



2013 Agenda for the Reference Committee on Practice Enhancement

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

<u>Item No.</u>	<u>Resolution Title</u>
1. <u>Resolution No. 5001</u>	Pay Equity
2. <u>Resolution No. 5002</u>	Investigating Gender Disparities in Family Physician Salaries
3. <u>Resolution No. 5003</u>	Patient Protection and Affordable Care Act
4. <u>Resolution No. 5004</u>	Clarification of Medicare Benefits
5. <u>Resolution No. 5005</u>	Presenteeism Reduction and Improvement of Workplace Health
6. <u>Resolution No. 5006</u>	Policy Statement on Physician Impairment from Substance Abuse
7. <u>Resolution No. 5007</u>	A New Centers for Medicare and Medicaid Services (CMS) Exclusion for PQRS Quality Measures
8. <u>Resolution No. 5008</u>	Hospitalist Systems of Inpatient Care Management
9. <u>Resolution No. 5009</u>	Protection of Privileges
10. <u>Resolution No. 5010</u>	Best Practices in a Patient-Centered Medical Home



Resolution No. 5001

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Pay Equity

2

3 Submitted by: Sarah Lamanuzzi, MD, FAAFP, Women

4 Anne Kittendorf, MD, FAAFP, Women

5 Angie Sparks, MD, Women

6 Lisa Soldat, MD, FAAFP, Women

7

8 WHEREAS, Salary disparity exists for women physicians and other minority groups, and

9

10 WHEREAS, the American Academy of Family Physicians (AAFP) does not have a current policy
11 regarding pay equity, now, therefore, be it

12

13 RESOLVED, That the American Academy of Family Physicians (AAFP) create policy to support
14 equal pay for equal work, and be it further

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) send this resolution to
17 the 2013 Congress of Delegates.



Resolution No. 5002

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Investigating Gender Disparities in Family Physician Salaries

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3 Submitted by: Anne Kittendorf, MD, FAAFP, Women
4 Sarah Lamanuzzi, MD, FAAFP, Women
5 Lisa Soldat, MD, FAAFP, Women
6 Angie Sparks, MD, Women

7

8 WHEREAS, It has been well publicized that there is a pay gap between women and men for
9 equal work, and

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11 WHEREAS, the evidence shows even in the profession of medicine that female physicians
12 make less than male physicians for equal work, even when controlled for work and non-work
13 variables, now, therefore, be it

14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) review current known
16 salary and pay information as well as current research into pay disparities for female family
17 physicians, and be it further

18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) report on pay disparities
20 for female family physicians and to assess if further study is needed, and be it further

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) report on pay disparities
23 for female family physicians to be presented to the 2014 AAFP Congress of Delegates.



Resolution No. 5003

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Patient Protection and Affordable Care Act

2
3 Submitted by: Ilona Farr, MD, Women
4 Molly Rutherford, MD, Women
5 Esther A. Rivera-Gambaro, MD, Women
6

7 WHEREAS, The recent federal healthcare legislation Patient Protection and Affordable Care Act
8 (PPACA) places onerous administrative burdens on private practice family physicians, and
9

10 WHEREAS, the PPACA interferes with the patient-physician relationship, now, therefore, be it
11

12 RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge that our
13 United States Constitution provide for the rights of individuals to make decisions that are best
14 for their pursuit of happiness, supports the privacy of the health provider/patient relationship,
15 and the freedom of the individual to purchase health care services without government or
16 insurance interference, and be it further
17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) support the use of
19 health savings accounts that help reduce costs, help control fraud, and put patients back in
20 control of their health care, and be it further
21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend provider
23 medical audits need to be educational and not punitive, and both federal and state rules and
24 regulations governing medical practices need to be simplified as there are too many directives
25 to understand or comply with at this time, and be it further
26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) firmly support the rights
28 of patients, providers, businesses, and institutions to not participate or be forced to buy or
29 provide services that result in the premature deaths of individuals from conception to natural
30 death from old age, and be it further
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) recognize that
33 individual providers should be allowed to make decisions about electronic health records,
34 documentation of encounters, and fees without government coercion or accusations of fraud.



Resolution No. 5004

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Clarification of Medicare Benefits

2
3 Submitted by: Pamela Tuck, MD, Minority
4 Kim Austin, MD, Minority
5 Aye Otubu, MD, Minority
6 Ross Jones, MD, Minority
7

8 WHEREAS, The Patient Protection and Affordable Care Act (PPACA) is scheduled to open the
9 exchange marketplace in October 2013 and expected to be active in January 2014 causing an
10 influx of patients with need for insurance and understanding of their insurance coverage, and
11

12 WHEREAS, patients are not well able to decipher their own coverage insurance and depend
13 heavily on the physician office to educate them on their coverage, and
14

15 WHEREAS, insurance companies routinely change patients' coverage without adequate
16 notification to the patient or physician office, and
17

18 WHEREAS, it is difficult for physician offices to decipher the coverage of a patient's insurance,
19 which should not be a part of the physician responsibility, now, therefore, be it
20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge that the
22 Constitution of the United States (U.S.) provides for the rights of individuals to make decisions
23 that are best for their pursuit of happiness, supports the privacy of the health provider-patient
24 relationship, and the freedom of the individual to purchase health care services without
25 government or insurance interference, and be it further
26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the
28 Centers for Medicare and Medicaid Services (CMS) to formulate guidelines with defined bullet
29 points that clearly identify what is covered for the patient in a manner which is easily
30 comprehended by the patient, and be it further
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the
33 Centers for Medicare and Medicaid Services (CMS) to formulate guidelines for notification of
34 patients and physician offices of any changes to their coverage which may impact their current
35 health care practices, that includes but are not limited to changes in preventative care coverage,
36 medication coverage, specialist eligibility, and number of visits allowed to allied health providers.



Resolution No. 5005

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Presenteeism Reduction and Improvement of Workplace Health

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3 Submitted by: Khalil C. Alleyne, MD, Minority
4 Shana Ntiri, MD, Minority
5 Rosiland Harrington, MD, Minority

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7 WHEREAS, Presenteeism is defined as the problem of workers being on the job, but, because
8 of illness or other medical illnesses, are not fully functional, and

9

10 WHEREAS, presenteeism for acute illnesses represents a significant threat to the health of
11 patients and health care workers, and

12

13 WHEREAS, presenteeism contributes to the cost of patient and employee health care, and

14

15 WHEREAS, a significant number of physicians come to work and engage in patient care while
16 ill, now, therefore, be it

17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage physicians
19 to avoid coming to work while ill, and be it further

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) work with constituent
22 chapters to advocate for compensation structures at the state level that allow for paid sick leave
23 for physicians.



Resolution No. 5006

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Policy Statement on Physician Impairment From Substance Abuse

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3 Submitted by: Shana Ntiri, MD, Minority
4 Khalil C. Alleyne, MD, Minority
5 Rosiland Harrington, MD, Minority

6

7 WHEREAS, Physician impairment from substance abuse constitutes a significant risk to patient
8 health and safety, in addition to the personal and financial injury of the physician, and

9

10 WHEREAS, physicians, their colleagues and their subordinates should be able to report abuse
11 and impairment without fear of reprisal, and

12

13 WHEREAS, physicians who enter treatment may be able to return to normal practice, now,
14 therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage physicians
17 and their employers to have a clear policy on reporting physician impairment without fear of
18 reprisal, and be it further

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that all state
21 physician health programs for substance abuse problems maintain a formal relationship with
22 their medical boards that allows for self-referral and maintenance of licensure.



Resolution No. 5007

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 A New Centers for Medicare and Medicaid Services (CMS) Exclusion for PQRS Quality
2 Measures

3
4 Submitted by: Erica Swegler, MD, Minority
5 Promil Bhutani, MD, Minority
6

7 WHEREAS, The Centers for Medicare and Medicaid Services (CMS) already has exclusion
8 criteria for Physician Quality Reporting System (PQRS) measures, and
9

10 WHEREAS, cancer patients undergoing active chemotherapy or radiation therapy have
11 significantly increased risk of medication interaction and decreased tolerability, which may affect
12 their ability to obtain strict control of their chronic disease (e.g. LDL below 100 for patients with
13 diabetes or cardiovascular disease) now, therefore, be it
14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) petition the Centers for
16 Medicare and Medicaid (CMS) to add an additional exclusion criteria to the Physician Quality
17 Reporting System (PQRS) measures to exclude patients with cancer not in remission from the
18 chronic disease registry, and be it further
19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an easily
21 accessible document on the Centers for Medicare and Medicaid (CMS) website listing criteria
22 and exclusions.



Resolution No. 5008

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Hospitalist Systems of Inpatient Care Management

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3 Submitted by: Eltanya A. Patterson, MD, International Medical Graduate
4 Yogi, Paifze, MD, International Medical Graduate
5 Irina Todorov, MD, International Medical Graduate
6 Samir Ginde, MD, International Medical Graduate
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) policy referring to hospitalist
9 systems of inpatient care management states that, "The opportunity to participate as a
10 'hospitalist' in such situations must be open to all interested physicians whose education,
11 training and current competence qualify them to serve effectively in this role," and
12

13 WHEREAS, some hospitals' bylaws state that only internal medicine physicians may be
14 credentialed as hospitalists, and
15

16 WHEREAS, every board certified family physician is adequately trained to care for patients in a
17 hospital setting, now, therefore, be it
18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the
20 American Hospital Association (AHA) to continue to support family physicians to be credentialed
21 as hospitalists, and be it further
22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage constituent
24 chapters to begin engaging state, regional, and metropolitan chapters of the American Hospital
25 Association (AHA) to continue their support of family physicians to be credentialed as
26 hospitalists, and be it further
27

28 RESOLVED, That the American Academy of Family Physicians (AAFP) reassure the American
29 Hospital Association (AHA) that every board certified family physician is adequately trained to
30 care for patients in a hospital setting, and be it further
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the Society
33 of Hospital Medicine (SHM) to continue to support family physicians to be credentialed as
34 hospitalists.



Resolution No. 5009

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Protection of Privileges

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3 Submitted by: Kourtney Bradford Houle, MD, New Physician
4 Coren Menedez, MD, FAAFP, New Physician
5 Stacy Fletcher, MD, FAAFP, New Physician
6 Sarah Laiosa, DO, New Physician
7

8 WHEREAS, Hospital credentialing has historically been limited to inpatient adult medicine with
9 or without maternal child care, and

10
11 WHEREAS, there is nationally a decreased need for family physicians to provide adult inpatient
12 care, and

13
14 WHEREAS, in many communities there remains a need and desire for family medicine
15 physicians to continue to provide inpatient maternal child care, and

16
17 WHEREAS, supporting this addition of verbiage to current privileging policy will come at no cost
18 to the American Academy of Family Physicians (AAFP), now, therefore, be it

19
20 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the
21 American Hospital Association (AHA) to continue to support family physicians to be credentialed
22 as hospitalists, and be it further

23
24 RESOLVED, That the American Academy of Family Physicians' (AAFP) current wording on the
25 AAFP's privileging policy be modified to include the following statement to allow for preservation
26 of the varied scope of practice as defined below:

- 27
- 28 • The American Academy of Family Physicians (AAFP) believes that each specialty
29 society should maintain responsibility for recommending, implementing, maintaining and
30 evaluating privileging policies for its members. The AAFP also believes that privileging
31 should be based on documented training and/or experience, demonstrated abilities and
32 current competence, and, whenever possible, be evidence-based. Physician
33 credentialing should allow for any and all combinations of competencies in adult,
34 pediatric and obstetric care in both the inpatient and outpatient setting.
35
 - 36 • Recognizing that on rare occasions minimum quotas (or numbers) may be required in
37 specific privileging instances where insufficient data exists, the AAFP believes that a
38 consensus opinion of experts from within the specialty may be necessary until such time
39 as an evidence-based recommendation is available.



Resolution No. 5010

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Best Practices in a Patient-Centered Medical Home

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3 Submitted by: Syeachia Dennis, MD, New Physician
4 Melissa Augustine, MD, New Physician
5 Carlos A. Latorre, MD, New Physician
6 Kyle Jones, MD, New Physician

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8 WHEREAS, The American Academy of Family Physicians (AAFP) is a strong advocate for
9 physician led teams in a patient-centered medical home, and

10

11 WHEREAS, many physicians have not been adequately trained in how to collaborate with non-
12 physician providers, and

13

14 WHEREAS, the American Academy of Family Physicians' (AAFP) current resource on this topic
15 is incomplete now, therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the
18 American Hospital Association (AHA) to continue to support family physicians to be credentialed
19 as hospitalists, and be it further

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) determine best
22 practices in developing physician-led teams that include physician assistants, nurse
23 practitioners, certified nurse midwives, and other non-physician medical providers that work in a
24 patient-centered medical home model.