AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: XX

(A-XX)

Introduced by: Author Name, MD

Subject: Resolution Title Should Accurately and Concisely Capture What is Being Asked in the Resolved Clauses

Referred to: Reference Committee

Whereas, 50% of primary care visits involve concerns about behavioral health comorbidities and 60% of mental illness is treated by primary care providers; and1

Whereas, Child and adolescent psychiatry is one of the most underserved medical subspecialties; and

Whereas, Primary care physicians often feel unprepared to manage patients with complex psychiatric comorbidities; and

Whereas, Internal medicine, family medicine, and pediatric residents do not receive collaborative psychiatric supervision during their residency, nor do psychiatry residents and fellows receive training in how to liaise with primary care offices; and

Whereas, Our AMA has policy which encourages practicing physicians to seek out continuing medical education opportunities on integrated physical and behavioral health care and promotes the development of sustainable payment models that would be used to fund the necessary services inherent in integrating behavioral health care services into primary care settings (AMA policy H-385.915); therefore be it

RESOLVED, That our AMA-RFS support enhanced funding for residency training programs which emphasize the integration of mental health and primary care; and be it further

RESOLVED, That our AMA support appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings.

Fiscal Note:

Received: XX/XX/XX

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**References:**

1. [ADD CITATIONS TO RELEVANT RESOURCES THAT SUPPORT THE INFORMATION, STATISTICS, AND/OR EVIDENCE PRESENTED IN THE WHEREAS CLAUSES]
2. [EXAMPLE] Pirl W.F., Beck B.J., Safren, S. A., Kim H (2001). "A descriptive study of psychiatric consultations in a community primary care center". Primary Care Companion Journal of Clinical Psychiatry 3 (5): 190–194. doi:10.4088/PCC.v03n0501

**Relevant RFS Position Statements**

[ADD EXISTING RFS POSTION STATMENTS, FOUND IN THE [RFS DIGEST OF ACTIONS](https://www.ama-assn.org/sites/default/files/media-browser/public/rfs/a17-digest-actions-through-annual-meeting.pdf), THAT ARE RELEVANT TO THE RESOLUTION TOPIC. BE SURE TO INCLUDE THE TIMELINE OF EACH CITED POSITION]

[EXAMPLE] **294.002R Primary Care and Mental Health Training in Residency:** That our AMA (1) advocate for the incorporation of integrated mental health and primary care services into existing psychiatry and primary care training programs’ clinical settings; That our AMA encourage primary care and psychiatry residency training programs to create and expand opportunities for residents to obtain clinical experience working in an integrated mental health and primary care model, such as the collaborative care model; That our AMA advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings. (Resolution 13, A- 16)

**Relevant AMA Policy**

[ADD EXISTING AMA POLICIES, FOUND IN [POLICY FINDER](https://www.ama-assn.org/about-us/policyfinder), THAT ARE RELEVANT TO THE RESOLUTION TOPIC. BE SURE TO INCLUDE THE POLICY TIMELINE OF EACH CITED POLICY]

[EXAMPLE] **H-345.995 Prevention of Unnecessary Hospitalization and Jail Confinement of the Mentally Ill**

Our AMA urges physicians to become more involved in pre-crisis intervention, treatment and integration of chronic mentally ill patients into the community in order to prevent unnecessary hospitalization or jail confinement. [Res. 16, I-18; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11; Reaffirmation A-15]