



## 2012 Agenda for the Reference Committee on Practice Enhancement

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National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 5011	Federal Credentialing Process and International Medical Graduates
2. Resolution No. 5007	Screening for Bullying Amongst Our Adolescent Patients
3. Resolution No. 5004	Tax Incentives to Improve the Access of Medicaid Eligible Patients to Primary Care Providers
4. Resolution No. 5005	Thinking Outside of the Drop-Down Menu
5. Resolution No. 5006	Reducing Barriers for Limited English Proficient (LEP) Patients
6. Resolution No. 5001	Pharmacist Conscientious Objection
7. Resolution No. 5002	Physician Re-Entry
8. Resolution No. 5003	Increasing Life Balance for Family Physicians
9. Resolution No. 5008	Health Information Exchange
10. Resolution No. 5009	Universal Prescription Prior Authorization Procedure
11. Resolution No. 5010	Social Media Guidelines



# Resolution No. 5011

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1     Federal Credentialing Process and International Medical Graduates  
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3     Submitted by: Biplav Yadav, MD, IMG  
4                    Julio Menocal, MD, FAAFP, IMG  
5  
6     WHEREAS, International medical graduates (IMGs) have an unusual burden when requesting  
7     licensing in states other than their own, and  
8  
9     WHEREAS, some state medical boards still require re-verification of credentials in spite of  
10    Federal State Medical Board (FSMB)/Federal Credential Verification Service having verified  
11    credentials already, and  
12  
13    WHEREAS, a majority of the states already accept Federal Credential Verification Service's  
14    verified credentials for licensure, now, therefore, be it  
15  
16    RESOLVED, That the American Academy of Family Physicians (AAFP) encourage constituent  
17    chapters to communicate with state medical boards to accept verified credentials from Federal  
18    Credential Verification Service for the licensure process.



# Resolution No. 5007

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1 Tax Incentives to Improve the Access of Medicaid Eligible Patients to Primary Care Providers

2

3 Submitted by: Broderick Rhyant, MD, Minority

4 Eltanya Patterson Grant, MD, Minority

5 Patricia Witherspoon MD, FAAFP, Minority

6

7 WHEREAS, Primary care access for Medicaid patients is limited due to poor recipient to

8 provider ratio, and

9

10 WHEREAS, Medicaid eligible patients seek health care in high cost healthcare settings for lack

11 of available primary care access, and

12

13 WHEREAS, each individual state's ability to finance the Medicaid program has declined on

14 account of decreasing revenues, and

15

16 WHEREAS, individual states are increasingly unable to give providers a higher rate of

17 reimbursement, and

18

19 WHEREAS, the economic downturn has increased the pool of Medicaid eligible patients, and

20

21 WHEREAS, states and taxpayers benefit from Medicaid eligible patients receiving care in a

22 primary care setting, and

23

24 WHEREAS, states have extended tax incentives to corporations in order to spur growth that

25 benefits the states and taxpayers interest, now, therefore, be it

26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for tax

28 incentives for family physicians who provide access to Medicaid eligible recipients.



# Resolution No. 5005

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## 1 Thinking Outside of the Drop-Down Menu

2  
3 Submitted by: Jennifer Bacani McKenney, MD, Minority  
4 Sarah Sciascia, MD, Women

6 WHEREAS, Culture is the shared beliefs and attitudes of a group and shapes the ideas of what  
7 constitutes illness and acceptable treatment, and

9 WHEREAS, efforts directed toward instituting more culturally relevant health care enrich the  
10 physician-patient relationship and improve patient rapport, adherence, and outcomes, and

12 WHEREAS, most electronic medical record companies contain demographic options that have  
13 limited options for race, ethnicity, and culturally relevant information, and

15 WHEREAS, personal and professional practices of physicians and patients are influenced by  
16 their personal histories and life experiences, now, therefore, be it

17  
18 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage electronic  
19 medical record vendors to expand their options for patient demographic information to better  
20 reflect cultural beliefs and ethnic identities and use interoperable terms and descriptors of  
21 culturally relevant information, and be it further

22  
23 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that  
24 culturally relevant information be added to data registries to increase accuracy and to better  
25 identify the needs of specific patient populations.

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1 Reducing Barriers for Limited English Proficient (LEP) Patients

2 Submitted by: Ricky Ochoa, MD, Minority

3 Mark Solano, MD, FAAFP, Minority

4 Hector Rodriguez Demina, MD, FAAFP, Minority

5 Ahlan Jama, MD, FAAFP, Minority

6 Neil Rhodes, MD, Minority

7 Javier Anaya, MD, Minority

8 Amechi-Obique Adanna, MD, FAAFP, Minority

9  
10 WHEREAS, Some patients speak a language other than English and require medical attention  
11 in health care provider offices, and

12  
13 WHEREAS, patients, due to this language barrier, add additional obstacles for providers and  
14 specialists that may disrupt quality care, and

15  
16 WHEREAS, a subjective history is crucial and allows for optimal decision making, and

17  
18 WHEREAS, current American Academy of Family Physicians' (AAFP) policy urges members to  
19 make practices culturally and linguistically sensitive, and

20  
21 WHEREAS, in 2005 there were 23 million Americans who are limited English proficient (LEP)  
22 patients, now, therefore, be it

23  
24 RESOLVED, That the American Academy of Family Physicians (AAFP) work with other national  
25 medical professional organizations, such as the American Medical Association, to identify  
26 evidence-based interpretation resources for health care providers who care for LEP patients,  
27 and be it further

28  
29 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for all payors  
30 to provide translation services in order to decrease language barriers and, in turn, poor access  
31 to healthcare, and be it further

32  
33 RESOLVED, That the American Academy of Family Physicians (AAFP) disseminate to state  
34 chapters existing model legislation that mandates interpretation and translation services for all  
35 patients.



# Resolution No. 5001

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

## 1 Pharmacist Conscientious Objection

2  
3 Submitted by: Kerry Pulliam, MD, New Physician  
4 Fonda Gravino, MD, Women  
5 Doreen Feldhouse, MD, FAFAP, Women  
6 Sarah Lamanuzzi, MD, Women

8 WHEREAS, There are pharmacists who have declined to fill prescriptions, and there are laws  
9 which support this practice, and

10  
11 WHEREAS, there have been patients whose health has been put in danger due to this practice,  
12 now, therefore, be it

14 RESOLVED, That the American Academy of Family Physicians (AAFP) update the current  
15 Pharmacists Position Paper to specifically state that we do not support a pharmacist's right to  
16 choose to not fill a prescription without first discussing it directly with the prescribing physician or  
17 one of his/her partners, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) update the current Pharmacists Position Paper to specifically state that a pharmacist refusing to fill a prescription should return the prescription to the patient.

1 Physician Re-Entry

2  
3 Submitted by: Kathleen Downey, MD, Women  
4 Eldina Nizamic, MD, Women

5  
6 WHEREAS, Reports indicate the United States will face a shortage of 55,000 – 85,000  
7 physicians by the year 2020, and

8  
9 WHEREAS, there are as many as 18 percent of family physicians who have left active clinical  
10 practice for an average of 4.3 years due to child care needs, illness in self or family members,  
11 administrative work or working abroad, and

12  
13 WHEREAS, doctors who left practice may not be up to date on new medications, testing  
14 recommendations, Electronic Health Record (EHR) and new medical legal issues, and

15  
16 WHEREAS, state boards and hospital credentialing boards may not permit the inactive doctor to  
17 practice due to the time away from practice without extensive retraining or testing, and

18  
19 WHEREAS, there are less than ten retraining programs in the country which are not  
20 geographically dispersed and are very costly, and

21  
22 WHEREAS, it is significantly more difficult to resume the practice of medicine if a physician  
23 allows his/her license to expire, and

24  
25 WHEREAS, finding a mentor who is willing to allow a doctor who has not been practicing for  
26 several years to see his/her patients may be difficult now, therefore, be it

27  
28 RESOLVED, That the American Academy of Family Physicians (AAFP) needs to determine how  
29 many inactive family physicians there are and determine the reasons for inactivity, and be it  
30 further

31  
32 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a very visible  
33 and easily accessible advocacy program to help family physicians with the necessary steps  
34 needed for reentry, and be it further

35  
36 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for curriculum  
37 development for a reentry program that can be used by many medical training programs to  
38 reduce duplication of effort, and be it further

39  
40 RESOLVED, That the American Academy of Family Physicians (AAFP) would actively educate  
41 federal and state politicians about the need to develop reentry opportunities for family  
42 physicians to help decrease the physician shortage problems.



# Resolution No. 5003

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## 1 Increasing Life Balance for Family Physicians

2  
3 Submitted by: Jen Brull, MD, FAAFP, Women  
4 Elvan Daniels, MD, MPH, Women  
5 Dana Nguyen, MD, FAAFP, Women  
6 Eldina Nizamic, MD, Women

8 WHEREAS, Family physicians are in a unique position to positively influence the fitness  
9 behaviors of America's children and adults because they deliver continuous, comprehensive  
10 health care for entire families, seeing patients throughout all stages of their lives, and

12 WHEREAS, fitness includes physical activity, healthy eating and emotional well being, and

14 WHEREAS, current goals for the Americans In Motion – Healthy Interventions (AIM-HI) program  
15 include encouraging family physicians to be fitness role models, improving family physicians'  
16 ability to positively affect the fitness of their patients and enhance the awareness of family  
17 physicians' unique ability to promote fitness within their communities, and

19 WHEREAS, the American Academy of Family Physicians (AAFP) have developed resources  
20 around life balance in various venues (e.g., *Family Practice Management*) and those resources  
21 are not prominently featured by current AAFP web site content, now, therefore, be it

22  
23 RESOLVED, That the American Academy of Family Physicians (AAFP) increase awareness of  
24 life balance as an extension of the emotional well-being component of Americans In Motion –  
25 Healthy Interventions (AIM-HI) through existing avenues for education such as the Scientific  
26 Assembly, other available CME meetings, printed, and on-line educational materials for  
27 members and patients, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) place a main link on the opening webpage of aafp.org under the "Running a Practice" tab for life balance which links to all relevant existing AAFP resources holds, including articles written in *Family Practice Management*, AIM-HI materials, and previous CME meeting presentations.

<sup>34</sup> <sup>1</sup> AIM-HI brochure, AAFP. Copyright 2011.



# Resolution No. 5008

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

## 1 Health Information Exchange

2  
3 Submitted by: Kelly Gabler, MD, New Physicians  
4 Darlene Petersen, MD, New Physicians  
5 Alisha Miller, MD, New Physicians

7 WHEREAS, Family physicians agree on the necessity of timely retrieval of medical records in  
8 order to provide appropriate, comprehensive care to patients, and

10 WHEREAS, there is significant inconsistency in the timely release of medical records from  
11 consultants and hospitals to patients' primary care physicians, which leads to disjointed patient  
12 care, increased cost, and poor outcomes, and

14 WHEREAS, there is widespread misunderstanding of the Health Insurance Portability and  
15 Accountability Act (HIPAA) requirements for release of patient medical records in the setting of  
16 continuity of care, and

18 WHEREAS, health Information exchanges (HIE) facilitate continuity of care by increasing  
19 access to patient medical information, and

20  
21 WHEREAS, the success of HIE is dependent on the participation of all health care providers  
22 and hospitals in the region, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop (AAFP) a template to distribute a standardized letter to specialists and hospitals that clarifies the Health Insurance Portability and Accountability Act (HIPAA) requirements regarding communication with hospitals and consultants, specifically to emphasize that, in the setting of continuity of care, HIPAA does not require a patient signature for release of medical records. and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) educate members on the benefits of health information exchanges and encourage all members to participate in health information exchanges as one mechanism of improving communication between primary care physicians, specialists, and hospitals.

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1 Universal Prescription Prior Authorization Procedure

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3 Submitted by: Nkiruka Udejiofor, MD, New Physicians  
4 Jody R. George, MD, New Physicians  
5 Mary Krebs, MD, New Physicians

6  
7 WHEREAS, Insurance companies are known to delay prescription prior authorization requests,  
8 and

9  
10 WHEREAS, insurance companies use different forms of various lengths, and

11  
12 WHEREAS, the lack of standardization among forms impedes patient care and increases  
13 physician and staff work load and decreases efficiency, now, therefore, be it

14  
15 RESOLVED, That the American Academy of Family Physicians advocate with major insurance  
16 companies to develop a universal prescription prior authorization form of no more than two  
17 pages, and be it further

18  
19 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a universal  
20 prescription authorization model form and use the AAFP's corporate relations with major  
21 insurance companies to adopt this form, and be it further

22  
23 RESOLVED, That the American Academy of Family Physicians (AAFP) work with the AAFP  
24 constituent chapters to educate members on the use of the universal prescription authorization  
25 form, and be it further

26  
27 RESOLVED, That the American Academy of Family Physicians (AAFP) utilize their legislative  
28 contacts and any other resources to develop a standard time frame for insurance companies to  
29 respond to prior authorization requests.



# Resolution No. 5010

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Social Media Guidelines  
2  
3 Submitted by: Melody Jordahl-Lafrato, MD, New Physicians  
4 Gerry Tolbert, MD, New Physicians  
5  
6 WHEREAS, Social media is being used by more and more people including physicians, and  
7  
8 WHEREAS, physicians often question what type of information is appropriate for these new  
9 venues, and  
10  
11 WHEREAS, family physicians look to the American Academy of Family Physicians for  
12 guidelines on multiple issues, including appropriate conduct, and  
13  
14 WHEREAS, the Centers for Disease Control and Prevention released guidelines for health  
15 professionals' use in May 2012, now, therefore, be it  
16  
17 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the  
18 feasibility of developing guidelines or a toolkit for family physicians using social media for  
19 professional use.