



2022 Report of the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

1 The Reference Committee on Practice Enhancement has considered each of the items
2 referred to it and submits the following report. The committee's recommendations on each
3 item will be submitted as a consent calendar and voted on in one vote. Any item or items
4 may be extracted for debate.

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6
7 **ITEM NO. 1: RESOLUTION NO. 5001: SUPPORT CHANGING HOW INSURANCE COMPANIES**
8 **CREDENTIAL PROVIDERS FOR NEW PLANS**

9
10 RESOLVED, That the American Academy of Family Physicians advocate that insurance
11 companies not mandate physicians who are currently credentialed, and in good standing with
12 them, to credential for new plans created by the insurance, and be it further

13
14 RESOLVED, That the American Academy of Family Physicians recommend that insurance
15 companies offer physicians the ability to opt out of such new plans.

16
17 The reference committee heard testimony only in support of the resolution. Testimony stressed the
18 difficulty patients face when trying to access physicians and how narrow networks exacerbate this
19 issue. Testimony also reflected the challenges patients have in finding physicians who prescribe
20 important medications and the outcome when they are unable to obtain them. The reference
21 committee considered the two resolved clauses and identified the second resolved clause did not
22 stand on its own with current language. The reference committee discussed the potential
23 administrative burden caused by automatically being added to plans as the opt-out language of the
24 second original resolved clause implied. Further, different language was needed to prevent
25 physicians losing agency in deciding in which plans they will participate. To clearly reflect the intent
26 of the authors and testimony, the reference committee agreed to adopt a substitute resolution
27 which included recredentialing for new insurance plans and notice of the opportunity to participate
28 in new insurance plans.

29
30 **RECOMMENDATION: The reference committee recommends Substitute Resolution No. 5001**
31 **which reads as follows be adopted in lieu of Resolution No. 5001:**

32
33 **RESOLVED, That the American Academy of Family Physicians advocate for**
34 **insurance companies to notify physicians when new plans are created so physicians**
35 **have the opportunity to participate in those new plans without recredentialing**

36
37 **ITEM NO. 2: RESOLUTION NO. 5002: OPPOSE PRIOR AUTHORIZATIONS FOR TIME-**
38 **SENSITIVE MEDICATIONS**

1 RESOLVED, That the American Academy of Family Physicians' insurance working group
2 actively advocate to remove existing prior authorization requirements for all time sensitive
3 medications (medications that are not effective, or pose danger or harm to the patient, when
4 not given in a timely manner), and be it further

5
6 RESOLVED, That the American Academy of Family Physicians update existing policy
7 opposing prior authorizations for generic medications to include that requiring prior
8 authorizations or step therapy for time sensitive medications may prevent appropriate care.

9
10 The reference committee heard testimony regarding the difficulty family physicians experience
11 when prescribing medications in emergent or time-sensitive situations because of prior
12 authorizations. Testimony reflected the negative outcomes prior authorization has on patient
13 outcomes when they are unable to access medication like emergency contraception, PrEP, or
14 PEP. The reference committee noted the AAFP does not currently have an insurance working
15 group as included in the first resolved clause and that generic medications and step therapy
16 language about this is included in current policy. The reference committee opted to offer a
17 substitute resolution to better meet the intent of the authors and the testimony provided.

18
19 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
20 **5002 which reads as follows be adopted in lieu of Resolution No. 5002:**

21
22 **RESOLVED, That the American Academy of Family Physicians actively advocate**
23 **against prior authorizations and update the existing Prior Authorization policy to**
24 **include specific medications that lose efficacy or increase risk for patients, if not**
25 **given in a timely manner.**

26
27 **ITEM NO. 3: RESOLUTION NO. 5003: ADVOCATING FOR COVERAGE OF LIFESTYLE**
28 **MEDICINE INTERVENTIONS THROUGH STRENGTHENED PREVENTIVE MEDICINE**
29 **PARTNERSHIPS, IN ORDER TO REDUCE CHRONIC DISEASE BURDEN AND RELATED**
30 **EXPENDITURES**

31
32 RESOLVED, That the American Academy of Family Physicians develop a unified mission
33 in conjunction with American College of Preventive Medicine and their subdivision of the
34 American College of Lifestyle Medicine to advocate for payer reimbursement for lifestyle
35 medicine prescription.

36
37 The reference committee heard testimony in support of the resolution. Testimony reflected that
38 lifestyle medicine is a large part of what family physicians do and it should be covered. The
39 reference committee offered a substitute resolved clause to clarify language and to support the
40 author's intent.

41
42 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
43 **5003 which reads as follows be adopted in lieu of Resolution No. 5003:**

44
45 **RESOLVED, That the American Academy of Family Physicians develop a unified**
46 **mission in conjunction with American College of Preventive Medicine and their**
47 **subdivision of the American College of Lifestyle Medicine to advocate for insurance**
48 **coverage of lifestyle medicine prescriptions.**

49
50 **ITEM NO. 4: RESOLUTION NO. 5004: USPSTF GUIDELINES, GENETIC TESTING, PRE-**
51 **EXPOSURE PROPHYLAXIS(HIV) AND ACCESS TO LIFE AND DISABILITY INSURANCE**

1 RESOLVED, That the American Academy of Family Physicians encourage state legislation
2 for those patients on medications for, including but not limited to, HIV prevention and those
3 who have positive genetics for potential future health problems not be disqualified from
4 obtaining or receiving claims payments from disability or life insurance, and be it further
5

6 RESOLVED, That the American Academy of Family Physicians adopt policy that patients on
7 medications for prevention of, including, but not limited to, HIV prevention and also those who
8 have positive genetics for potential future health problems not be disqualified from obtaining
9 or receiving claims payments from disability or life insurance, and be it further
10

11 RESOLVED, That the American Academy of Family Physicians modify its "Coverage Equity
12 for Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies" policy
13 to add life insurance and disability insurance coverage policies.
14

15 The reference committee heard testimony in support of the resolution. Testimony focused on the
16 impact recommended screening has on disability and life insurance eligibility. The reference
17 committee agreed the testimony provided a compelling case for the resolution and agreed to adopt
18 the resolution as written.
19

20 **RECOMMENDATION: The reference committee recommends that Resolution No. 5004 be**
21 **adopted**
22

23 **ITEM NO. 5: RESOLUTION NO. 5005: IMPROVING COORDINATION OF CARE**
24

25 RESOLVED, That the American Academy of Family Physicians update its policy on
26 "Consultations, Referrals, and Transfers of Care" to state more clearly that a referral or
27 consultation be performed by another physician when available and when requested by the
28 referring physician, and be it further
29

30 RESOLVED, That the American Academy of Family Physicians update its policy to expand
31 the definition of "transfer of care" to include better collaboration between physicians to
32 reduce duplication of care and to better expedite care, and be it further
33

34 RESOLVED, That the American Academy of Family Physicians advocate to the American
35 Board of Medical Specialties to also update their policies to reflect the American Academy
36 of Family Physicians values of coordination of care that reduce costs and delays in care.
37

38 The reference committee heard mixed testimony on the resolution. Those testifying in support of
39 the resolution shared experiences of referred patients being seen by nonphysician providers
40 (NPPs) rather than the physicians those patients were referred to. The NPPs ordered unneeded
41 testing and even changed patient diagnoses, creating concerns they were generating increased
42 cost with lower quality of care. Testimony in opposition noted there are situations where
43 physicians need to refer to non-physician providers in under resourced areas and family physicians
44 assign non-physician providers in their practices to handle referrals. The reference committee
45 acknowledged the importance of the issue but believed the testimony heard in opposition did not
46 support adopting the resolution
47

48 **RECOMMENDATION: The reference committee recommends that Resolution No. 5005 not**
49 **be adopted** **Extracted: Adopted as amended**
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51 **ITEM NO. 6: RESOLUTION NO. 5006: UPDATING PRACTICE MANAGEMENT TOOLKIT FOR**
52 **NON-PHYSICIAN PROVIDER COLLABORATION**

1
2 RESOLVED, That the American Academy of Family Physicians update its practice
3 management resources to include a clinical leadership toolkit specifically addressing
4 collaborative practice with non-physician providers.
5

6 The reference committee heard testimony in support of the resolution. Testimony stressed that
7 family physicians working with or supervising non-physician providers need education to
8 understand legal responsibilities, how to protect scope of practice, and what collaboration means
9 along with tips or guidance for how to best work with non-physician providers. The reference
10 committee considered that the AAFP's current team-based care resources do not specifically
11 address this topic and agreed to adopt the resolution as written.
12

13 **RECOMMENDATION: The reference committee recommends that Resolution No. 5006 be**
14 **adopted**
15

16 **ITEM NO. 7: RESOLUTION NO. 5007: TRAUMA-INFORMED APPROACHES IN ALL**
17 **AMERICAN ACADEMY OF FAMILY PHYSICIANS POLICIES, PROCEDURES, AND**
18 **PRACTICES**
19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) Commission on
21 Diversity, Equity, and Inclusiveness in Family Medicine explicitly use a trauma-informed
22 approach when they review all AAFP policies, procedures, and practices, and be it further
23

24 RESOLVED, that the American Academy of Family Physicians change the name of their
25 new policy on "Trauma-informed Care" to "Trauma-informed Approach" to express that this
26 is not restricted to physician-patient relationships.
27

28 All testimony heard by the reference committee was in support of the resolution. Testimony noted
29 the new AAFP Commission on Diversity, Equity and Inclusiveness in Family Medicine and its
30 planned work to review AAFP policy. This review and the commission's work should be trauma-
31 informed because trauma disproportionately impacts diverse communities. Based on testimony
32 heard and information shared about the new commission, the reference committee believed the
33 resolution should be adopted.
34

35 **RECOMMENDATION: The reference committee recommends that Resolution No. 5007 be**
36 **adopted**
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39 **ITEM NO. 8: RESOLUTION NO. 5008: EXPAND BLOOD DONATION POLICY TO INCLUDE**
40 **SPERM DONATION**
41

42 RESOLVED, That the American Academy of Family Physicians (AAFP) amend it's current
43 policy on blood donation to read:
44

45 Policy on Blood and Sperm Donation: The AAFP opposes the use of lifetime donor bans
46 and arbitrary time-based deferrals that only serve to further stigmatize and marginalize
47 certain groups, particularly gender and sexual minorities. The AAFP opposes any efforts to
48 further restrict or limit eligibility of potential blood **or sperm** donors for reasons that are not
49 evidence-based. Deferral periods for potential donors should be reasonably and
50 consistently applied using unbiased screening tools to determine individual risk. The length
51 of any specific, time-based donor deferrals should be supported by evidence and should
52 take into consideration the accuracy of the latest screening and testing technologies for

1 blood-borne pathogens. The AAFP supports continued research into individualized risk
2 assessments as a reasonable alternative to broad-based, time-based deferrals for potential
3 blood **and sperm** donors.
4

5 The reference committee heard testimony only in support of the resolution. The author shared the
6 Food and Drug Administration (FDA) has a lifetime ban on men who have sex with men (MSM)
7 donating sperm and there is no clinical evidence to support this ban. Other testimony shared
8 personal and patient stories of the negative impacts of barring MSM from serving as sperm donors.
9 The reference committee discussed whether the resolved clauses should include organ and not
10 just sperm donation but agreed they should not go beyond the intent of the authors. The reference
11 committee agreed this is an important issue and that the resolution should be adopted.
12

13 **RECOMMENDATION: The reference committee recommends that Resolution No. 5008 be**
14 **adopted**
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18 **I wish to thank those who appeared before the reference committee to give testimony and**
19 **the reference committee members for their invaluable assistance. I also wish to commend**
20 **the AAFP staff for their help in the preparation of this report.**
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1 Respectfully Submitted,

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Rupal Bhingradia, MD, FAAFP – Chair

7

8 Annette Li, MD – Women

9 Tabatha Davis, MD – New Physician

10 Ngozi Wilkins, MD, MPH, FAAFP – Minority

11 Jason Guevara, MD – IMG

12 Adnan Ahmed, MD – LGBTQ+

13 Julie Celebi, MD (Observer)