, including a recent Leader Voices Blog. Residency programs address awareness of implicit bias under the ACGME competencies of Interpersonal and Communication Skills and Professionalism. Many universities and health care systems provide resources for all their learners and employees on the subject of bias training. As the existing referenced resources already exist elsewhere, the tracking and posting of resources would be unreasonably time and staff intensive.
2002	<p>Inclusion of Healthcare Disparities Education in Training and Clinical Practice <i>RESOLVED, That the American Academy of Family Physicians (AAFP) to include Healthcare disparities in the educational curricular frame work, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) communicate with the American Board of Family Medicine to develop an additional self-assessment module to address the healthcare disparities.</i></p>	IMG, Women, Minority	Education		Not adopted by the 2016 National Conference of Constituency Leaders.
2003	<p>Necessary Changes to the ABFM MC-FP Process <i>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that the American Board of Family Medicine look to the American Board of Internal Medicine, American Board of Pediatrics, and American Board of Obstetrics and Gynecology for Maintenance of Certification models that may be more relevant to family physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend the American Board of Family Medicine abandon the two-question per week model referenced in the Winter 2016 Phoenix newsletter, and be it further</i></p>	Women, IMG, New Physicians, Minority, GLBT	Education	Commission on Continuing Professional Development	<p>Agree with modification (with or without recommendation to the Board). The COCPD recommended implementing the resolution with a recommendation to the Board of Directors that a letter be sent by the Board Chair to the American Board of Family Medicine regarding NCCL Resolution No. 2003, COD Resolution No. 610 and NCFMR Resolution No. R2-512.</p> <p>Because of the sensitivity and complexity of the board certification environment overall, and the relationship between the AAFP and the ABFM in particular, the commission's Board Liaisons and the staff Senior VP and EVP/CEO have been involved in discussions about the language to be used in the letter that will go to the ABFM.</p>

	<i>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend the American Board of Family Medicine eliminate the re-certification examination for those that have successfully completed yearly ongoing Maintenance of Certification for Family Physicians (MC-FP) requirements.</i>				
2004	Recognition of HIV/AIDS as a Chronic Disease <i>RESOLVED, That the American Academy of Family Physicians (AAFP) explore opportunities to enhance existing educational resources and develop new ones to educate family medicine residents and family physicians to care for patients with HIV/AIDS in a chronic care model, specifically by incorporating prevention and management of other chronic diseases that individuals with HIV may develop, into these resources.</i>	GLBT, New Physicians	Education	Commission on Continuing Professional Development	Reaffirm. Resolution is currently being addressed in current policy or through current projects/activities.
2005	Reducing International Medical Graduates Stigma <i>RESOLVED, That the American Academy of Family Physicians (AAFP) work aggressively with the Association of Family Medicine Residency Directors (AFMRD) and the Society for Teachers of Family Medicine (STFM) to reduce stigma and discrimination against International Medical Graduates (IMGs) by sharing research about equivalent quality of care provided by International Medical Graduates (IMGs).</i>	IMG	Education	Commission on Education	Accept for information. Beyond the scope of work of the AAFP. What may appear to be discrimination against international medical graduates may actually be based on state licensure laws which determine the eligibility of students from certain international medical schools. In some cases, the state has determined which international medical schools have met their criteria for acceptance. The authors have not specified the source of referenced studies which demonstrates equivalent quality of care provided by IMGs. However, the comparison of care would have to be made among practicing physicians. When comparing the practice of U.S. medical school graduates and international medical school graduates, it would not be possible to identify the determining factor - medical school training or residency training. Based on the AAFP's recent residency census data, approximately 30% of current family medicine residents graduated from an international medical school.
2006	Student Debt and Tax Reform <i>RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative advocacy and lobbying efforts, in collaboration with other professional societies, to allow student loan interest payments by family physicians and family medicine residents to be tax deductible by removing the adjusted gross income cap to qualify for these deductions, and</i>	New Physicians	Education	Commission on Governmental Advocacy	Reaffirm. The CGA recommended that the Board reaffirm Resolution 2006 as being addressed in current policy or through current projects/activities. The CGA recognizes that medical student loan debt relief continues to be important to residents and new physicians.

	<p><i>be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with other professional societies to write a letter to the United States (U.S.) Congress about the impact of student loan debt on the health and economic wellbeing of the U.S., and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for state chapters to use in their own legislative efforts to lobby for state income tax deductions of student loan interest.</i></p>				
2007	<p>Interest on Student Loan Deductibility</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) petition Congress to ask the Internal Revenue Service (IRS) to allow student loan interest of family physicians to be deductible for everyone, regardless of income level.</i></p>	Minority	Education		Combined with Resolution No. 2006.
2008	<p>Substance Abuse Education for Family Physicians</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) should work to identify and streamline educational resources and training for diagnosis and management of substance abuse disorders presenting to family physicians.</i></p>	Minority	Education		Reaffirmed by the 2016 National Conference of Constituency Leaders.
2009	<p>Create Observership Guidelines and Evaluation Tools for Physicians Who Host International Medical Graduates</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) review the American Medical Association (AMA) Observership Guidelines and identify opportunities to tailor those guidelines to create resources specific to family medicine that would be valuable to international medical students and international medical graduates, and residency programs, to structure and evaluate observership experiences in the United States.</i></p>	IMG, Minority	Education	Commission on Education	Accept for information. Beyond the scope of the AAFP. In the background for this resolution, the authors mention the difficulty for international medical graduates in getting clinical experience. Observerships do not provide clinical experience. They do not meet the requirement posed by most residency programs for hands-on U.S. clinical experience. The resolution includes both international medical students and international medical graduates. The two must be considered separately. International medical students are eligible in most cases for clinical preceptorships and are covered by their medical school's medical malpractice coverage. Those preceptorships are structured and each entity has its own evaluation process. Participating in a clinical preceptorship gives the student hands-on clinical experience in the U.S. health care setting. International medical graduates, however, are not covered by a medical school's malpractice insurance, and they may not be able

					to obtain malpractice coverage since they are unlicensed in the U.S. The effort to create guidelines for observerships beyond those already created by the AMA is not necessary for international medical students, and would not result in benefit to international medical graduates in the long run.
2010	<p>Racism and Bias Education for Family Physicians <i>RESOLVED, That the American Academy of Family Physicians (AAFP) endorse the American Public Health Association National Campaign Against Racism, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) include a keynote presentation on racism and bias at an Family Medicine Experience (FMX) conference in the near future, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) provide education to members on racism and bias through such means as, American Academy of Family Physicians live continuing medical education, online enduring continuing medical education modules, the American Family Physician (AFP) journal, and/or promote other evidence based resources.</i></p>	Women, New Physicians, Minority	Education	<p>1st Resolved Clause: Commission on Health of the Public & Science</p> <p>2nd Resolved Clause: EVP for appropriate staff referral</p> <p>3rd Resolved Clause: Commission on Continuing Professional Development</p>	<p>1st Resolved Clause: Accept for information. The AAFP has policies related to promoting diverse populations and their health care needs, as well as advocating for equal opportunity and equal representation. These policies include Health Equity that promotes the highest level of health for all people, and the Social Determinants of Health Policy that supports physicians in identifying and addressing social determinants of health to promote good health outcomes for all individuals and populations. The AAFP has also adopted the Healthy People 2020 definition of health equity, "Attainment of the highest level of health for all people," and promotes National Minority Health Month to help reduce health disparities that affect racial and ethnic minorities.</p> <p>2nd Resolved Clause: Accept for information. The keynote speakers are determined based on the overall theme of FMX, feedback from attendees, and is done in consultation with leadership. This suggestion for a topic for the general sessions at FMX will be taken into consideration for future decision-making, especially in the context of the broader issue of social determinants of health.</p> <p>3rd Resolved Clause: Accept for information. The AAFP opposes discrimination in any form, and supports the principle that CME should include components that address and take into account the unique aspects of diverse populations.</p>
2011	<p>Modify Education Electronic Residency Application Service Filter <i>RESOLVED, That the American Academy of Family Physicians (AAFP) will write a letter to the Electronic Residency Application Service (ERAS) supporting the inclusion of additional filters such that International Medical Graduates actively participating in hands on patient care be able to be</i></p>	IMG	Education		Not adopted by the 2016 National Conference of Constituency Leaders.

	<i>discerned using the ERAS filter software in order to address the physician shortage in primary care by 2020.</i>				
2012	<p>AAFP Promotion and Support of the Public Service Loan Forgiveness Program <i>RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative advocacy and lobbying efforts to encourage Congressional continuation of the Public Service Loan Forgiveness program, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the inclusion of primary care physicians in the Public Service Loan Forgiveness program, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote the Public Service Loan Forgiveness program to its members including the inclusion of this program on its service-based loan repayment program educational materials.</i></p>	New Physicians, Minority	Education	<p>1st & 2nd Resolved Clauses: Commission on Governmental Advocacy</p> <p>3rd Resolved Clause: Commission on Education</p>	<p>1st & 2nd Resolved Clauses: Reaffirm. The CGA recommended that the Board reaffirm Resolution 2012 as being addressed in current policy or through current projects/activities. The CGA noted that the Public Service Loan Forgiveness Program was created in 2007 to look back on 10 years of payment. CGA members noted that the AAFP is engaged on promoting this benefit, but also said that this relief is not available to all physicians making it challenging for those ineligible to compete with other practicing physicians.</p> <p>3rd Resolved Clause: SRSI discussed the success of the Public Service Loan Forgiveness Program. This program is associated with high rates of family medicine and primary care career choice and COE concurred.</p>
3001	<p>Extended Care Facility Placement Should Not Require a Three Day Inpatient Stay <i>RESOLVED, That the American Academy of Family Physicians (AAFP) draft a letter to the Centers for Medicare and Medicaid Services to remove the requirement of an inpatient stay and three midnight stay to qualify for extended care facility placement.</i></p>	New Physicians	Health of the Public and Science	Commission on Quality & Practice	Accept for information. The commission accepted this resolution for information. While the resolution asked the AAFP to write a letter advocating that the Centers for Medicare & Medicaid Services (CMS) remove the requirement of an inpatient stay and three midnight stay to qualify for extended care facility placement, CMS lacks the authority to do so under current law, because the “three-day rule” referenced in this resolution is a statutory provision.
3002	<p>Decreasing Drug Prices for Medicare Recipients and Strengthening Medicare <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for affordable medications for Medicare beneficiaries with strategies such as encouraging Medicare to negotiate drug prices, actively manage formularies, and/or reinstate prescription drug rebates for low income Medicare beneficiaries.</i></p>	Minority	Health of the Public and Science	Commission on Governmental Advocacy	A similar resolution (COD Res. No. 505) was submitted to the 2016 Congress of Delegates and ultimately referred to the AAFP Board of Directors by the COD. The Board of Directors referred the resolution to the Commission on Governmental Advocacy. No action has been taken at the time this document was published.
3003	<p>To Improve Access to Pre-exposure Prophylaxis for HIV (PrEP) Training <i>RESOLVED, That the American Academy of Family Physicians (AAFP) should include Pre-exposure Prophylaxis (PrEP) education in Continuing Medical Education (CME) offerings, and be it further</i></p>	GLBT, Minority, IMG, Women	Health of the Public and Science	<p>1st Resolved Clause: Commission on Continuing Professional Development</p> <p>2nd & 3rd Resolved Clauses:</p>	1 st Resolved Clause: Agree (with recommendation to the Board). After discussion of the unmet need for PreEP training in primary care, the commission voted to agree. Sent as Board Chair Rec due to time constraints. The Board Chair approved COCPD's decision to agree.

	<p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) writes a letter to strongly recommend to the Accreditation Council for Graduate Medical Education (ACGME) require Pre-exposure Prophylaxis (PrEP) education as part of the family medicine competencies.</i></p> <p><i>RESOLVED, That the AAFP provide a list of HIV specialists to family residency training programs to promote PrEP education.</i></p>			Commission on Education	<p>2nd & 3rd Resolved Clauses: Accept for information. Beyond the scope of the AAFP and not an appropriate request of the ACGME. The ACGME's six competencies are broad in scope and include Medical Knowledge. The requirements for curriculum organization and resident experiences ensure that resident physicians have a diverse patient base in a variety of settings in order to provide an educational experience that includes prevention and treatment of a broad spectrum of clinical disorders. The ACGME does not get to a granular level in the requirements to identify an educational activity such as PrEP. AAFP Reprint No. 273 - HIV Infection/AIDS includes: Prevention of transmission (i - importance of condom use, and safer sex and injection practice; ii - decreased transmission with undetectable viral load; iii. - availability of and indications for pre-exposure prophylaxis PrEP; and iv - counseling for post-exposure prophylaxis PEP regarding indications, limitations and side effects). Many residency programs have faculty who have expertise in HIV treatment. An HIV expert is not required to provide Pre-exposure Prophylaxis (PrEP) education. Logistically, it would be difficult and time intensive to develop and maintain a list of HIV specialists.</p>
3004	<p>Increased Access for Providers to Prescribe to Anti-Hepatitis Medications</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for coverage of anti-hepatitis C medications regardless of the prescribing physician's specialty in order to facilitate care of hepatitis C patients.</i></p>	New Physicians, Minority	Health of the Public and Science	Commission on Quality & Practice	<p>Accept for information. The commission accepted the resolution for information. The resolution asked the AAFP to advocate for coverage of anti-hepatitis C medications regardless of the prescribing physician's specialty in order to facilitate care of hepatitis C patients. The intent of the resolution was fulfilled the prior year in a separate resolution when the AAFP sent letters to the six major payers advocating for a similar resolved clause.</p>
3005	<p>Following HIV Testing Guidelines from the CDC</p> <p><i>RESOLVED, That the American Academy of Family Physicians update the age of recommended HIV screening to reflect the best evidence-based medicine from either the U.S. Preventive Services Taskforce or Centers for Disease Control Guidelines.</i></p>	GLBT, New Physicians	Health of the Public and Science	Commission on Health of the Public & Science	<p>Accept for information. The current AAFP recommendation does not include adolescents under 18 years of age. The USPSTF recommends screening at age 15 and the CDC recommends screening at age 13. The current available evidence groups adolescents as persons aged 13 to 19, which is an issue as the prevalence is significantly higher in people age 18 and 19 years old. The seroprevalence is extremely low in the younger age groups resulting in a need of 4,000 tests to be performed to screen effectively in this age group. Additionally, the false positive</p>

					rate is extremely high in this age group.
3006	<p>Sweet and Accurate Food Labeling RESOLVED, That the American Academy of Family Physicians (AAFP) publicly support the 2015 Food and Drug Administration (FDA) proposed rule to properly and accurately label all food with the % Daily Value (%DV) for added sugar excluding naturally occurring sugars in milk and fruit in its naturally occurring state.</p>	Women, New Physicians	Health of the Public and Science	Commission on Health of the Public & Science	Accept for information. The FDA has already made the decision to implement a new label that will indicate total sugars and added sugars, in grams and as a percentage. The new label will take effect on July 26, 2018.
3007	<p>Oppose Transphobic Legislation Regarding the Use of Public Facilities RESOLVED, That the American Academy of Family Physicians endorse laws protecting people from discrimination based on gender expression and identity and oppose laws that compromise the safety and health of transgender people, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support work to include sex, gender identity, and sexual orientation to federal anti-discrimination legislation in “public accommodations, housing, employment in public and private workplaces.”</p>	GLBT, Women, Minority	Health of the Public and Science	Commission on Health of the Public & Science	<p>The resolution was laterally referred to the Commission on Governmental Advocacy.</p> <p>Reaffirm. The CGA recommended that the Board reaffirm Resolution 3307 as being addressed in current policy or through current projects/activities.</p>
3008	<p>Increasing Education, Research, and Access for Opioid Addiction Treatment RESOLVED, That the American Academy of Family Physicians increase available continuing medical education (CME) opportunities specific to identifying and treating addiction to opioids, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for improved reimbursement for addiction services, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for continued research and development of evidence-based addiction treatment options related to opioid abuse.</p>	Women	Health of the Public and Science	<p>1st Resolved Clause: Commission on Continuing Professional Development</p> <p>2nd Resolved Clause: Commission on Quality & Practice</p> <p>3rd Resolved Clause: Commission on Health of the Public & Science</p>	<p>1st Resolved Clause: Reaffirm. Resolution is currently being addressed in current policy or through current projects/activities.</p> <p>2nd Resolved Clause: Reaffirm. The commission reaffirmed the second resolved clause of this resolution, which asked the AAFP to advocate for improved reimbursement for addiction services. The commission determined that the AAFP was already addressing the resolution through current activities, including a May 26, 2016, letter in response to a proposed rule from the Substance Abuse and Mental Health Services Administration (SAMHSA). In the letter, the AAFP cited "concerns about governmental and third-party reimbursement for the additional reporting, documentation, counseling, and other requirements to prescribe" medication-assisted treatment (MAT) as among the many reasons AAFP members do not prescribe MAT to the fullest extent of their current waiver.</p> <p>3rd Resolved Clause: Reaffirm. The following AAFP activities have addressed the intent of the</p>

					<p>resolution:</p> <ul style="list-style-type: none"> • Participation in numerous initiatives on pain management with external collaborators. • Numerous letters have advocated for increased funding in the United States for medication assisted treatment • The Chronic Pain and Opioid Misuse position paper has been updated to include information on medication-assisted treatment (MAT) • Numerous educational opportunities through American Family Physician, live courses, and participation in the FDA Risk Evaluation and Mitigation Strategies (REMS) topic of safe and appropriate opioid prescribing. CME courses on medication-assisted treatments were offered at FMX 2016, and there is a link to additional MAT training on the website • The Chronic Pain Management Toolkit offers resources for family physicians to manage pain and tips for opioid prescribing. An update to the toolkit is planned with the addition of billing/coding information, additional versions of a medication agreements, model policies for pain management, and resources for naloxone or other MAT medications.
3009	<p>Care and Support of Transgender and Gender-Nonconforming (T/GNC) Youth <i>RESOLVED, That the American Academy of Family Physicians develop educational programs for clinicians related to the care of transgender and gender-nonconforming youth, as well as incorporating youth-specific information into the general online transgender health resources, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians strongly recommend that its chapters consider working with school systems to lobby for supportive environments for transgender and gender nonconforming youth in schools, specifically restrooms, locker rooms, and extracurricular programs.</i></p>	GLBT, Minority, Women, New Physicians	Health of the Public and Science	<p>1st Resolved Clause: Commission on Continuing Professional Development</p> <p>2nd Resolved Clause: Commission on Health of the Public & Science</p>	<p>1st Resolved Clause: Reaffirm. Resolution is currently being addressed in current policy or through current projects/activities.</p> <p>The 2nd resolved clause was laterally referred to the Commission on Governmental Advocacy and reaffirmed. The CGA recommended that the Board reaffirm Resolution 3009 as being addressed in current policy or through current projects/activities.</p>
3010	<p>Promotion of Parity in Insurance Coverage for Transition-Related Transgender Care <i>RESOLVED, That the American of Family Physicians send letters to appropriate parties that recommended preventive medical services covered for the general population should be covered for transgender patients regardless of</i></p>	GLBT, Women, New Physicians, Minority, IMG	Health of the Public and Science	<p>1st & 2nd Resolved Clauses: Commission on Quality & Practice</p> <p>3rd Resolved Clause: Commission</p>	<p>1st and 2nd Resolved Clauses: Accept for information. The commission accepted the 2nd and 3rd resolved clauses for information because they are addressed in Section 1557 "Nondiscrimination in Health Programs and Activities," of the Affordable Care Act. Subsection 92.206, "Equal Program Access on the Basis of Sex" of Section 1557</p>

	<p>gender on insurance card, and be it further</p> <p><i>RESOLVED, That the American of Family Physicians send letters to appropriate parties to oppose and remove any transgender exclusion clauses from insurance policies concerning medically appropriate transition-related care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create a toolkit for chapters to utilize when lobbying within their state legislatures to advocate for policies related to transgender health equity and removal of transgender exclusion clauses.</i></p>			on Governmental Advocacy	<p>states, "A covered entity shall provide individuals equal access to its health programs or activities without discrimination on the basis of sex; and a covered entity shall treat individuals consistent with their gender identity, except that a covered entity may not deny or limit health services that are ordinarily or exclusively available to individuals of one sex, to a transgender individual based on the fact that the individual's sex assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such health services are ordinarily or exclusively available."</p> <p>3rd Resolved Clause. Reaffirm. The CGA recommended that the Board reaffirm Resolution 3010 as being addressed in current policy or through current projects/activities. CGA members acknowledged this as a fundamental issue of equity.</p>
3011	<p>Screening for Social Determinants of Health in Primary Care Practices</p> <p><i>RESOLVED, That the American Academy of Family Physicians explore how family physicians can best address social determinants of health in clinical practice in an evidence-based manner, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create continuing medical education (CME) on how to address social determinants of health in clinical practice.</i></p>	Minority, New Physicians, Women	Health of the Public and Science	<p>1st Resolved Clause: Commission on Health of the Public & Science</p> <p>2nd Resolved Clause: Commission on Continuing Professional Development</p>	<p>1st Resolved Clause: This resolution will be addressed at the June 2017 meeting of the Commission on Health of the Public and Science.</p> <p>2nd Resolved Clause: Reaffirm. Resolution is currently being addressed in current policy or through current projects/activities.</p>
3012	<p>Updating of AAFP Reproductive Decisions Policy</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) actively oppose non-evidenced-based restrictions on medical services through advocacy efforts including but not limited to letter writing and providing public testimony when appropriate, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) modify the current reproductive decisions policy to state "the AAFP endorses the concept that abortion should be performed in conformance with the standards of good medical practice as determined by evidence-based outcomes."</i></p>	Women, New Physicians	Health of the Public and Science	Commission on Health of the Public & Science	<p>1st Resolved Clause: Reaffirm. The 1st resolved was reaffirmed because the AAFP's Government Relations Division and Health of the Public and Science Division work closely to advocate for evidence-based recommendations.</p> <p>2nd Resolved Clause: Accept for information. The 2nd resolved was accepted for information because the policy statement is in concert with current medical practice, and the intent of the policy is decision-making, not reproductive procedures.</p>
4001	<p>Necessity of a Specific Law Regarding Violence Against Physicians</p> <p><i>RESOLVED, That the American</i></p>	Minority	Organization and Finance	Commission on Governmental Advocacy	Accept for information. The CGA recommended that the Board accept for information Resolution 4001 as not aligned with AAFP strategic

	<i>Academy of Family Physicians (AAFP) encourage chapters to advocate for legislation modeled after the Violence Against Nurses law, which would make it a felony to assault physicians, residents, and medical students.</i>				priorities. There was discussion that assault is already a felony in most jurisdictions. The CGA discussed that the laws vary by state but is already addressed.
4002	<p>Public Reporting of Diversity Data for Race and Ethnicity <i>RESOLVED, That the American Academy of Family Physicians (AAFP) aggregate summary data on race and ethnicity of the American Academy Family Physicians membership be published publicly so that it is demonstrated that diversity is an important value of American Academy of Family Physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) intentionally promote the importance of race and ethnicity self-reporting in census data for its own organization, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) include race and ethnicity data in the primary census survey from the American Academy Family Physicians as opposed to a separate survey.</i></p>	Minority, GLBT, New Physicians	Organization and Finance	Commission on Membership & Member Services	<p>Agree with modification (with or without recommendation to the Board). Concern was expressed by the CMMS that combining the surveys would result in average members, those not in leadership, choosing to not complete the survey resulting in a higher abandonment rate.</p> <p>Race and ethnicity data collected will be shared in the aggregate with chapters and also published in the online AAFP Facts Tables.</p>
4003	<p>Public Reporting of Diversity Data for Gender Identity and Sexual Orientation <i>RESOLVED, That the American Academy of Family Physicians (AAFP) aggregate summary data on self-reported sexual orientation and gender identity of American Academy Family Physicians' membership be published publicly so that it is demonstrated that diversity is an important value of American Academy Family Physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) will intentionally promote the importance of sexual orientation and gender identity self-reporting in census data for its own organization, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) sexual orientation and gender identity data is included in the primary census survey as opposed to a separate survey.</i></p>	Women, New Physicians, GLBT	Organization and Finance	Commission on Membership & Member Services	<p>Agree with modification (with or without recommendation to the Board). Concern was expressed that combining the surveys would result in average members, those not in leadership, choosing to not complete the survey resulting in a higher abandonment rate. The commission recommended, and the Board approved, the following modifications to the sexual orientation survey:</p> <ol style="list-style-type: none"> 1. A question about gender identity will be added to the sexual orientation survey. 2. A question will be added to the sexual orientation survey asking respondents if they are interested in serving as a chapter delegate at NCCL and authorize release of their personal information. 3. Aggregate race and ethnicity and sexual orientation data will be shared with chapters and published in the online AAFP facts tables. 4. The sexual orientation survey disclaimer will be revised to state that data collected on a go-forward basis will be reported publicly in the aggregate.
4004	Better Parental Leave Policies for Family Physicians	Women	Organization and Finance	1 st Resolved Clause:	1 st Resolved Clause: The commission is developing a policy

	<p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support a minimum of 12 weeks paid leave for primary caregivers for a newly born or adopted child, including family physicians and residents, and support an optional extension of this leave as unpaid time off, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) shall perform an electronic survey of its members, focusing on residents and new physicians, regarding current employment and self-employment parental leave experiences, policies, and benefits, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) shall investigate relationships with insurance programs to provide short-term paid parental leave insurance to physicians and residents.</i></p>			<p>Commission on Health of the Public & Science</p> <p>2nd Resolved Clause: Commission on Membership & Member Services</p> <p>3rd Resolved Clause: EVP for appropriate staff referral</p>	<p>statement that will be considered by the Board of Directors in July 2017.</p> <p>2nd Resolved Clause: Accept for information. Parental leave benefits are offered as a subset benefit within the spectrum of diverse employer-administered short-term disability insurance products that are available in the private insurance marketplace, and fall outside of the AAFP's sphere of influence. In light of the restrictions on the AAFP's ability to influence, there is not a readily apparent benefit to securing member experience information through a survey, the results of which could not be acted upon to support either of the other two initiatives addressed in the first and third resolved clauses, and the costs associated with conducting and analyzing the survey would be incurred without resultant changes.</p> <p>3rd Resolved Clause: Accept for information. Staff checked with Insurance Services and this type of insurance is not currently available.</p>
4005	<p>Addressing Health Care Workplace Violence</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) study the issue of workplace violence as it relates to family physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) explore and make recommendations for addressing health care workplace violence.</i></p>	IMG, GLBT	Organization and Finance	Commission on Health of the Public & Science	<p>Agree (with or without recommendation to the Board). The policy statement titled "Violence, Illegal Acts Against Physicians and Other Health Professionals," has been revised to include language encouraging health care facilities to develop security protocols. This will be considered by the Board of Directors during its April 2017 meeting.</p>
4006	<p>Put the "Family" in Family Medicine Meetings</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) offer information regarding age appropriate interactive and engaging childcare services at national meetings and include this information in conference promotional materials.</i></p>	Minority, Women, IMG	Organization and Finance	EVP for appropriate staff referral	<p>Accept for information. The AAFP has provided child care services in the past but it was discontinued several years ago due to very low participation. The AAFP recently investigated bringing those services back for major meetings, but the cost has proven to be too high to pursue immediately. The AAFP will do some investigative work to see if the need has grown to levels that would enable a childcare offering at a reasonable cost. In the meantime, the Academy protocol is to ensure hotel concierges can provide recommendations to attendees. Regarding family-appropriate activities surrounding AAFP meetings, markets chosen are favorable for and in close proximity to a diverse array of family friendly options and communicated in promotional materials.</p>
4007	<p>Identifying ICD-10 Codes Which Are Related to Social Determinants of Health</p> <p><i>RESOLVED, That the American</i></p>	Women, IMG	Organization and Finance	Commission on Quality & Practice	<p>Accept for information. The 87 ICD-10 CM codes that denote socioeconomic and/or psychosocial issues are not required according to</p>

	<i>Academy of Family Physicians (AAFP) should increase awareness of the usage of ICD-10 codes related to the social determinants of health and provide a list of these codes on the AAFP website.</i>				the ICD-10 CM Coding Guidelines. This series of codes are considered miscellaneous codes and are intended as supplemental information. Since these codes are not considered as part of risk adjustment and payment initiatives by CMS or by private insurers, the AAFP has prioritized awareness and education on ICD-10 diagnosis codes associated with Hierarchical Condition Categories at this time. The commission accepted the resolution for information.
4008	Advocacy and Policy to Prevent Gun Violence in Medical Facilities <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate against laws that permit firearms in civilian health care facilities, including, but not limited to, hospitals, clinics, nursing homes, and medical school campuses, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) current policy statement entitled "Firearms and Safety Issues" be changed to remove the statement "The Academy supports strong and robust enforcement of existing federal, state and local laws and regulations regarding the manufacture, sale and possession of guns."</i>	New Physicians, Minority	Organization and Finance	1 st Resolved Clause: Commission on Governmental Advocacy 2 nd Resolved Clause: Commission on Governmental Advocacy with Commission on Health of the Public & Science (CGA lead)	1 st Resolved Clause: Accept for information. The CGA recommended that the Board accept for information Resolution 4008 as not aligned with AAFP strategic priorities. There was discussion that health care facilities can post signage to ban firearms. The CGA acknowledged that this is being addressed by the AAFP and that this is an issue that should be handled on the state level. 2 nd Resolved Clause: Accept for information. The Commission on Health of the Public and Science will conduct a full review of the policy statement rather than simply removing the sentence.
4009	People-First Language for Obesity <i>RESOLVED, That the American Academy of Family Physicians (AAFP) use people-first language on future educational materials by using "obesity" as a disease rather than the adjective "obese" to describe a patient.</i>	Women, New Physicians, IMG	Organization and Finance	Commission on Health of the Public & Science	Agree with modification (with or without recommendation to the Board of Directors). The commission has recommended to the Board that the AAFP use people-first language for all disease processes when developing policy statements, position papers, and all educational materials for patients and physicians. This will be considered by the Board at its April 2017 meeting.
4010	Collecting Sexual Orientation and Gender Identity Data as Standard Demographics <i>RESOLVED, That the American Academy of Family Physicians (AAFP) strongly recommend that family physicians collect sexual orientation and gender identity for all patients in an effort to identify individual health needs and address health disparities.</i>	GLBT, New Physicians	Organization and Finance	Commission on Health of the Public & Science	Accept for information. The commission recognized the importance of asking patients about sexual orientation and gender identity due to health disparities affecting lesbian, gay, bisexual, and transgender (LGBT) people. Collecting this data is consistent with the Healthy People 2020 recommendations as well as the National Academy of Medicine's report, The Health of Lesbian, Gay, Bisexual, and Transgender People. Data gathering will help health care providers customize patient care based on health disparities.
4011	Upgrading to Diversity and Inclusion Version 3.0 <i>RESOLVED, That the American Academy of Family Physicians</i>	GLBT, Women, IMG, New Physicians	Organization and Finance	Commission on Health of the Public & Science (to	Accept for information. The AAFP recently launched a new Center for Diversity and Health Equity to become a more profound, visible

	<p>(AAFP) develop a Taskforce on Diversity and Inclusion to address issues of diversity including, but not limited to: develop diversity metrics and processes to assess diversity, equity, and inclusion efforts; develop programs to encourage diversity and cultural proficiency in the medical workforce; explore development of an office of diversity and inclusion; create strategic partnerships with community organizations, higher education, government, and other organizations, and be it further</p> <p>RESOLVED, that the Taskforce on Diversity and Inclusion report back to the National Conference of Constituency Leaders (NCCL) by 2018.</p>			work with Commission on Membership & Member Services; CHPS lead)	leader for social justice, diversity, and health equity. The initial focus will be on advocacy and collaboration. The Center will support our members in promoting evidence-based community and policy changes needed to address social determinants of health and diversity in order to strive for health equity.
4012	<p>Position Statement Against Religious Freedom Bills RESOLVED, That the American Academy of Family Physicians (AAFP) modify its current policy to include a statement opposing religious freedom legislation and the inherent resultant discrimination.</p>	GLBT, IMG, Minority	Organization and Finance		Reaffirmed by the 2016 National Conference of Constituency Leaders.
4013	<p>Increasing the Pipeline of Underrepresented Physicians to Address Diversity and Inclusion RESOLVED, That the American Academy of Family Physicians (AAFP) communicate annually to the membership its efforts to grow the number of underrepresented family physicians and investigate developing an objective reportable criteria to communicate this effort.</p>	Minority, Women, New Physicians	Organization and Finance	Commission on Education	Reaffirm. The AAFP has supported a number of programs that expose underrepresented minority students to a career in medicine. SRSI members believe that these programs, and others such as developed by a number of Area Health Education Centers (AHECs) can be effective mechanisms to increase workforce diversity. The SRSI strongly expressed the need for the AAFP to collect data, and monitor outcomes of this important work in order to determine the impact of these programs and the COE concurred.
5001	<p>Supporting Nationwide Adoption of Physician Orders For Life-Sustaining Treatment (POLST) RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation to bring Physician Orders for Life-Sustaining (POLST) to all 50 states.</p>	Women	Practice Enhancement		Reaffirmed by the 2016 National Conference of Constituency Leaders.
5002	<p>Expanding Patient-Centered Education Materials RESOLVED, That the American Academy of Family Physicians (AAFP) expand the available languages of patient education materials beyond English and Spanish, including on FamilyDoctor.org, and be it further,</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) increase the use of</p>	New Physicians, Minority	Practice Enhancement		Not adopted by the 2016 National Conference of Constituency Leaders.

	<i>pictorial information for patient education material, including on FamilyDoctor.org.</i>				
5003	Physician Management of Patient Reviews on Social Media <i>RESOLVED, That the American Academy of Family Physicians (AAFP) research the impact of social media physician reviews on the practices of family physicians.</i>	New Physicians	Practice Enhancement	Commission on Quality & Practice	Accept for information. The commission accepted the resolution for information because there is significant expense to conducting this research and it is not directly tied to a strategic objective of the AAFP. Since this was considered by the commission, a new related study was published and may be accessed at https://www.jmir.org/2016/12/e324 .
5004	End Of Life Care Discussions: Educating Family Physicians <i>RESOLVED, That the American Academy of Family Physicians (AAFP) prioritize education to its membership regarding initiating conversations about goals of care and end-of-life planning, the spectrum of Palliative Care and Hospice benefits, and the utility of Advance Directive and Physician Orders for Life-Sustaining Treatments (POLST) documentation.</i>	Women	Practice Enhancement	Commission on Health of the Public & Science	Reaffirm. The AAFP has policy on ethics and advance planning for end-of-life care, the American Family Physician journal frequently includes articles on end-of-life, and the AAFP has partnered with The Conversation Project to offer family physicians and their patients resources to better prepare them for end-of-life care discussions. This is available at http://www.aafp.org/news/health-of-the-public/20161205conversationstarter.html .
5005	The Use Of LC-MS Screening Tools To Evaluate Patients For Polypharmacy and Medication Compliance <i>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend screening tools, such as the Bennett Polypharmacy Profile, as a resource for patient medication reconciliation and compliance.</i>	Minority, New Physicians	Practice Enhancement		Not adopted by the 2016 National Conference of Constituency Leaders.
5006	Family Physician and Direct-To-Consumer Advertising <i>RESOLVED, That the American Academy of Family Physicians (AAFP) create a public campaign to educate the public on the dangers of direct-to-consumer advertising.</i>	Women, New Physicians	Practice Enhancement	Board of Directors	Accept for information. Based on the cost of a public campaign and the well documented legality of the practice of direct-to-consumer advertising, the Board Chair accepted this resolution for information.
5007	End Ranking by Performance <i>RESOLVED, That the American Academy of Family Physicians (AAFP) strongly advise insurance companies to cease ranking physicians and/or removing them from insurance panels based on pay for performance measures.</i>	Women, IMG	Practice Enhancement	Commission on Quality & Practice	Accept for information. Current AAFP policy on physician payment states "Quality care, access to care and positive health outcomes must be the primary goals of any payment system." This concept is the main tenant of several AAFP policies including: Pay-For-Performance, Value-based Payment, Physician Payment, Physician Performance Reporting, Tiered and Select Physician Networks, and Performance Measures Criteria. The commission accepted the resolution for information because it is in conflict with current AAFP policies.
5008	Improving Patient Satisfaction Through Autonomy and Shared Decision Making through Continuing Medical Education <i>RESOLVED, That the American</i>	IMG	Practice Enhancement		Not adopted by the 2016 National Conference of Constituency Leaders.

	<i>Academy of Family Physicians (AAFP) consider inclusion of continuing medical education (CME) addressing patient satisfaction through autonomy and shared decision making through CME at the AAFP Family Medicine Experience (FMX).</i>				
5009	<p>Social and Behavioral Domains and Measures for Electronic Health Records <i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the current research that identifies the current domains and measures that capture the social determinants of health to inform the development of electronic health record templates, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate developing a tool of domains and measures to capture the social determinants of health in the electronic health record that members can use, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to electronic health record vendors to incorporate domains and measures to capture the social determinants of health in the electronic health record, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) educate members regarding validated tools or templates that members can use to capture the social determinants of health into the patient's medical record, such as by creating mock-ups of electronic health record templates and examples of ways to incorporate this data into daily workflow, among other potential resources.</i></p>	Women	Practice Enhancement	Commission on Quality & Practice	Accept for information. The 2015 Edition of the federal certification process for health IT includes required support for a social determinants data set [CFR 170.315(a)(15)]. Significant work in this area is occurring at the National Quality Forum and Institutes of Medicine. The AAFP Robert Graham Center published an article on Community Vital Signs addressing social determinants. Finally, AAFP's HealthLandscape is working on an application programming interface (API) to support inclusion of a robust set of social determinants into EHRs specific to a patient's geolocation. Since the resolution was consistent with existing AAFP and external activities, the commission accepted it for information.
5010	<p>Updating the Prerequisites for "Recognition of Focused Practice In Hospital Medicine Exam" <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an additional pathway for the individuals who have successfully completed the fellowship in hospital medicine to be eligible for the "Recognition of Focused Practice in Hospital Medicine."</i></p>	Minority, IMG, Women	Practice Enhancement		Not adopted by the 2016 National Conference of Constituency Leaders.
5011	<p>Increase Point of Care Ultrasound (POCUS) Education in Family Medicine</p>	Women, New Physicians,	Practice Enhancement	Commission on Continuing Professional	Accept for information. Supplanted by Congress of Delegates Resolution No. 602, which was accepted for

	<i>RESOLVED, That the American Academy of Family Physicians (AAFP) increase continuing professional development opportunities regarding point of care ultrasound (POCUS) [for example, at its scientific meetings and continuing medical education (CME) courses].</i>	Minority, GLBT		Development	information by the COCPD.
5012	<p>To Promote The Mission of the American Academy Of Family Physicians by Limiting Pay for Performance Parameters to those Reasonably Under The Control Of The Physician</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) amend its current policy titled "Pay-for-Performance" to state that patient controlled quality measures and benchmarks such as lab values and medication fill rates be removed from pay-for-performance arrangements, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation that removes patient-controlled quality measures from pay for performance arrangements.</i></p>	Women, Minority	Practice Enhancement	<p>1st Resolved Clause: Commission on Quality & Practice</p> <p>2nd Resolved Clause: Commission on Governmental Advocacy</p>	<p>1st Resolved Clause: Accept for information. The commission accepted the first resolved clause of this resolution for information. The commission noted that guidelines 1.f, 5, 7, and 9 in the current policy all presume that pay-for-performance programs will include measures and benchmarks over which patients have some control. Further, the policy suggests that such measures and benchmarks are appropriate as long as there are case-mix and other appropriate adjustments and as long as there are relevant denominator exclusions (e.g. when a physician can demonstrate that, among other things, he or she has attempted to provide patients with the support needed to follow recommended care and the patient has subsequently not followed such recommendations or the patient is unable to comply). The policy was last reviewed and approved in 2015. Finally, the AAFP supports the primary care core measure set developed by the Core Quality Measures Collaborative, and those measures include some that are patient influenced. Because the first resolved clause of Resolution No. 5012 is otherwise contrary to the current, recently-reviewed AAFP policy, the commission accepted the resolved clause for information.</p> <p>2nd Resolved Clause: Reaffirm. The CGA recommended that the Board reaffirm Resolution 5012 as being addressed in current policy or through current projects/activities. CGA members disagreed with the resolution's authors over family physicians' influence on lab values and medication fill rates.</p>
5013	<p>Systemic Solutions to Physician Burnout</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for use by health organization leaders to provide screening and supportive resources for physician burnout.</i></p>	New Physicians	Practice Enhancement	Commission on Quality & Practice	Reaffirm. This resolution was reaffirmed on the basis that it is addressed through current AAFP activities. These include establishment of a cross-divisional task force, development of web-based content, and development of a live physician resiliency course, among other initiatives.
Late Res. 1	<p>Telemedicine Payment Parity</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a policy of</i></p>	GLBT, IMG		Commission on Quality & Practice	Accept for information. The commission accepted this resolution for information because advocacy for parity in payments between in-

	<i>payment parity between virtual visits and office visits to the family physician where reimbursement is equivalent for online care and face-to-face care.</i>				person visits versus telemedicine visits does not align with current policy. The recently revised Telehealth and Telemedicine Policy steers away from advocacy for parity in payments and instead advocates for adequate payment for telemedicine services, and payment models which support the physician's ability to direct the patient toward the appropriate service modality (i.e., provides adequate reimbursement) in accordance with current standard of care. Current policy also notes reimbursement policies warrant increased standardization among payers, but again does not advocate for parity in payments. The AAFP currently advocates for adequate payment for telemedicine services as reimbursements are transitioned to more global payment models.
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