



Resident Representative to the Commission on Quality and Practice 2017 Annual Report

COMMISSION ON QUALITY AND PRACTICE

Resident

Lauren Williams, MD
University of Minnesota/North Memorial FMR
Minneapolis, MN
Class of 2018

The role of the AAFP Commission on Quality and Practice (CQP) is to support family physicians in various practice models and empower them to improve patient safety, quality of care, cost of care, and provider well-being – it is well aligned with the “quadruple aim”. The commission is made up of family medicine physicians that work in practice settings as diverse as single-physician private offices, state-wide hospital-owned clinics, insurance company claims departments, and urban urgent cares, so they are able to provide a broad range of viewpoints. With the robust support of the AAFP staff, the commission members work to evaluate new policies or proposals that affect medical practice and payment models, educate AAFP members about these policies, and advocate for those policies that align with the AAFP’s strategic goals. The commission also collaborates with other primary care groups to share ideas for practice improvement.

The commission conducts the majority of its business at the AAFP Winter and Summer Clusters, with intermittent online discussions and various workgroups that focus on specific tasks. With the passage of the Medicare Access and CHIP Reauthorization Act (MACRA) in 2015 for implementation in 2017, this year’s agenda was a veritable alphabet soup of QPP, MIPS, MAP, APM, AWP, and CPC+. Fortunately, the sessions included robust education on each of these measures, which are all part of a new Medicare payment structure designed to incorporate quality measures into payment, rather than a strictly fee-for-service model. While there are still some questions or controversial aspects of MACRA, the AAFP and CQP have developed many educational tools to meet family physicians where they are in regards to their comfort level and acceptance of these new developments. We also strategized about their swift dissemination to the broader community of family physicians, as data collection is starting this year, 2017, and will begin affecting payments as early as 2019.

In the midst of these many changes to payment and reporting, a large focus of discussion and action was on administrative simplification. Recognizing that administrative burden is a root cause of burnout in family medicine physicians, we identified priority topics towards which to focus our resources. These included prior authorization reform and medication formulary issues, durable medical equipment and home health, quality metric simplification and consistency, E/M code documentation, and claims review/audits. Effective use of the electronic medical record and technology was seen to affect all of these components. As part of this, we responded to a resolution from the Congress of Delegates by drafting an AAFP policy statement on Prior Authorizations, which was adopted in April 2017 by the Board of Directors. This was disseminated broadly to our membership and will be used to guide advocacy efforts in this realm. CQP leadership will also reach out to our parallel groups in AAFP’s sister organizations such as Primary Care Progress to dialogue and develop an action plan for putting patients first by reducing administrative tasks. We also put

plans in place to collaborate with these groups to research effective strategies in care management and ways this can be best utilized in family medicine practice.

On the topic of changes, we of course considered the role of the 2016 presidential election and the new administration on the healthcare system and the role of family physicians. After hearing a legislative update, we reaffirmed our priorities to advocate for non-discriminatory insurance practices and primary care benefits and accessibility for all Americans. We discussed innovative ways that primary care is being expanded across the country, including Direct Primary Care models, Telemedicine, and creation of new independent practices. The CQP is working to develop education and technical support for physicians who would like to implement telemedicine services. We also spent time refining a Developing Independent Practice toolkit that will be released by the AAFP later this year.

The CQP then looked ahead to the future of family medicine. Ultimately, we envision a system in which all individuals are able to have a relationship with a primary doctor and that can deliver the highest quality and lowest cost primary care to people throughout the country. We are excited to support exhibits such as “the office of the future” at Family Medicine Experience this fall and initiatives such as voice-activated website navigation software that use technological advances to support primary care priorities. Though family medicine and family medicine physicians are facing many obstacles and changes in the healthcare landscape, the AAFP and CQP have myriad resources that position us to rise to these challenges for the health of our patients and the well-being of our colleagues.

On a more personal level, I cannot say enough about how impactful this experience has been for my growth as a physician and an advocate. Having never been involved in national-level AAFP leadership, the CQP was a fascinating way to dive right into the heart of organized family medicine. The learning curve was certainly steep given the many initiatives overseen by the committee and the alphabet soup I alluded to previously, but I always felt well-supported. Both the staff and physician members of the committee have been extremely helpful and encouraging, bringing me quickly up to speed. Even more, they truly value my opinions and those of my student counterpart. They recognize that the next generation of family physicians will be the target audience for many educational campaigns that are being developed and will be subject to many policy changes being enacted. At times, being new to concepts was actually beneficial, as I could easily bring a fresh perspective and make sure that detailed proposals made sense in a larger context.

Through my experience on CQP, I have seen firsthand the national efforts that the AAFP is taking to support its members in the midst of major changes in medicine and the healthcare system. I was able to bring valuable information back to my home program and state and grow in my leadership capacities there as well. This has made me even more grateful for the AAFP and more determined to continue advocating for strong primary care for patients around the country.

I strongly encourage any interested resident to apply for this commission position. From day one, you learn so much about issues relevant to both the broad healthcare climate and day-to-day practice. CQP discusses many of the same topics being discussed by politicians and lobbyists on a state and national level, and you will gain a unique perspective on the intricacies of these issues. Plus, it’s fun! The AAFP truly becomes your Family Medicine Family, and participation in a commission has allowed me to cultivate relationships with colleagues, mentors, and friends.

Thank you to the AAFP and the CQP for the opportunity to serve! Sincerely, Lauren Williams, MD

Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit aafp.org.