2017 Agenda for the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Item No.	Resolution Title
1. Resolution No. 5001	Revise the Allotment of Payment for the Performance and Interpretation of Radiologic Services
2. Resolution No. 5002	Encouraging Blue Cross Insurances to Adopt Core Measure Sets
3. Resolution No. 5003	Opposition to Tiered Payment Structures that Negatively Impact the Health of Special Populations
4. Resolution No. 5004	Operative Delivery Privileges
5. Resolution No. 5005	Increasing the Number of Family Physicians Providing Operative Obstetrics
6. Resolution No. 5006	Coverage of Assisted Reproductive Technologies
7. Resolution No. 5007	Support Income Transparency to Achieve Equitable Pay Among Family Physicians
8. Resolution No. 5008	Creating a Legal Opinion for Family Physicians to Practice in the Emergency Department
9. Resolution No. 5009	Private Practice Startup Resources
10. Resolution No. 5010	Physician Procedure Network
11. Resolution No. 5011	Advocate for Creation of a Data Interface to Support Accountable Health Communities
12. Resolution No. 5012	Opposition to Payment-Based on Compliance with Reporting Non-Evidence-Based Health Data to Payor Sources

Resolution No. 5001

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Revise the Allotment of Payment for the Performance and Interpretation of Radiologic Services

Submitted by: Laurel Dallmeyer, MD, Women
Kevin Berstein, MD, New Physican
Sue Simmons, MD, Women
Valerie Mutchler-Fornili, MD, Women

WHEREAS, The current allotment of relative value units (RVUs) for radiologic services includes a component for performance and interpretation of radiologic tests is allocated entirely to the radiologist, and

WHEREAS, this allocation is based on historically simple ordering and reporting of tests and results not requiring either complex interpretation, minimal clinical correlation, or explaining rational for ordering and results to the patient and other entities, and

WHEREAS, the current ordering, interpretation, and explanation of ordering rationale and results to patients involves a significant amount of time that falls entirely upon the primary care physician, without a means of compensation commensurate to the time involved, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a subcommittee or work group to investigate the current allocation of radiologic relative value units (RVUs) to include a substantial component for the ordering, clinically correlated interpretation, and explanation of results to the patient, and, be it further

RESOLVED, That the American Academy of Family Physicians advocate that the current payment model which undervalues the cost and time involved in the ordering, clinically correlated interpretation, and explanation of results to the patient cease, and that an adjustment allocating those funds to the physician providing those services be made.

Resolution No. 5002

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Encouraging Blue Cross Insurances to Adopt Core Measure Sets

Submitted by: Tiffany Leonard, MD, Women
Joann Buonomano, MD, FAAFP, Women
Valerie Mutchler-Fornili, MD, Women

WHEREAS, Physician payment is being continually tied to providing high quality care, and

WHEREAS, physician employment options and agreements are being increasingly linked to quality metric performance, and

WHEREAS, quality metrics are not currently standardized across all insurance providers, and

WHEREAS, significant physician and administrative time and resources are expended documenting quality metrics, and

WHEREAS, the American Academy of Family Physicians is already working with many other stakeholders to develop and implement standardized core measure sets as a part of the Core Quality Measures Collaborative, and

WHEREAS, the Blue Cross Blue Shield Association is one of the largest (if not the largest) private insurance organizations, now, therefore, be it

RESOLVED, The American Academy of Family Physicians reach out to each of the Blue Cross Insurances urging acceptance and implementation of the core measures sets as decided upon by the Core Quality Measures Collaborative.

Resolution No. 5003

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Opposition to Tiered Payment Structures that Negatively Impact the Health of Special Populations

Submitted by: Valerie Mutchler-Fornili, MD, Women
Sue Simmons, MD, Women
Laurel Dallmeyer, MD, FAAFP, Women

WHEREAS, Even evidence-based parameters used for full payment in special populations i.e. the elderly may result in increased mortality (i.e. current A1C goals), now, therefore, be it

RESOLVED, That the American Academy of Family Physicians oppose payment structures using inappropriate guidelines that are not adjusted for the health of special populations.

Resolution No. 5004

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Operative Delivery Privileges

Submitted by: Sara Thorp, DO, New Physicians
Marie E. Ramas, MD, FAAFP, Minority
Danielle Carter, MD, FAAFP, Women
Karla Booker, MD, FACOG, FAAFP, Women
Tabatha Wells, MD, General Registrant
Scott Hartman, MD, FAAFP, LGBT
Andrew Lutzmann, MD, New Physician
Nicole Boersma, MD, Women
Jessica Richmond, MD, FAAFP, New Physicians
Shawna Guthrie, MD, New Physician
Juan Carlos Venis, MD, LGBT

WHEREAS, The American Academy of Family Physicians policy on "Privilege Support Protocol" supports the concept that all physicians should obtain privileges in accordance with their individual, documented training and/or experience, demonstrated abilities, and current competence and provides legal support for family physicians seeking recourse regarding privilege discrimination, and

WHEREAS, the provision of maternity care is a core aspect of family medicine practice and identity and

WHEREAS, there is a range of maternity care training experiences available to family medicine physicians including training in the provision of high-risk and operative obstetrics, and

WHEREAS, the American Academy of Family Physicians and American College of Gynecologists Joint Statement on Cooperative Practice and Hospital Privileges states that the standard of training should allow any physician who receives training in a cognitive or surgical skill to meet the criteria for privileges in that area of practice, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) create, make available on the AAFP website, and publicize a toolkit for use by family physicians seeking to become credentialed in the provision of maternity care, including high-risk and operative obstetrics, and be it further

RESOLVED**,** That the American Academy of Family Physicians maternity credentialing toolkit include resources specifically outlining the general credentialing processes within hospital systems and provision of model language designed to assist family physicians in achieving requirements for such credentialing processes.

Resolution No. 5005

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Increasing the Number of Family Physicians Providing Operative Obstetrics

Submitted by: Nicole Bersma, MD, Women
Shauna L. Guthrie, MD, New Physician
Karla L. Booker, MD, FACOG, FAAFP, Women
Juan Carlos Venis, MD, LGBT

WHEREAS, The American Academy of Family Physicians and the American College of Gynecologists Joint Statement on Cooperative Practice and Hospital Privileges has been in effect since 1998; however, the numbers of family medicine physicians credentialed in operative deliveries has continued to decrease, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians perform further investigation into continued barriers posed to the provision of maternity care, including high-risk and surgical obstetrics, by family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians actively work to eliminate barriers posed to the provision of maternity care, including high-risk and surgical obstetrics, by family physicians.

Resolution No. 5006

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Coverage of Assisted Reproductive Technologies

Submitted by: Holly Montjoy, MD, LGBT
Carrie Pierce, MD, Women

WHEREAS, Approximately 12% of women between ages 15 and 44 years and approximately one in eight couples experience issues with infertility, and

WHEREAS, infertility is strongly associated with mental health disorders such as dysthymia and anxiety disorders, and

WHEREAS, infertility is considered a major life activity and therefore a disability according to the American with Disabilities Act, and

WHERAS, infertility treatments such as intra-uterine insemination and in-vitro fertilization are highly cost-prohibitive which may lead to financial discrimination, and

WHEREAS, only 15 states in the United States have legislation requiring insurers to cover or offer coverage for the treatment of infertility with even fewer states extending this requirement to same-sex couples, and

WHEREAS, universal coverage of in-vitro fertilization has been shown to reduce multiple pregnancies and costs per live birth, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians issue a statement encouraging insurance providers to cover evidenced-based assisted reproductive technologies for all individuals and couples suffering from infertility regardless of marital status or sexual orientation.

Resolution No. 5007

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Support Income Transparency to Achieve Equitable Pay Among Family Physicians

Submitted by: Cadey Hamel, MD, LGBT
Scott Hartman, MD, FAAFP, LGBT
Ashley Bloom, MD, Women
Peggy Sue Brooks, MD, Women
Wayne Forde, MD, FAAFP, Minority
Khalil Alleyne, MD, Minority

WHEREAS, Studies demonstrate a discrepancy of physician income based on gender, gender identity, sexual orientation, and race/ethnicity even when controlling for other factors, and

WHEREAS, transparency is an effective first step to eliminate disparities based on gender, gender identity, sexual orientation, and race/ethnicity and,

WHEREAS, standard contracts often include non-disclosure clauses prohibiting physicians from sharing income information which perpetuates income gaps based on gender, gender identity, sexual orientation, and race/ethnicity, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a policy statement supporting removal of nondisclosure clauses from contracts in order to increase transparency and decrease wage gaps based on gender, gender identity, sexual orientation, and race/ethnicity, and be it further

RESOLVED, That the American Academy of Family Physicians develop a policy statement for healthcare organizations, insurance companies, and any other payors, to provide equitable family physician pay.

Resolution No. 5008

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Creating a Legal Opinion for Family Physicians to Practice in the Emergency Department

Submitted by: Ani Bodoutchain, MD, FAAFP, IMG
Lubna Madani, MD, IMG
Megan Guffey, MD, IMG
Gerald Banks, MD, IMG
Tabatha Wells, MD, General Registration
Christopher Buelvas, MD, MBA, MHA, IMG
Brian McCollough, MD, IMG
Bushra Dar, MD, IMG

WHEREAS, The American Academy of Family Physicians policy statement on "Family Physicians in Emergency Medicine" states "specialty certification alone should not prevent family physicians from practicing in any emergency setting or trauma center at any level. Emergency department credentialing should be based on training, experience and current competence," and

WHEREAS, family physicians are being denied and removed from scope of practice locations within emergency departments throughout the US, and

WHEREAS, family physicians lack in support from the AAFP for the prevention of restraint of trade, and

WHEREAS, patient populations need family physicians to staff emergency departments for adequate care, and

WHEREAS, no one department has exclusive right to any particular privileges, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a policy statement supporting removal of nondisclosure clauses from contracts in order to increase transparency and decrease wage gaps based on gender, gender identity, sexual orientation, and race/ethnicity, and be it further

RESOLVED, That American Academy of Family Physicians further prevent the restraint of trade of family physicians by providing a sample legal opinion in favor of family physicians practicing within emergency departments.

Resolution No. 5009

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Private Practice Startup Resources

Submitted by: Keisha Harvey, MD, New Physicians
Tessa Rohrberg, MD, New Physicians
Michelle Henne, MD, New Physicians
Zita Magloire, MD, New Physicians

WHEREAS, According to the American Medical Association, 53% of physicians own their practices, and

WHEREAS, 27.7% of family physicians are sole owners or partial owners of their medical practice, and

WHEREAS, the Physicians Foundation survey found that employed physicians see 1.7 fewer patients per day on average than independent physicians, and

WHEREAS, multiple studies demonstrate that hospital acquisition of physician practices increases overall health care costs by up to 20% and does not improve the quality of care, and

WHEREAS, the current trend is for new physicians to become employed physicians, in spite of the demonstrated improved access to care and cost-effectiveness, and

WHEREAS, there are limited resources and support for physicians to go into the more cost effective model of private practice, and

WHEREAS, medical school and residency curriculum is insufficient alone to prepare physicians to manage a business, and

WHEREAS, the Direct Primary Care toolkit created by the American Academy of Family Physicians includes business plan supplements, salary and financial calculators, a marketing guide, information on evaluating legal counsel, service and technology vendor lists,

WHEREAS, a helpful resource would include timeline, credentialing agencies, pearls of hiring staff, questions to ask practice managers, billing and coding agencies, contracts with lab companies, medical supplies and medications, functional equipment to start a practice, accounting, legal advice, choosing Emergency Health Record, marketing strategies, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a “Private Practice Startup Toolkit” to prepare family physicians interested in beginning a private practice, and be it further

RESOLVED, That the American Academy of Family Physicians sponsor a live workshop at a national conference on starting a private practice for members.

Resolution No. 5010

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Physician Procedure Network

Submitted by: Marie Ramas, MD, FAAFP, Minority
Danielle Carter, MD, FAAFP, Women
Sara Thorp, DO, New Physicians

WHEREAS, The American Academy of Family Physicians supports a physician's ability to practice within their complete scope of care, and

WHEREAS, research supports that family physicians who practice within their fullest capacity reduce cost of care and improved patient outcomes, and

WHEREAS, family physicians who have lost skill sets do not have a current means for acquiring enough procedure numbers in order to get privileges reinstated, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a physician procedure network, where family physicians may link up with other host physicians who will proctor them, and, therefore, be it further

RESOLVED, That the American Academy of Family Physicians will provide a procedure log toolkit that will better facilitate the increase in family physicians to reacquire privileges.

Resolution No. 5011

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Advocate for Creation of a Data Interface to Support Accountable Health Communities

Submitted by: Brian Frank, MD, New Physicians
Tanya Animi, MD, FAAFP, Minority
Elizabeth Salisbury-Afshar, MD, FAAFP, New Physicians
Josue Gutierrez, MD, New Physicians

WHEREAS, The National Academy of Medicine recommends using health information technology to collect data pertaining to patients' social determinants of health, and

WHEREAS, the Centers for Medicare and Medicaid Services (CMS), the Office of Disease and Health Promotion and the Centers for Disease Control and Prevention have called for health care systems to incorporate social determinants of health into care plans, and

WHEREAS, the electronic heath record (EHR) is a critical tool for improving patient health and health care delivery through the Patient-Centered Medical Home (PCMH), and

WHEREAS, the ability to share and utilize information between two or more information systems is critical in today's increasingly interconnected health care environment, and

WHEREAS, this resolution builds on the efforts that the AAFP to offer input, guidance and feedback on issues of standardization and interoperability to policymakers, most recently in a letter to the Health and Human Services Secretary Tom Price, and

WHEREAS, CMS recently funded thirty-two sites to serve as "hubs" linking clinical and community services known as Accountable Health Communities designed to reduce health care utilization, impact the cost of health care and improve health and quality of care for Medicare and Medicaid beneficiaries, and

WHEREAS, Accountable Health Communities currently have no electronic platform by which to share health or demographic and socioeconomic data that would enhance patient-centered care and community health, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for development of an electronic data interface that facilitates inter-agency communication and data sharing between members of accountable health communities such as community health centers, the special supplemental nutrition program for Women, Infants and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), the Department of Human Services (DHS), the Department of Housing and Urban Development (HUD) and others in order to improve individual and community health.

Resolution No. 5012

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Opposition to Payment-Based on Compliance with Reporting Non-Evidence-Based Health Data to Payor Sources

Submitted by: Valerie Mutchler-Fornili, MD, Women
Stuti Nagpal, MD, Women
Tiffany Leonard, MD, Women
Joann Buonomano, MD, Women

WHEREAS, Collection and reporting of patient data that is not based in evidence may be required from the payor for payment of services, such as waist measurement in adolescents in Virginia or Health Services for children with special needs, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians oppose requirements of family physicians for collection and reporting of any patient data that is not of evidenced benefit to patients as a requirement for payment.