



# 2017 Agenda for the Reference Committee on Practice Enhancement

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

<b><u>Item No.</u></b>	<b><u>Resolution Title</u></b>
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

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

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

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3 Submitted by: Laurel Dallmeyer, MD, Women

4 Kevin Berstein, MD, New Physican

5 Sue Simmons, MD, Women

6 Valerie Mutchler-Fornili, MD, Women

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

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

16

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

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

25

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



# Resolution No. 5002

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

1 Encouraging Blue Cross Insurances to Adopt Core Measure Sets

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3 Submitted by: Tiffany Leonard, MD, Women  
4 Joann Buonomano, MD, FAAFP, Women  
5 Valerie Mutchler-Fornili, MD, Women  
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7 WHEREAS, Physician payment is being continually tied to providing high quality care, and

8  
9 WHEREAS, physician employment options and agreements are being increasingly linked to quality  
10 metric performance, and

11  
12 WHEREAS, quality metrics are not currently standardized across all insurance providers, and

13  
14 WHEREAS, significant physician and administrative time and resources are expended  
15 documenting quality metrics, and

16  
17 WHEREAS, the American Academy of Family Physicians is already working with many other  
18 stakeholders to develop and implement standardized core measure sets as a part of the Core  
19 Quality Measures Collaborative, and

20  
21 WHEREAS, the Blue Cross Blue Shield Association is one of the largest (if not the largest) private  
22 insurance organizations, now, therefore, be it

23  
24 RESOLVED, The American Academy of Family Physicians reach out to each of the Blue Cross  
25 Insurances urging acceptance and implementation of the core measures sets as decided upon by  
26 the Core Quality Measures Collaborative.



## Resolution No. 5003

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

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

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3 Submitted by: Valerie Mutchler-Fornili, MD, Women

4 Sue Simmons, MD, Women

5 Laurel Dallmeyer, MD, FAAFP, Women

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

9

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



# Resolution No. 5004

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

1 Operative Delivery Privileges

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3 Submitted by: Sara Thorp, DO, New Physicians  
4 Marie E. Ramas, MD, FAAFP, Minority  
5 Danielle Carter, MD, FAAFP, Women  
6 Karla Booker, MD, FACOG, FAAFP, Women  
7 Tabatha Wells, MD, General Registrant  
8 Scott Hartman, MD, FAAFP, LGBT  
9 Andrew Lutzmann, MD, New Physician  
10 Nicole Boersma, MD, Women  
11 Jessica Richmond, MD, FAAFP, New Physicians  
12 Shawna Guthrie, MD, New Physician  
13 Juan Carlos Venis, MD, LGBT  
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15 WHEREAS, The American Academy of Family Physicians policy on “Privilege Support Protocol”  
16 supports the concept that all physicians should obtain privileges in accordance with their individual,  
17 documented training and/or experience, demonstrated abilities, and current competence and  
18 provides legal support for family physicians seeking recourse regarding privilege discrimination,  
19 and  
20

21 WHEREAS, the provision of maternity care is a core aspect of family medicine practice and identity  
22 and  
23

24 WHEREAS, there is a range of maternity care training experiences available to family medicine  
25 physicians including training in the provision of high-risk and operative obstetrics, and  
26

27 WHEREAS, the American Academy of Family Physicians and American College of Gynecologists  
28 Joint Statement on Cooperative Practice and Hospital Privileges states that the standard of training  
29 should allow any physician who receives training in a cognitive or surgical skill to meet the criteria  
30 for privileges in that area of practice, now, therefore, be it  
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) create, make available on  
33 the AAFP website, and publicize a toolkit for use by family physicians seeking to become  
34 credentialed in the provision of maternity care, including high-risk and operative obstetrics, and be  
35 it further  
36

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



# Resolution No. 5005

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

1 Increasing the Number of Family Physicians Providing Operative Obstetrics

2

3 Submitted by: Nicole Bersma, MD, Women

4 Shauna L. Guthrie, MD, New Physician

5 Karla L. Booker, MD, FACOG, FAAFP, Women

6 Juan Carlos Venis, MD, LGBT

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

12

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

16

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

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# Resolution No. 5006

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

1 Coverage of Assisted Reproductive Technologies

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

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

8  
9 WHEREAS, infertility is strongly associated with mental health disorders such as dysthymia and  
10 anxiety disorders, and

11  
12 WHEREAS, infertility is considered a major life activity and therefore a disability according to the  
13 American with Disabilities Act, and

14  
15 WHEREAS, infertility treatments such as intra-uterine insemination and in-vitro fertilization are highly  
16 cost-prohibitive which may lead to financial discrimination, and

17  
18 WHEREAS, only 15 states in the United States have legislation requiring insurers to cover or offer  
19 coverage for the treatment of infertility with even fewer states extending this requirement to same-  
20 sex couples, and

21  
22 WHEREAS, universal coverage of in-vitro fertilization has been shown to reduce multiple  
23 pregnancies and costs per live birth, now, therefore, be it

24  
25 RESOLVED, That the American Academy of Family Physicians issue a statement encouraging  
26 insurance providers to cover evidenced-based assisted reproductive technologies for all individuals  
27 and couples suffering from infertility regardless of marital status or sexual orientation.



# Resolution No. 5007

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

1 Support Income Transparency to Achieve Equitable Pay Among Family Physicians

2  
3 Submitted by: Cadey Hamel, MD, LGBT  
4 Scott Hartman, MD, FAAFP, LGBT  
5 Ashley Bloom, MD, Women  
6 Peggy Sue Brooks, MD, Women  
7 Wayne Forde, MD, FAAFP, Minority  
8 Khalil Alleyne, MD, Minority  
9

10 WHEREAS, Studies demonstrate a discrepancy of physician income based on gender, gender  
11 identity, sexual orientation, and race/ethnicity even when controlling for other factors, and  
12

13 WHEREAS, transparency is an effective first step to eliminate disparities based on gender, gender  
14 identity, sexual orientation, and race/ethnicity and,  
15

16 WHEREAS, standard contracts often include non-disclosure clauses prohibiting physicians from  
17 sharing income information which perpetuates income gaps based on gender, gender identity,  
18 sexual orientation, and race/ethnicity, now, therefore, be it  
19

20 RESOLVED, That the American Academy of Family Physicians create a policy statement  
21 supporting removal of nondisclosure clauses from contracts in order to increase transparency and  
22 decrease wage gaps based on gender, gender identity, sexual orientation, and race/ethnicity, and  
23 be it further  
24

25 RESOLVED, That the American Academy of Family Physicians develop a policy statement for  
26 healthcare organizations, insurance companies, and any other payors, to provide equitable family  
27 physician pay.  
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# Resolution No. 5008

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

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

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3 Submitted by: Ani Bodoutchain, MD, FAAFP, IMG

4 Lubna Madani, MD, IMG

5 Megan Guffey, MD, IMG

6 Gerald Banks, MD, IMG

7 Tabatha Wells, MD, General Registration

8 Christopher Buevas, MD, MBA, MHA, IMG

9 Brian McCollough, MD, IMG

10 Bushra Dar, MD, IMG

11  
12 WHEREAS, The American Academy of Family Physicians policy statement on “Family Physicians  
13 in Emergency Medicine” states “specialty certification alone should not prevent family physicians  
14 from practicing in any emergency setting or trauma center at any level. Emergency department  
15 credentialing should be based on training, experience and current competence,” and

16  
17 WHEREAS, family physicians are being denied and removed from scope of practice locations  
18 within emergency departments throughout the US, and

19  
20 WHEREAS, family physicians lack in support from the AAFP for the prevention of restraint of trade,  
21 and

22  
23 WHEREAS, patient populations need family physicians to staff emergency departments for  
24 adequate care, and

25  
26 WHEREAS, no one department has exclusive right to any particular privileges, now, therefore, be it

27  
28 RESOLVED, That the American Academy of Family Physicians create a policy statement  
29 supporting removal of nondisclosure clauses from contracts in order to increase transparency and  
30 decrease wage gaps based on gender, gender identity, sexual orientation, and race/ethnicity, and  
31 be it further

32  
33 RESOLVED, That American Academy of Family Physicians further prevent the restraint of trade of  
34 family physicians by providing a sample legal opinion in favor of family physicians practicing within  
35 emergency departments.  
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# Resolution No. 5009

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

1 Private Practice Startup Resources

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3 Submitted by: Keisha Harvey, MD, New Physicians  
4 Tessa Rohrberg, MD, New Physicians  
5 Michelle Henne, MD, New Physicians  
6 Zita Magloire, MD, New Physicians

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

10

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

13

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

16

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

19

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

22

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

25

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

28

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

32

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

37

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

40

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



# Resolution No. 5010

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

1 Physician Procedure Network

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

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

9

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

12

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

15

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

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



# Resolution No. 5011

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

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

2  
3 Submitted by: Brian Frank, MD, New Physicians  
4 Tanya Animi, MD, FAAFP, Minority  
5 Elizabeth Salisbury-Afshar, MD, FAAFP, New Physicians  
6 Josue Gutierrez, MD, New Physicians  
7

8 WHEREAS, The National Academy of Medicine recommends using health information technology  
9 to collect data pertaining to patients' social determinants of health, and  
10

11 WHEREAS, the Centers for Medicare and Medicaid Services (CMS), the Office of Disease and  
12 Health Promotion and the Centers for Disease Control and Prevention have called for health care  
13 systems to incorporate social determinants of health into care plans, and  
14

15 WHEREAS, the electronic health record (EHR) is a critical tool for improving patient health and  
16 health care delivery through the Patient-Centered Medical Home (PCMH), and  
17

18 WHEREAS, the ability to share and utilize information between two or more information systems is  
19 critical in today's increasingly interconnected health care environment, and  
20

21 WHEREAS, this resolution builds on the efforts that the AAFP to offer input, guidance and  
22 feedback on issues of standardization and interoperability to policymakers, most recently in a letter  
23 to the Health and Human Services Secretary Tom Price, and  
24

25 WHEREAS, CMS recently funded thirty-two sites to serve as "hubs" linking clinical and community  
26 services known as Accountable Health Communities designed to reduce health care utilization,  
27 impact the cost of health care and improve health and quality of care for Medicare and Medicaid  
28 beneficiaries, and  
29

30 WHEREAS, Accountable Health Communities currently have no electronic platform by which to  
31 share health or demographic and socioeconomic data that would enhance patient-centered care  
32 and community health, now, therefore, be it  
33

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



## Resolution No. 5012

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

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

3  
4 Submitted by: Valerie Mutchler-Fornili, MD, Women  
5 Stuti Nagpal, MD, Women  
6 Tiffany Leonard, MD, Women  
7 Joann Buonomano, MD, Women

8  
9 WHEREAS, Collection and reporting of patient data that is not based in evidence may be required  
10 from the payor for payment of services, such as waist measurement in adolescents in Virginia or  
11 Health Services for children with special needs, now, therefore, be it

12  
13 RESOLVED, That the American Academy of Family Physicians oppose requirements of family  
14 physicians for collection and reporting of any patient data that is not of evidenced benefit to  
15 patients as a requirement for payment.