

# **Report to the Board of Directors of the New Hampshire Academy of Family Physicians**

Delegate, Louis A. Kazal, Jr. M.D., FAFPP from San Antonio, Texas, 2017 Congress of Delegates of the American Academy of Family Physicians

## **Town Hall Meeting Highlights**

1. Ted Epperly, MD, Past-President of AAFP, in strong language at the mic urging the Academy to prioritize work on the “Pipeline”, GME reform, and Single-Payer
2. AAFP: Single payer means something different to “everyone”. Does not see as feasible at this time but does support universal access. Lots of emphasis throughout the COD that every person in America should have affordable healthcare and access to a family physician.
3. AAFP members now total 129,000
4. One out of every 5 physician office visits is to a family physician
5. AAFP pushing for fundamental EMR changes to support primary care workflow, the federal government to change required reporting items, and an increase in current ~4-5 % health care spending on primary care to ~15%.

## **Speeches**

John Meigs, M.D.

FPs are the Quarterbacks of Medicine.

<http://www.aafp.org/news/blogs/leadervoices/entry/20170911lv-meigs.html>

Doug Henley, M.D. gave a fabulous history lesson about the development of Family Medicine.

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## **The Reference Committee on Education**

**Brief Commentary:** Testimony on the resolutions assigned to the Committee on Education was mostly not controversial. There was a spirited debate about medical aid-in-dying and some regarding physician burnout and resiliency.

## Reaffirmation

### **ITEM 15 - INTEGRATIVE MEDICINE IN FAMILY MEDICINE**

Resolution No. 608 from the [New Hampshire Chapter](#) entitled, “Integrative Medicine in Family Medicine,” the resolved portion of which is printed below:

The reference committee heard limited testimony on this resolution. The author of the resolution stated that most patients currently are using integrative therapy and that additional evidence-based knowledge within this realm of medicine would be beneficial to our members. He stated that the Commission on Continuing Professional Development already is utilizing a subject matter expert in this field but opined that this is insufficient. The author recommended that the AAFP process would benefit from a committee of subject matter experts to improve the development and promotion of educational activities for CME credit.

The reference committee considered the author’s comments and believe that this resolution already is satisfied through current AAFP CME practices.

RECOMMENDATION: The reference committee recommends that Item 15 be reaffirmed.

**We did not to extract No. 608 from the calendar.**

### **CONSENT CALENDAR**

Item 1 – Adopt Substitute Resolution No. 601 on “Proposal for New Search Options for Specific Residency Characteristics in the Residency Director on the AAFP Website” in lieu of Resolution No. 601 (pp. 1-2).

Item 2 – Adopt Substitute Resolution No. 602 on “Increasing Diversity in Family Medicine” in lieu of Resolution No. 602 (pp. 3-4).

Item 3 – Adopt Resolution No. 603 on “ABFM and Licensure” (pp. 4-5).

Item 4 – Refer to the AAFP Board of Directors Resolution No. 604 on “CMS Funding for Graduate Medical Education” (pp. 5-6).

Item 5 - Not Adopt Resolution No. 605 on “Structural Vulnerability” (p. 6).

Item 6 –Adopt Resolution No. 606 on “Addressing Physician Burnout Through Support of Clinical Efficiency Training That Reduces Work After Clinic (WAC)” (pp. 30 6-7).

Item 7 – Refer to the AAFP Board of Directors Resolution No. 607 on “Medical Aid in-Dying is Not ‘Assisted Suicide’ ” (pp. 7-8). **EXTRACTED**

Item 8 – Not Adopt Resolution No. 609 on “Physician Resiliency Added into ABFM Process” (pp. 8-9). **EXTRACTED**

**Consent Calendar – Adopt Items 9 through 14 - Items in which the testimony in the hearing and the recommendation of the reference committee agree with the recommendations in these reports and resolutions. (pp. 9-10).**

For the following **Items 9 through 14**. The reference committee requested approval of all items in a single vote.

ITEM 9 – Board Report J on Policy Statement Review, regarding revision of policy statement on “CME Mission Statement,” ONLY para. 6, p. 242.

ITEM 10 – Board Report J on Policy Statement Review, regarding revision of policy statement on “Certification/Maintenance of Certification, Definition, ONLY para. 7, pp. 242-243.

ITEM 11 – Board Report J on Policy Statement Review, regarding revision of policy statement on “Family Physicians in Emergency Medicine, ONLY para. 8, p. 244.

ITEM 12 – Board Report J on Policy Statement Review, regarding revised policy statement on “Expansion of Residency Training Programs of Federally Qualified Community Health Centers (FQHCs) and Teaching Health Centers (THCs),” ONLY para. 9, pp. 244-245.

ITEM 13 – Board Report J on Policy Statement Review, regarding revised policy statement on “Parental Leave During Residency Training,” ONLY para. 10, pp. 245-248.

ITEM 14 – Board Report C on Family Physician Well-Being and Professional Satisfaction, regarding revised position paper on “Family Physician Burnout, Well-Being and Professional Satisfaction,” ONLY para. 16 and Appendix A, pp. 166 & 167-170.

### **ITEMS FOR REAFFIRMATION**

The following Item 15 is presented by the reference committee as an Item for Reaffirmation. Testimony in the reference committee hearing and discussion by the reference committee in Executive Session concurred that the resolution presented in Item 15 is current policy or has already been addressed in current projects. At the request of the Congress, any item may be taken from this section for an individual vote on that item. Otherwise the reference committee will request approval of the “Item for Reaffirmation” in a single vote.

### **Adoption of Substitute Resolutions**

## **ITEM 1 – PROPOSAL FOR NEW SEARCH OPTIONS FOR SPECIFIC RESIDENCY CHARACTERISTICS IN THE RESIDENCY DIRECTORY ON THE AAFP WEBSITE**

Resolution No. 601 from the New York chapter entitled, “Proposal for New Search Options for Specific Residency Characteristics in the Residency Directory on the AAFP Website,” the resolved portions are printed below:

RECOMMENDATION: The reference committee recommends that **Substitute Resolution** No. 601, which reads as follows be adopted in lieu of Resolution No. 601.

RESOLVED, That the American Academy of Family Physicians (AAFP) survey various AAFP constituencies including Member Interest Groups, commission members, the National Conference of Constituency Leaders, and National Conference of Family Medicine Residents and Medical Students to recommend searchable program characteristics that may be included in the AAFP residency directory, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) direct AAFP staff to identify a feasible process for adding searchable topics to the AAFP residency directory.

## **ITEM 2 – INCREASING DIVERSITY IN FAMILY MEDICINE**

Resolution No. 602 from the New York chapter entitled, “Increasing Diversity in Family Medicine,” the resolved portions are printed below:

RECOMMENDATION: The reference committee recommends that **Substitute Resolution** No. 602, which reads as follows be adopted in lieu of Resolution No. 602.

RESOLVED, That the American Academy of Family Physicians recommend that the Accreditation Council for Graduate Medical Education study the impact of the effect of American Board of Family Medicine initial certification exam pass rates on diversity (underrepresented minority residents) in family medicine relative to other specialties, and be it further

RESOLVED, That the American Academy of Family Physicians recommend policy to achieve greater rates of diversity in family medicine.

### **Adoptions without Changes**

## **ITEM 3 – ABFM and LICENSURE**

Resolution No. 603 from the Illinois chapter entitled, “ABFM and Licensure,” the resolved portion is printed below:

RESOLVED, That the American Academy of Family Physicians study the national impact of American Board of Family Medicine (ABFM) removal of board certification based on state licensure actions and engage with the ABFM to arrive at a fair and rational approach to these issues that is in the best interest of the public and fair to family physicians.

RECOMMENDATION: The reference committee recommends that Resolution No. 603 be **adopted**.

**ITEM 6 – ADDRESSING PHYSICIAN BURNOUT THROUGH SUPPORT OF CLINICAL EFFICIENCY TRAINING THAT REDUCES WORK AFTER CLINIC (WAC)**

Resolution No. 606 from the Arizona chapter entitled, “Addressing Physician Burnout Through Support of Clinical Efficiency Training that Reduces Work After Clinic (WAC),” the resolved portion is printed below:

RESOLVED, That the American Academy of Family Physicians address member burnout from work after clinic (WAC) by studying strategies that improve individual clinical efficiency of family physicians in the outpatient clinical setting, and developing toolkits, education at conferences such as the Family Medicine Experience (FMX), and other means of training practicing family physicians to improve member clinical efficiencies in their patient encounters.

RECOMMENDATION: The reference committee recommends that Resolution No. 606 be **adopted**.

**Referrals to the Board**

**ITEM 4 – CMS FUNDING FOR GRADUATE MEDICAL EDUCATION**

Resolution No. 604 from the Utah chapter entitled, “CMS Funding for Graduate Medical Education,” the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians dedicate resources to engage the Centers for Medicare and Medicaid Services in requiring that a specified proportion of Graduate Medical Education funding be dedicated to the training of family medicine physicians, and be it further

RESOLVED, That the American Academy of Family Physicians further dedicate resources to ensure reporting on the use of Graduate Medical

Education funding and patient outcomes be required and standardized across all institutions to which the Centers for Medicare and Medicaid Services funding is granted.

RECOMMENDATION: The reference committee recommends that Resolution No. 604 be **referred** to AAFP Board of Directors.

### **Resolutions Not Adopted**

#### **ITEM 5 – STRUCTURAL VULNERABILITY**

Resolution No. 605 from the New Mexico chapter entitled, “Structural Vulnerability,” the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians officially recognize structural vulnerability in medical education, graduate medical education, and physician practice as a significant contributor to physician burnout, and be it further

RESOLVED, That the American Academy of Family Physicians study the concept of structural vulnerability in reference to medical culture and its contribution to physician burnout, attrition, and suicide.

RECOMMENDATION: The reference committee recommends that Resolution No. 605 not be adopted.

### **Extracted from the Calendar**

#### **ITEM 7 – MEDICAL AID-IN-DYING IS NOT “ASSISTED SUICIDE”**

Resolution No. 607 from the California chapter entitled, “Medical Aid-in-Dying is Not ‘Assisted Suicide’,” the resolved portions are printed below:

RECOMMENDATION: The reference committee recommends that Resolution No. 607 be **referred** to the AAFP Board of Directors. **EXTRACTED AND REFERRED TO THE BOARD**

#### **ITEM 8 – PHYSICIAN RESILIENCY ADDED INTO ABFM PROCESS**

Resolution No. 609 from the Pennsylvania chapter entitled, “Physician Resiliency added into ABFM Process,” the resolved portions are printed below:

RECOMMENDATION: The reference committee recommends that Resolution No. 609 not be adopted. **EXTRACTED AND REFERRED TO THE BOARD**

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**Our neighbor, Vermont, makes a big slash:**

## **ITEM 10 – SUPPORT A PUBLICLY FUNDED UNIVERSAL PRIMARY**

**Resolution No. 513 from the Vermont chapter entitled, “Support a Publicly Funded Universal Primary Care Program,”** the resolved portions are printed below:

The reference committee heard strong testimony in support of the resolution. Testimony was provided recognizing the feasibility of this incremental step toward adoption of more universal access to primary care services. The reference committee discussed the second resolved clause can be accomplished with existing American Academy of Family Physicians resources.

**RECOMMENDATION:** The reference committee recommends that Resolution No. 513 be **adopted**.

**\*NHAFP delegation provided strong supportive testimony**

## **Delegates Choose New AAFP Leaders**

September 13, 2017 12:20 pm San Antonio – The AAFP Congress of Delegates today elected **John Cullen, M.D.**, of Valdez, Alaska, to be the Academy's president-elect. Others elected or chosen by acclamation for the following positions are



Moments after election results are announced in San Antonio, AAFP President-elect John Cullen, M.D., of Valdez, Alaska, (second from left) is escorted to the podium along with his wife, Michelle, by sergeants-at-arms Adebowale Prest, M.D., of Hebron, Md., (left) and Yvette Oquendo-Berruz, M.D., of Columbia, Md. (right).

- Speaker of the Congress -- Alan Schwartzstein, M.D., of Oregon, Wis.
- Vice Speaker -- Russell Kohl, M.D., who lives in Stilwell, Kan.
- Directors -- Sterling Ransone, M.D., of Deltaville, Va.; Windel Stracener, M.D., of Richmond, Ind.; and Erica Swegler, M.D., of Austin, Texas
- New physician Board member -- Benjamin "Frankie" Simmons III, M.D., of Concord, N.C.
- Resident Board member -- Alexa Mieses, M.D., M.P.H., of Durham, N.C.
- Student Board member -- John Heafner, M.P.H., of St. Louis