



2016 Agenda for the Reference Committee on Practice Enhancement

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

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 5001	Supporting Nationwide Adoption of Physician Orders for Life-Sustaining Treatment (POLST)
2. Resolution No. 5002	Expanding Patient-Centered Education Materials
3. Resolution No. 5003	Physician Management of Patient Reviews on Social Media
4. Resolution No. 5004	End of Life Care Discussions: Educating Family Physicians
5. Resolution No. 5005	The Use of LC-MS Screening Tools to Evaluate Patients for Polypharmacy and Medication Compliance
6. Resolution No. 5006	Direct-to-Consumer Advertising
7. Resolution No. 5007	Physicians Are Not Credit Cards
8. Resolution No. 5008	Improving Patient Satisfaction Through Autonomy and Shared Decision Making Through Continuing Medical Education
9. Resolution No. 5009	Social and Behavioral Domains and Measures for Electronic Health Records
10. Resolution No. 5010	Updating the Prerequisites for “Recognition of Focused Practice in Hospital Medicine Exam”
11. Resolution No. 5011	Increase Point of Care Ultrasound (POCUS) Education in Family Medicine
12. Resolution No. 5012	To Promote the Mission of The American Academy of Family Physicians by Limiting Pay for Performance Parameters to Those Reasonably Under the Control of the Physician
13. Resolution No. 5013	Systemic Solutions to Physician Burnout



Resolution No. 5001

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Supporting Nationwide Adoption of Physician Orders for Life-Sustaining Treatment
2 (POLST)

3
4 Submitted by: Karla Booker, MD, FAAFP, Women
5 Monica Parker, MD, Women
6 Elizabeth Cozine, MD, Women
7 Lisa Fleischer, MD, FAAFP, Women

8
9 WHEREAS, The percentage of the population over age 65 is increasing, and

10
11 WHEREAS, by 2030, more than 20% of United States residents are predicted to be older than 65,
12 compared to 13% in 2010 and 9.8% in 1970, and

13
14 WHEREAS, Physician Orders for Life-Sustaining Treatment (POLST) was developed to improve
15 the quality of patient care and reduce medical errors by creating a system that identifies patient
16 wishes regarding medical treatment and communicates and respects them by creating a portable
17 order, and

18
19 WHEREAS, POLST is a document prepared using shared decision-making with patients and
20 providers that outlines patient wishes, values, beliefs, and goals of care; specifically, POLST can
21 outline code status, wish for home-based versus hospital-based care, and wishes regarding
22 feeding (e.g., feeding tube), and

23
24 WHEREAS, only 17 of 50 states have POLST laws, which are not necessarily valid from state to
25 state, and

26
27 WHEREAS, Advance Directive is not a physician order and is thereby not durable in emergent
28 patient care settings, and

29
30 WHEREAS, confusion exists regarding validity of Advance Directive, Do Not Resuscitate, and
31 Health Care Power of Attorney orders, POLST is able to clearly delineate patient wishes in a single
32 document, now, therefore, be it

33
34 RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation to bring
35 Physician Orders for Life-Sustaining (POLST) to all 50 states.



Resolution No. 5002

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Expanding Patient-Centered Education Materials

2

3 Submitted by: Anita Ravi, MD, MPH, New Physicians

4 Stella King, MD, MHA, FAAFP, Minority

5 Eddie Richardson, Jr., MD, FAAFP, Minority

6 Sneha Chacko, MD, Minority

7

8 WHEREAS, Family physicians also serve patients whose primary language is not English or

9 Spanish, and

10

11 WHEREAS, family physicians also serve patients who are unable to read, and

12

13 WHEREAS, studies have shown that adding pictures to patient education material can increase
14 comprehension and adherence, especially for patients with low literacy skills, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) expand the available

17 languages of patient education materials beyond English and Spanish, including on

18 FamilyDoctor.org, and be it further,

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) increase the use of pictorial
21 information for patient education material, including on FamilyDoctor.org.



Resolution No. 5003

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Physician Management of Patient Reviews on Social Media

2
3 Submitted by: MiLinda Zabramba, MD, New Physician
4 Leanne Swiderski, MD, New Physician
5 Nardin Khalil, MD, New Physician
6 Alberto Marcelin, MD, New Physician
7 Megan Adamson, MD, New Physician
8 Jessica Triche, MD, Women Physician
9 Mitzi Rubin, MD, New Physician
10 Tobe Momah, MD, Minority Physician

11
12 WHEREAS, Striving for high patient satisfaction can become a barrier to physicians providing
13 quality evidence-based health care, especially in the cases of patients requesting medications or
14 services that are not indicated, and

15
16 WHEREAS, studies have shown that patients who are prescribed persistent opioid medications for
17 chronic pain are more likely to be highly satisfied with all health care services and patients in
18 practices with frugal antibiotic prescribing were less satisfied with their health care, and

19
20 WHEREAS, 2014 data showed that 1.9 million Americans had a substance use disorder involving
21 prescription pain relievers, and

22
23 WHEREAS, in 2010-2011, an estimated 506 antibiotic prescriptions per 1,000 patients were written
24 annually, but only 353 of these antibiotic prescriptions were estimated to be appropriately
25 prescribed, and

26
27 WHEREAS, poor public reviews on social media can be detrimental to a physician's reputation and
28 relationship with other patients in his or her practice, and

29
30 WHEREAS, the unintended consequences of patient satisfaction scores have contributed to
31 physician burnout with 78% of physicians reporting that patient satisfaction surveys moderately or
32 severely affected their job satisfaction, and 28% of physicians reported that the scores made them
33 consider quitting, now, therefore, be it

34
35 RESOLVED, That the American Academy of Family Physicians (AAFP) research the impact of
36 social media physician reviews on the practices of family physicians, and be it further

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational
39 resources for family physicians to better manage their online identity specifically with regard to
40 online patient reviews, and be it further
41

42 RESOLVED, That the American Academy of Family Physicians (AAFP) send letters to websites
43 that post reviews about physicians encouraging them to inform the physicians when a review is
44 posted about them, and that they allow physician offices an opportunity to provide a general
45 response that is compliant with the Health Insurance Portability and Accountability Act.



Resolution No. 5004

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 End of Life Care Discussions: Educating Family Physicians

2
3 Submitted by: Karla Booker, MD, FAAFP, Women
4 Monica Parker, MD, Women
5 Elizabeth Cozine, MD, Women
6 Lisa Fleischer, MD, FAAFP, Women

7
8 WHEREAS, Many physicians report being unsure how to discuss end-of-life care, and

9
10 WHEREAS, in a 2016 survey, 46% of physicians feel unsure of what to say, and 29% report they
11 have had no formal training on initiating the conversation, and

12
13 WHEREAS, 89% of patients surveyed report doctors should discuss end-of-life issues with their
14 physicians; however, only 17% of patients have had such conversations with their physicians, and

15
16 WHEREAS, the World Health Organization states, “All people have a right to receive high quality
17 care during serious illness and to a dignified death, free of overwhelming pain, and in line with their
18 spiritual and religious beliefs,” and

19
20 WHEREAS, Centers for Medicare and Medicaid Services estimates that between 2002 and 2010,
21 per capita spending for patients 65-85 years old increased 36% from \$11,692 to \$15,857. During
22 that same time period, per capita spending for patients over 85 increased 38% from \$25,192 to
23 \$34,783, and

24
25 WHEREAS, hospice care saves Medicare an average of \$2,309 per hospice user, and

26
27 WHEREAS, Advance Care Planning is now a reimbursable Medicare benefit, and

28
29 WHEREAS, family physicians are uniquely suited to facilitating these conversations given the
30 Family Medicine Creed, “You the patient are my first professional responsibility, whether man,
31 woman or child, ill or well, seeking care, healing, or knowledge,” now, therefore, be it

32
33 RESOLVED, That the American Academy of Family Physicians (AAFP) prioritize education to its
34 membership regarding initiating conversations about goals of care and end-of-life planning, the
35 spectrum of Palliative Care and Hospice benefits, and the utility of Advance Directive and
36 Physician Orders for Life-Sustaining Treatments (POLST) documentation.



Resolution No. 5005

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 The Use of LC-MS Screening Tools to Evaluate Patients for Polypharmacy and Medication
2 Compliance

3
4 Submitted by: Khalil Alleyne, MD, Minority
5 Kevin Wong, MD, Minority
6 Tobe Momah, MD, New Physicians
7 Alberto Marcelin, MD, New Physicians
8 Venis Wilder, MD, GLBT
9 Monica Parker, MD, Women

10
11 WHEREAS, There are over 100,000 deaths per year related to drug interactions, polypharmacy
12 and/or medication misuse, making this issue the fourth to sixth leading cause of death in the United
13 States, and

14
15 WHEREAS, nearly one-third of Americans ages 57 to 85 take at least five prescription drugs and
16 over 50% of Americans take over-the-counter supplements, and

17
18 WHEREAS, the current methods of medication reconciliation is subjective (i.e. having the patients
19 bring their medications in and assuming because they have the bottle they are taking them), and

20
21 WHEREAS, Liquid Chromatography–Mass Spectrometry (LC-MS) technology is the standard for
22 confirmation of controlled and illicit drug use, and

23
24 WHEREAS, tests like the Bennett Polypharmacy Profile (BPP) is a urinalysis screening tool for
25 detecting the top 100 most prescribed medications used in primary care using LC-MS technology,
26 and

27
28 WHEREAS, over 30,000 BPP polypharmacy screens have been done to date, with results of
29 patient non-compliance greater than 80%; (i.e., over 80% of results showed medications that were
30 prescribed but not present, or medications that were not prescribed but were present in a patient's
31 system), and

32
33 WHEREAS, the BPP is reimbursed by Medicare, Medicaid and most major insurances, and

34
35 WHEREAS, according to the Annuals of Internal Medicine April 2014, nearly one-third of patients
36 fail to fill first-time prescriptions, now, therefore, be it

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend screening
39 tools, such as the Bennett Polypharmacy Profile, as a resource for patient medication reconciliation
40 and compliance.



Resolution No. 5006

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Direct-to-Consumer Advertising

2

3 Submitted by: Cathleen London, MD, Women
4 Robert Sedlacek, MD, New Physicians
5 Rachel Franklin, MD, Women
6 Karla Booker, MD, Women

7

8 WHEREAS, The American Medical Association has policy condemning direct-to consumer
9 advertising of pharmaceuticals, and

10

11 WHEREAS, only the United States and New Zealand allow direct-to-consumer advertising, and

12

13 WHEREAS, drug companies know that for every \$1,000 spent on a television advertisement will
14 result in 24 new patient customers for them, and

15

16 WHEREAS, drug company profits are at a record high, and

17

18 WHEREAS, drug companies spend 19 times more on marketing than research, and

19

20 WHEREAS, every other country has decided these advertisements are not in the people's best
21 interest and have made them illegal, now, therefore, be it

22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) condemn direct-to-
24 consumer advertising, and be it further

25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) create a public campaign
27 to educate the public on the dangers of direct-to-consumer advertising.



Resolution No. 5007

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Physicians Are Not Credit Cards

2

3 Submitted by: Lisa Casey, MD, Women

4 Madalyn Schaeffgen, MD, FAAFP, Women

5 Laurel Dallmeyer, MD, FAAFP, General Registrant

6 Jaividhya Dasarathy, MD, FAAFP, IMG

7

8 WHEREAS, Insurers are ranking physicians according to pay-for-performance measures that are
9 not under the control of the physician, such as access to care, patient compliance, socioeconomic
10 status, and

11

12 WHEREAS, patients who are part of the above groups are being dismissed from physician
13 practices in attempt to meet these quality measures, and

14

15 WHEREAS, physicians have been limited in their ability to practice medicine secondary to the
16 insurer practice of ranking physicians, and

17

18 WHEREAS, physicians are being removed from insurance panels secondary to not meeting these
19 performance measures, which is also reportable for licensure, and

20

21 WHEREAS, the measures are retrieved by insurance companies via inaccurate and inconsistent
22 methods, now, therefore, be it

23

24 RESOLVED, That the American Academy of Family Physicians enact a policy statement
25 disallowing pay-for-performance measures to be collected by insurance companies for the purpose
26 of ranking physicians or removing them from insurance panels, and be it further

27

28 RESOLVED, That the American Academy of Family Physicians strongly advise insurance
29 companies to cease ranking physicians and/or removing them from insurance panels based on pay
30 for performance measures.



Resolution No. 5008

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Improving Patient Satisfaction Through Autonomy and Shared Decision Making Through
2 Continuing Medical Education

3

4 Submitted by: Sharif Latif, MD, IMG
5 Jorge Plasencia, MD, FAAFP, IMG

6

7 WHEREAS, The health care environment is emphasizing the patient care experience through
8 patient satisfaction scores, and

9

10 WHEREAS, the physician reimbursement is correlated with patient satisfaction scores, and

11

12 WHEREAS, physician rapport is correlated with patient adherence to treatment, and

13

14 WHEREAS, active patient involvement in their health care results in adherence to treatment, now,
15 therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) consider inclusion of
18 continuing medical education (CME) addressing patient satisfaction through autonomy and shared
19 decision making through CME at the AAFP Family Medicine Experience (FMX).



Resolution No. 5009

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Social and Behavioral Domains and Measures for Electronic Health Records

2
3 Submitted by: Tobie Smith, MD, Women
4 Sarah Olsasky, DO, Women

5
6 WHEREAS, There is abundant research that identifies that the social determinants of health affect
7 patient outcomes impacting morbidity and mortality, and

8
9 WHEREAS, physician payment is currently affected by patient outcomes which are not currently
10 stratified by the social determinants of health partially due to lack of collection of this data at the
11 patient level, and

12
13 WHEREAS, nearly 80% of office based family physicians used electronic health records and there
14 is currently no validated electronic health record collection tool to obtain information on patient
15 social determinants, and

16
17 WHEREAS, the American Association of Medical Colleges, Institute of Medicine, and National
18 Association of Community Health Centers are currently conducting individual research or pilot
19 studies to identify domains and measures that capture the social determinants of health and
20 identify which measures should be identified in the electronic health record and the obstacles to
21 including the measures in the electronic health record, now, therefore be it

22
23 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the current
24 research that identifies the current domains and measures that capture the social determinants of
25 health to inform the development of electronic health record templates, and be it further

26
27 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate developing a
28 tool of domains and measures to capture the social determinants of health in the electronic health
29 record that members can use, and be it further

30
31 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to electronic
32 health record vendors to incorporate domains and measures to capture the social determinants of
33 health in the electronic health record, and be it further

34
35 RESOLVED, That the American Academy of Family Physicians (AAFP) educate members
36 regarding validated tools or templates that members can use to capture the social determinants of
37 health into the patient's medical record, such as by creating mock-ups of electronic health record
38 templates and examples of ways to incorporate this data into daily workflow, among other potential
39 resources.



Resolution No. 5010

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Updating the Prerequisites for “Recognition of Focused Practice in Hospital Medicine Exam”

2

3 Submitted by: Suhail Shaikh, MD, FAAFP, Minority

4 Javid Saleem, MD, FAAFP, IMG

5 Rebecca Lundh, MD, Women

6

7 WHEREAS, The American Board of Family Medicine (ABFM) in conjunction with the American
8 Board of Internal Medicine (ABIM) now offers Recognition of Focused Practice in Hospital Medicine
9 (RFPHM) program, and

10

11 WHEREAS, this program has been developed in response to the growing number of ABFM-
12 certified family physicians who are primarily caring for the patients in the hospital setting, and

13

14 WHEREAS, one of the current requirements is the verification of at least three years of
15 unsupervised hospital medicine practice experience in the United States or Canada that fully
16 meets the requirements of either the direct patient care pathway or the clinical/systems pathways,
17 and

18

19 WHEREAS, the physicians who are spending a year of training in hospital medicine fellowship are
20 rather getting delayed to fulfill the above-mentioned requirements, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an additional
23 pathway for the individuals who have successfully completed the fellowship in hospital medicine to
24 be eligible for the “Recognition of Focused Practice in Hospital Medicine.”



Resolution No. 5011

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Increase Point of Care Ultrasound (POCUS) Education in Family Medicine

2

3 Submitted by: Sarah McNeil, MD, Women
4 Santina Wheat, MD, New Physicians
5 Shannon Connolly, MD, Women
6 Bhavik Kumar, MD, New Physicians
7 Jessica Guh, MD, Minority
8 Miranda Balkin, MD, GLBT

9

10 WHEREAS, A large body of evidence demonstrates that ultrasound improves clinical outcomes,
11 facilitates more rapid diagnoses, shortens times to definitive treatment, reduces failure and
12 complication rates during procedures, and improves patient satisfaction, and

13

14 WHEREAS, point of care ultrasound (POCUS) is a cost-effective, evidence-based, and straight-
15 forward medical procedure that meets the triple aim of care, health, and cost by increasing access
16 and decreasing referrals (and therefore cost), and

17

18 WHEREAS, according to the Family Physician Workforce Reform “family physicians...will fill critical
19 roles in the health care marketplace. Current recommendations are intended to support efforts to
20 ensure health care access for all in America and to meet the needs of underserved rural and urban
21 populations,” and

22

23 WHEREAS, the American Academy of Family Physicians (AAFP) has long recognized the
24 importance of supporting family medicine’s broad scope of practice, and

25

26 WHEREAS, POCUS is easy to do and teach in resource-poor settings (Partners in Health,
27 American Institute for Ultrasound Medicine), and

28

29 WHEREAS, family doctors staff FQHCs across the country and this population can benefit from
30 increased POCUS, and

31

32 WHEREAS, the Journal of Residency Education published a required list of procedural training in
33 2008 that includes ultrasound, and

34

35 WHEREAS, in a recent survey of internal medicine residents 100% desired more formal ultrasound
36 training, and

37

38 WHEREAS, according to one 2015 AAFP survey only 7.4% of family doctors do OB ultrasound
39 and 7.4% do non-OB ultrasound, and

40

41 WHEREAS, the Association of Family Medicine Residency Directors requires family medicine
42 residencies to teach basic POCUS including prenatal (amniotic fluid index, fetal presentation,

43 placental localization) and guidance for central vascular access, paracentesis, thoracentesis, MSK
44 injections), and

45
46 WHEREAS, a recent survey of family medicine residency directors showed that only 2.2% of
47 programs currently have a POCUS curriculum, now, therefore, be it
48

49 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage every U.S.
50 family medicine residency program to include point of care ultrasound (POCUS) training, and be it
51 further

52
53 RESOLVED, That the American Academy of Family Physicians (AAFP) increase continuing
54 professional development opportunities regarding point of care ultrasound (POCUS) [for example,
55 at its scientific meetings and Continuing Medical Education (CME) courses].



Resolution No. 5012

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 To Promote the Mission of The American Academy of Family Physicians by Limiting Pay for
2 Performance Parameters to Those Reasonably Under the Control of the Physician

3
4 Submitted by: Laurel A. Dallmeyer, MD, FAAFP, Women
5 Lisa Casey, MD, Women
6 Gail Guerrero Tucker, MD, FAAFP, Women
7 Jaividhya Dasarathy, MD, IMG
8 Preston Thomas, MD, Minority
9

10 WHEREAS, An increasing percentage of physician reimbursement is tied to “pay for performance,”
11 in which the percent of patients meeting clinical benchmarks is used to both judge and pay
12 physicians, and
13

14 WHEREAS, while measures such as access to appointments, generic fill rate, and provision of
15 education at office visits are reasonably under the control of the physician, measures such as
16 glycosylated hemoglobin level and blood pressure at office visits are not, and are more closely tied
17 to patient socioeconomic status than the actions and ability of the physician, and
18

19 WHEREAS, the socioeconomic status of patients is strongly correlated with overall health, ability to
20 comply with medication regimens, and ability to engage in health care, and
21

22 WHEREAS, the constant onslaught of reports criticizing physicians for patient benchmarks not
23 under the direct control of the physician is both demeaning and discouraging, and contributes to
24 physician burnout, and
25

26 WHEREAS, financially penalizing physicians who care for difficult patients can lead to withdrawal
27 of care for patients who need care most, and further promote health disparities, now, therefore, be
28 it
29

30 RESOLVED, That the American Academy of Family Physicians (AAFP) enact a policy statement
31 that patient controlled quality measures and benchmarks such as lab values and medication fill
32 rates be removed from pay-for-performance arrangements, and be it further
33

34 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby legislatures and
35 insurance companies to remove patient-controlled quality measures from pay for performance
36 arrangements, and be it further
37

38 RESOLVED, That the American Academy of Family Physicians (AAFP) enact a policy statement
39 discouraging insurance companies from rating or ranking physicians based on patient-controlled
40 quality measures and benchmarks.



Resolution No. 5013

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Systemic Solutions to Physician Burnout

2

3 Submitted by: Meghan Velonek, MD, New Physicians
4 Melissa Hemphill, MD, New Physicians
5 Kyle Bradfor Jones, MD, New Physicians
6 Jessica Richmond, MD, New Physicians
7 Miguel Concepcion, MD, New Physicians
8 Collyn Steele, MD, New Physicians

9

10 WHEREAS, Maslach Burnout Inventory showed 54.4% of physicians reported at least one
11 symptom of burnout in 2014, and

12

13 WHEREAS, family physicians where among the top four specialties experiencing burnout, and

14

15 WHEREAS, physician burnout is significantly higher than in other professional careers, and

16

17 WHEREAS, the American Academy of Family Physicians (AAFP) has identified that
18 physician burnout is a system problem in its position statement for physician burnout, now,
19 therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for use by
22 health organization leaders to provide screening and supportive resources for physician burnout.