2018 Agenda for the Reference Committee on Practice Enhancement

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

Item No.		Resolution Title
1.	Resolution No. 5001	Re-humanize Medicine to Avoid Burn Out
2.	Resolution No. 5002	Emerging Technologies in Family Medicine
3.	Resolution No. 5003	Support Telemedicine Use in Hospice Care
4.	Resolution No. 5004	Mentor Up!
5.	Resolution No. 5005	Prenatal Counseling Regarding Sex and Gender Differences
6.	Resolution No. 5006	Family Physicians' Role in Treating Substance Abuse Disorders
7.	Resolution No. 5007	Improved Transparency of Medicare Non-Covered Services
8.	Resolution No. 5008	Amendment to the Policy on "Physician and Patient Relationship, Professional Responsibility"
9.	Resolution No. 5009	Wellness is Primary
10.	Resolution No. 5010	Supporting Family Physicians in Obtaining Privileges Within Their Scope of Practice
11.	Resolution No. 5011	Importance of Continuous Medication Assisted Treatment
12.	Resolution No. 5012	Religious Belief Protections in AAFP Policy
13.	Resolution No. 5013	Disability Insurance Equity

Resolution No. 5001

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Re-humanize Medicine to Avoid Burn Out
2
3 Submitted by: Micheline Epstein, MD, General Registrant
4 Harshini Jayasuriya, MD, Minority
5
6 WHEREAS, Physician burnout is an increasing issue, with a decreasing number of practicing
7 physicians remaining in the work force, and
8
9 WHEREAS, physicians would appreciate the same rights and respect as any other member of the
10 American workforce, and
11
12 WHEREAS, physicians currently are not subject to certain labor or basic work expectations such
13 as lawful lunch/mental breaks, amenable schedules, overtime expectations, administrative time,
14 non-punitive mental health support, and
15
16 WHEREAS, the results of the previously cited physician suicide rates are increasingly rampant,
17 and
18
19 WHEREAS, the Triple Aim (improved outcome, better satisfaction of patients, lower cost) will NOT
20 be accomplished if better satisfaction of providers is not added to that equation, now, therefore, be
21 it
22
23 RESOLVED, That the American Academy of Family Physicans create campaigns to support
24 physicians at their work place, and, be it further
25
26 RESOLVED, That the American Academy of Family Physicans propose a standardized contract
27 with clear defined expectations for the work place, and, be it further
28
29 RESOLVED, That the American Academy of Family Physicans support marketing, education and
30 advocacy to mitigate culture change for wellness campaigns through all available medias to
31 payers.

Resolution No. 5002

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Emerging Technologies in Family Medicine

Submitted by: Matthew Varallo, DO, General Registrant
Ean Bett,MD, New Physician
Joseph Nichols, MD, MPH, FAAFP, New Physician
Megan Adamson, MD, New Physician
Alex McDonald, MD, New Physician
Lawerence Gibbs, MD, FAAFP, New Physician
Wayne Forde, MD, FAAFP, Minority
David Dahl, DO, New Physician
Tamer Saed, MD, IMG

WHEREAS, The American Academy of Family Physicians acknowledges the transformative impact of emerging technologies in the clinical practice environment, and

WHEREAS, there are no current best practices or guidelines for appropriately triaging telemedicine, telehealth, and artificial intelligence in clinical encounters, and

WHEREAS, the consumer demand is driving the increased adoption of technologies that may increase access, lower cost, and increase satisfaction, and

WHEREAS, family medicine physicians need to be intimately involved in the development of the tools they will be asked to use in the future practice of family medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians explore the option of creating a mentor network supporting the implementation of new technology, including but not limited to, telemedicine, telehealth, and artificial intelligence in clinical encounters, and, be it further

RESOLVED, That the American Academy of Family Physicians develop materials such as a best practice tool kit and continuing medical education offerings to assist family physicians in implementing new technologies, including but not limited to telemedicine, telehealth, and artificial intelligence in clinical encounters, and be it further

RESOLVED, That the American Academy of Family Physicians communicate with the Accreditation Council for Graduate Medical Education regarding the exposure of new technologies, including but not limited to telemedicine, telehealth, and artificial intelligence in clinical encounters.

Resolution No. 5003

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Support Telemedicine Use in Hospice Care
2
3 Submitted by: Harshini Jayasuriya, MD, Minority
4 Kevin Wong, MD, CME, FAAFP, Minority
5 Rashida Downing, MD, Minority
6 Denee Moore, MD, Minority
7 Fayza Sohail, MD, Minority
8 Tasha Starks, MD, Minority
9
10 WHEREAS, Hospice care provides dignity and support in end of life, as well as cost savings, and
11
12 WHEREAS, physicians with particular skills (multilingual, cultural competency, religious
13 perspectives, etc.) may not be able to reach unique patient populations that can benefit from their
14 perspectives in end-of-life care, and
15
16 WHEREAS, a home-based, palliative care telemedicine program demonstrated that patients
17 receiving telemedicine had reduced hospitalizations, increased hospice utilization and length of
18 stay compared to usual care, and
19
20 WHEREAS, 29 states and the District of Columbia currently uphold laws mandating that health
21 plans cover telemedicine services, now, therefore, be it
22
23 RESOLVED, That the American Academy of Family Physicians support the coverage and utility of
24 telemedicine in hospice care with payers, especially Centers for Medicare and Medicaid Services,
25 and be it further
26
27 RESOLVED, That the American Academy of Family Physicians support coverage and utility of
28 telemedicine in hospice care with legislators, and be it further
29
30 RESOLVED, That the American Academy of Family Physicians support the Telehealth
31 Enhancement Act of 2015 since Medicare currently does not reimburse home-based telemedicine,
32 as all reimbursable telemedicine services require an “originating facility” that includes physician
33 offices, clinics, hospitals, and skilled nursing facilities.

Resolution No. 5004

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Mentor Up!
2
3 Submitted by: Jaividhya Dasarathy, MD, FAAFP, Women
4 Sheila Ramanathan, DO, Women
5 Aneesa Sataur, DO, Women
6 Maren Chandler, DO, Women
7 Wayne Forde, MD, FAAFP, Minority
8 Kelley Withy, MD, PhD, FAAFP, General Registrant
9
10 WHEREAS, Mentorship is important for academic and professional success in patient outcomes as
11 well as professional achievement and
12
13 WHEREAS promoting structured mentorship among family physicians with similar interests will
14 reduce physician burnout, and break barriers to access, and
15
16 WHEREAS, effective mentorship increases the confidence among family physicians to have
17 collaborative communication with other physicians thus creating a collegial environment, and
18
19 WHEREAS, mentoring would reduce bureaucratic barriers by connecting knowledgeable
20 physicians with passionate doctors committed to improving access to care, now, therefore, be it
21
22 RESOLVED, That the American Academy of Family Physicians add the question, “Do you want to
23 be a mentor?,” to the membership profile and linking the interested mentor to the membership
24 interest group, and be it further
25
26 RESOLVED, On the mobile member homepage on the American Academy of Family Physicians
27 website, a “Mentor Up!” banner be placed under the “Physician Health First” banner, and be it
28 further
29
30 RESOLVED, That the American Academy of Family Physicians (AAFP) create visible support by
31 participating in national mentor month annually during the month of January by placing a “Mentor
32 Up!” banner on the homepage of the AAFP website with a link to the membership interest group.

Resolution No. 5005

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Prenatal Counseling Regarding Sex and Gender Differences
2
3 Submitted by: Anuj Shah, MD, MPH, LGBT
4 Amanda Meegan, DO, LGBT
5 Megan Vigil, MD, LGBT
6 Julie Johnston, MD, FAAFP, General Registrant
7
8 WHEREAS, Family physicians are asked to comment on the gender of a fetus during routine
9 prenatal care, and
10
11 WHEREAS, natal sex and gender identity are different, and
12
13 WHEREAS, family physicians cannot determine gender identity antenatally, and
14
15 WHEREAS, the use of inclusive language during prenatal counseling respects transgender,
16 gender non-conforming, and intersex persons, now, therefore, be it
17
18 RESOLVED, that the American Academy of Family Physicians educates providers on the
19 differentiation between natal sex and gender during prenatal care.

Resolution No. 5006

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Family Physicians' Role in Treating Substance Abuse Disorders
2
3 Submitted by: Virginia Martinez, MD FAAFP, LGBT
4 Margaret Smith, MD, Minority
5 Scott Hartman, MD, FAAFP, LGBT
6
7 WHEREAS, The American Academy of Family Physicians (AAFP) has a policy on Substance
8 Abuse and Addiction, stating that the AAFP promotes a society which is free of alcohol, drug and
9 substance abuse, and
10
11 WHEREAS, the AAFP strongly urges its members to be involved in the diagnosis, treatment and
12 prevention of substance abuse and addictive disorders as well as the secondary diseases related
13 to their use, and
14
15 WHEREAS, the AAFP states that scope of practice is based on training, not specialty, such as in
16 emergency care, and
17
18 WHEREAS, the American Board of Addiction Medicine requires physicians to complete a
19 fellowship to engage in the treatment of substance abuse disorders, and
20
21 WHEREAS, the AAFP has produced statements regarding the extent of the opioid epidemic and
22 the importance of physicians' roles in curbing the epidemic, now, therefore, be it
23
24 RESOLVED, That the American Academy of Family Physicians will create a policy regarding the
25 role of Family Physicians in treatment of substance abuse disorders, that states speciality
26 certification should not prevent family physicians from practicing in any substance abuse treatment
27 setting at any level, and that substance abuse treatment credentialing be based on training,
28 experience and current competence.

Resolution No. 5007

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Improved Transparency of Medicare Non-covered Services
2
3 Submitted by: J Michael Richardson, MD, New Physician
4 Carrie Pierce, MD, Women
5 Brandon Karmo, DO, New Physician
6 Khuram Ghumman, MD, MPH, CPE, FAAFP, IMG
7 Shenary Cotter, MD, FAAFP Women
8
9 WHEREAS, Medicare requires advanced beneficiary notices to be issued for non-covered
10 services, in order that services can be billed to the patient, and
11
12 WHEREAS, physicians are required to identify what services are not covered by Medicare, and
13
14 WHEREAS, the Centers for Medicare and Medicaid Services provides inefficient resources to
15 identify non-covered services, and
16
17 WHEREAS, the lack of transparent and readily-accessible information leads to inaccurate billing
18 and increases risk for financial penalties, and
19
20 WHEREAS, Labcorp and other private companies offer user-friendly searchable databases to
21 identify non-covered Medicare services but at a cost to family physicians, now, therefore, be it
22
23 RESOLVED, The American Academy of Family Physicians write a letter to Centers for Medicare
24 and Medicaid Services to encourage simplifying the process for identifying non-covered services,
25 and be it further
26
27 RESOLVED, The American Academy of Family Physicians offer a searchable database for family
28 physicians to identify Medicare covered services and associated ICD-10 codes.

Resolution No. 5008

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Amendment to the Policy on “Physician and Patient Relationship, Professional Responsibility”

Submitted by: Benjamin Silverberg, MD, FAAFP, LGBT
Theresa Garcia, MD, LGBT
Susan Osborne, DO, LGBT
Kevin Wang, MD, FAAFP, General Registrant

WHEREAS, Current American Academy of Family Physicians (AAFP) policy on, “Physician and Patient Relationships, Professional Responsibility” states, “Good medical care requires a mutually trusting and satisfactory relationship between physician and patient. No physician shall be compelled to prescribe any treatment or perform any act which violates his/her good judgment or personally held moral principles. In these circumstances, the physician may withdraw from the case so long as adequate notice is given to enable the patient to engage the services of another physician,” and

WHEREAS, the United States Department of Health and Human Services’ (HHS) proposed rule on Protecting Statutory Conscience Rights in Health Care has a broadened definition of referral that includes the provision of any information, “related to availability, location, training, information resources, private or public funding or financing, or directions” that would aid a patient to get the health services they need, while specifically allowing the healthcare professional to withhold this information, and

WHEREAS, the AAFP policy, “Patient Discrimination”, opposes “all discrimination in any form, including but not limited to, that on the basis actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus or national origin,” and

WHEREAS, the refusal of care without referral is a form of explicit bias against members of historically mistreated and vulnerable groups, and the refusal to provide referral information will prevent patients from obtaining safe and legally permitted health care in their region, and

WHEREAS, the American College of Obstetricians and Gynecologists’ Committee on Ethics calls upon its physicians to communicate any moral objections to procedures or care while giving patients accurate and unbiased information with the subsequent duty to refer said patient to other providers for services they feel unable to provide, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) update their policy on, “Physician and Patient Relationships, Professional Responsibility” to include the responsibility of the health care professional to provide unbiased information and referrals in a timely fashion for legally permitted services a provider is unable or unwilling to perform due to moral or religious objection.

Resolution No. 5009

2018 National Conference of Constituency Leaders-Sheraton Kansas City Hotel at Crown Center

1 Wellness is Primary
2
3 Submitted by: Lisa Lavadie-Gomez, MD, Minority
4 Sheleatha Taylor-Bristow, MD, New Physician
5 Victoria Udezi, MD, General Registrant
6 Moazzum Bajwa, MD, General Registrant
7
8 WHEREAS, The prevalence of physician burnout is reaching nearly 50% among practicing
9 physicians, and
10
11 WHEREAS, according to the American Medical Association, the specialty specific rates of burnout
12 are particularly high for family physicians, and
13
14 WHEREAS, the implications of physician burnout are not limited to the impact on patient care but
15 also on a healthy physician workforce, and
16
17 WHEREAS, many physicians suffer in silence including disproportionate rates of substance abuse
18 and suicide, and
19
20 WHEREAS, despite the support of the American Academy of Family Physicians (AAFP) for
21 physician wellness via platforms that include "Physician Health First," there is still a pervasive
22 culture against acknowledging the impact of burnout on mental health, including stigmatization
23 among peers and fear of effect on licensing, and
24
25 WHEREAS, there are social media campaigns that promote the importance of primary care such
26 as “Health is Primary,” and
27
28 WHEREAS, the AAFP’s presence on social media continues to grow, reaching patients and
29 physicians in primary care, now, therefore, be it
30
31 RESOLVED, That the American Academy of Family Physicians develop a social media campaign
32 titled “Wellness is Primary,” to highlight the presence and impact of burnout among primary care
33 physicians and contribute to a culture change that allows physicians to acknowledge burnout
34 without fear of retribution among employers and peers.

Resolution No. 5010

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Supporting Family Physicians in Obtaining Privileges within their Scope of Practice
2
3 Submitted by: Julie Marcinek, DO, General Registrant
4 Christopher Baumert, MD, New Physician
5
6 WHEREAS, Family physicians are trained to competently practice procedural and cognitive
7 services spanning multiple areas of medical specialty, and
8
9 WHEREAS, new family physicians are struggling to maintain the scope of practice consistent with
10 their training, and
11
12 WHEREAS, maintaining scope of practice has been linked to improved continuity, decreased
13 costs, and enhanced physician job satisfaction, and
14
15 WHEREAS, the privileging practices of other specialties often serve as barriers to credentialing for
16 family medicine procedures and areas of practice, and
17
18 WHEREAS, current American Academy of Family Physicians (AAFP) policy states, “Recognizing
19 that on rare occasions minimum quotas (or numbers) may be required in specific privileging
20 instances where insufficient data exists, the AAFP believes that a consensus opinion of experts
21 from within the specialty may be necessary until such time as an evidence-based recommendation
22 is available,” now, therefore, be it
23
24 RESOLVED, That the American Academy of Family Physicians amend its policy statement on
25 Privileging Policy Statements to better reflect the idea that privileging be based more on
26 experience and training than specialty, and be it further
27
28 RESOLVED, That the American Academy of Family Physicians offer resources to support family
29 physicians when approaching credentialing conversations.

Resolution No. 5011

2018 National Conference of Constituency Leaders - Sheraton Kansas City Hotel at Crown Center

1 Importance of Continuous Medication-Assisted Treatment
2
3 Submitted by: Bernard Richard, MD, Minority
4 Po-Yin Samuel Huang, MD, Minority
5 Scott Nass, MD, MPA, FAAFP, General Registrant
6 Cathleen London, MD, Women
7
8 WHEREAS, Medication-assisted treatment (MAT) reduces relapse more than abstinence does,
9 and
10
11 WHEREAS, MAT increases social functioning and retention in treatment, and
12
13 WHEREAS, MAT of opioid-dependent pregnant women improves outcomes for their babies, and
14
15 WHEREAS, MAT decreases overdose and death from overdose, now, therefore, be it
16
17 RESOLVED, That the American Academy of Family Physicians make a public statement that
18 medication-assisted treatment for the purpose of maintenance therapy may be indefinite in
19 duration, and be it further
20
21 RESOLVED, That the American Academy of Family Physicians oppose any action that places a
22 cap on the dosage of medication allowed or duration of treatment with medication-assisted
23 treatment (MAT) for opiate dependence, and be it further
24
25 RESOLVED, That the American Academy of Family Physicians advocate for coverage for
26 Medication-assisted treatment (MAT) without limit of duration.

Resolution No. 5012

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Religious Belief Protections in AAFP Policy
2
3 Submitted by: David Dahl, DO, New Physician
4 Lawrence Gibbs, MD, MEd FAAFP, New Physician
5
6 WHEREAS, On January 26, 2018, the Office for Civil Rights proposed a rule entitled, “Protecting
7 Statutory Conscience Rights in Health Care: Delegations of Authority,” and
8
9 WHEREAS, the American Academy of Family Physicians (AAFP) Board Chair John Meigs, Jr.,
10 MD, FAAFP responded to this proposed rule in a letter dated March 20, 2018 by quoting from the
11 AAFP policy on Physician and Patient Relationships, Professional Responsibility, and
12
13 WHEREAS, the policy on Physician and Patient Relationships, Professional Responsibility, states
14 that “No physician shall be compelled to prescribe any treatment or perform any act which violates
15 his/her good judgment or personally held moral principles. In these circumstances, the physician
16 may withdraw from the case so long as adequate notice is given to enable the patient to engage
17 the services of another physician,” and
18
19 WHEREAS, The policy of the AAFP regarding Physician and Patient Relationships,and
20 Professional Responsibility does not contain specific language protecting religious belief, and
21
22 WHEREAS, the language of “adequate notice” is vague and does not give thorough guidance to a
23 physician who is withdrawing from a case as to the exact mechanism his or her withdrawal should
24 take now, therefore, be it
25
26 RESOLVED, That the American Academy of Family Physicians amend the language of the policy
27 on “Physician and Patient Relationships, Professional Responsibility” from “No physician shall be
28 compelled to prescribe any treatment or perform any act which violates his/her good judgment or
29 personally held moral principles,” to “No physician shall be compelled to prescribe any treatment or
30 perform any act which violates his/her good judgment, personally held moral principles, or religious
31 belief”, and be it further
32
33 RESOLVED, That American Academy of Family Physicians amend the policy on “Physician and
34 Patient Relationships, Professional Responsibility” to include more detail regarding what “adequate
35 notice” entails, i.e., how much time is required and what method is required for notice to be
36 adequate.

Resolution No. 5013

1 Disability Insurance Equity
2
3 Submitted by: Rachel Carpenter, MD, Women
4 Robin Anderson, MD, Women
5
6 WHEREAS, Women on average pay 60% more than men for own-occupation disability insurance,
7 and
8
9 WHEREAS, there is a lack of transparent, objective data that women file more long-term own-
10 occupation disability claims than men, and
11
12 WHEREAS, women and men collect Social Security Disability Insurance at approximately equal
13 rates, and
14
15 WHEREAS, the Patient Protection and Affordable Care Act ended gender rating (i.e. the practice
16 of charging men and women different rates for health services) in medical insurance, and
17
18 WHEREAS, the American Academy of Family Physicians does not offer a unisex or non-gendered
19 long-term disability rate, and
20
21 WHEREAS, non-gendered or unisex long-term disability insurance is not mandated in the United
22 States, now, therefore, be it
23
24 RESOLVED, That the American Academy of Family Physicians advocate for the requirement of
25 unisex or non-gendered rates for long-term disability insurance for all Americans, and be it further
26
27 RESOLVED, That the American Academy of Family Physicians offer unisex or non-gendered rates
28 for long-term disability insurance for its physician members.