2019 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	Family Medicine Surgical and Non-surgical Obstetrical Privileges
2. Resolution No. 5002	Support Training and Patient/physician Reimbursement of Lifestyle Medicine
3. Resolution No. 5003	Education on Anal Cancer Screening
4. Resolution No. 5004	Physician Wellness as a Quality Metric
5. Resolution No. 5005	State Parity in Telehealth and Telemedicine
6. Resolution No. 5006	Pay Us for Quality Measures that We Have Control Over
7. Resolution No. 5007	Non-Physician Provider Resource Utilization
8. Resolution No. 5008	Opposition of Restrictive Covenants
9. Resolution No. 5009	AAFP Policy on Assistant Physicians
10. Resolution No. 5010	Education for Completion of Disability Certifications
11. Resolution No. 5011	Preceptor Expansion Through Financial Incentives
12. Resolution No. 5012	Prevention of HIV Acquisition
13. Resolution No. 5013	Required Residency Training for Pre-exposure and Post Exposure HIV Treatment
14. Resolution No. 5014	Developing Point of Care Ultrasound Education and Resources for Practicing Family Physicians

1 **Resolution NO. 5001**
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3 **Family Medicine Surgical and Non-surgical Obstetrical Privileges**
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5 Submitted by: Katherine Patterson, MD, FAAFP, LGBT
6 Shannon Bentley, MD, LGBT
7
8 WHEREAS, Obstetrics is a core aspect of training and practice of family physicians, and
9
10 WHEREAS, the ability of family physicians to provide operative obstetrics, including Cesarean
11 Sections, to their patients in and around their community of practice will not only improve the
12 continuity of care but will also improve patients' satisfaction, and
13
14 WHEREAS, despite the fact that a lot of data are available that favorably compare the outcome
15 of operative and non-operative deliveries performed by trained family physicians with those
16 performed by obstetricians and gynecologists, family physicians with adequate training in
17 operative and non-operative Obstetrics are still being denied hospital privileges in the State of
18 Georgia and around the country, especially in the major metropolitan cities like Atlanta and
19 others, thereby discouraging many family physicians from practicing what they are competent
20 and trained to perform, now, therefore, be it
21
22 RESOLVED, That the American Academy of Family Physicians (AAFP) and chapters of the
23 AAFP around the country embark on advocacy programs to educate hospital systems and
24 administrators that family physicians should be granted privileges to practice operative and non-
25 operative Obstetrics with similar criteria set forth for other physicians that are allowed to practice
26 similar services, and be it further
27
28 RESOLVED, That the American Academy of Family Physicians recommend that all hospitals
29 should have clear criteria for granting privileges to physicians who perform operative and non-
30 operative Obstetrics regardless of their specialty training, and be it further
31
32 RESOLVED, That the American Academy of Family Physicians setup a committee that will
33 study what should be done in response to denied privileges to practice operative and or non-
34 operative Obstetrics based on no other reason than not completing residency in obstetrics and
35 gynecology.

Resolution NO. 5002

Support Training and Patient/physician Reimbursement of Lifestyle Medicine

Submitted by: Sarah Ledger, DO, Women
Rosalie Cassidy, MD, General Registrant
Kevin Bernstein, MD, MMS, FAAFP, General Registrant
Rosalie Eichorn, DO, New Physicians
Stuti Nagpal, MD, FAAFP, General Registrant
Lisa Nguyen, MD, New Physicians

WHEREAS, The American Academy of Family Physicians (AAFP) recognizes the importance of lifestyle interventions such as diet, physical activity, stress management, and emotional wellness in the prevention of chronic disease at all ages, and

WHEREAS, the AAFP supports evidence-based, lifestyle medicine principles and strategies in all physician practices, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support policy changes by medical certification bodies requiring education that contains principles of lifestyle medicine and the 15 core competencies as developed by the American College of Lifestyle Medicine and American College of Preventive Medicine, and be it further

RESOLVED, That the American Academy of Family Physicians support legislation and regulatory policies incentivizing active patient participation in lifestyle changes and physician reimbursement for such initiatives, with encouragement of supporting actions by third-party payors for reimbursement mechanisms, and be it further

RESOLVED, That the American Academy of Family Physicians support legislation that encourages adoption of lifestyle medicine principles, such as tax or policy incentives that promote healthy activities and grants for lifestyle-medicine related education or training guidelines.

Resolution NO. 5003

Education on Anal Cancer Screening

Submitted by: Anthony Cheng, MD, LGBT
Peter Kuhn, MD, LGBT
Paul Ravenna, MD, General Registrant
Angelina Ti, MD, New Physicians
Carrie Pierce, MD, Women
Daniel Neghassi, MD, Minority

WHEREAS, The number of new diagnoses of anal cancer is rising in the United States, and

WHEREAS, anal cancer disproportionately affects those with human Immunodeficiency Virus (HIV) infection, with Human Papilloma Virus infection, with multiple sexual partners, who practice anal intercourse, with a history of gynecologic cancers, lowered immunity, chronic local inflammation, who smoke, and

WHEREAS, family doctors provide comprehensive primary care services, including cancer screening and office-based procedures, and

WHEREAS, current guidelines about screening for anal cancer in HIV negative patients with otherwise substantial risk factors for anal cancer are limited, and

WHEREAS, healthcare systems are not always equipped to efficiently respond to abnormal anal pap smear results, and, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians make available adequate educational opportunities for members to develop the skills and knowledge required for anal cancer screening and appropriate follow-up testing including high resolution anoscopy (HRA), and be it further

RESOLVED, That the American Academy of Family Physicians develop clinical practice guidelines regarding screening for anal cancer, including high risk populations.

Resolution NO. 5004

Physician Wellness as a Quality Metric

Submitted by: Alex Mroszczyk McDonald, MD, New Physicians
Jessica Richmond, MD, FAAFP, New Physicians
Eleanor Tanno, MD, New Physicians
Marie Ramas, MD, Minority
Kevin Bernstein, MD, FAAFP, New Physicians
Jorge Galdemez, MD FAAPF, Minority

WHEREAS, Physician suicide and burnout is reaching epidemic proportions, and

WHEREAS, physicians have the highest rate of suicide of any profession, 28-40 per 100,000 which is more than twice the nation average, and

WHEREAS, many physicians are truncating their medical careers given the mental health strain that it places on them and their families, and

WHEREAS, overworked and unhappy family physicians, although well intentioned, are turning medical students away from the practice of family medicine and potentially hurting our pipeline for the next generation of family physicians, and

WHEREAS, burnout has been showed to reduce quality of medical care, and increase costs including the costs associated with physician turnover, and

WHEREAS, that the American Academy of Family Physicians is engaged in extensive work regarding physician wellness, including advocating for the Triple Aim to be expanded to the Quadruple Aim, and

WHEREAS, addressing physician wellness is not only the organization's ethical responsibility, it is also the fiscally responsible one, therefore,

RESOLVED, That the American Academy of Family Physicians work with Centers for Medicare and Medicaid Services and other appropriate organizations/insurers with the goal to improve patient safety, reduce cost of care by improving the wellness of physicians, particularly within large groups or employed settings, and be it further

RESOLVED, That the American Academy of Family Physicians work to make physician wellness an objective quality measure for health care systems and group practices and tie this to reimbursement (e.g. physician wellness to hospital reimbursements and Centers for Medicare and Medicaid Services Medicare Star Rating), as well as making this information publicly available.

1 **Resolution NO. 5005**
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3 **State Parity in Telehealth and Telemedicine**
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5 Submitted by: Michael Richardson, MD, New Physicians
6 Douglas Phelan, DO, General Registrant
7 Richard Bruno, MD, MPH, New Physicians
8 Douglas Wells, MD, New Physicians
9 Sarah Ledger, DO, Women
10 Ean Bett, MD, New Physicians
11 Wesley Eichorn, DO, New Physicians
12 Kathryn Score, MD, New Physicians
13 Leila Hesselson, MD, LGBT
14 Natasha Hesselson, MD, New Physicians
15
16 WHEREAS, Currently, state legislations still have varied parity and reimbursement laws
17 regarding telehealth and telemedicine (TH/TM), which differ depending on the sub-type of
18 TH/TM, and
19
20 WHEREAS, this creates a complex and shifting environment which discourages family
21 physicians from investing in and adopting telehealth and telemedicine, and
22
23 WHEREAS, American Academy of Family Physicians (AAFP) chapters are currently in various
24 stages of advocacy, and are hindered in collaboration, because of the legal disparities between
25 each state, and
26
27 WHEREAS, reimbursement of telehealth and telemedicine will drive how these tools are
28 adopted and innovated upon in clinical practice, and
29
30 WHEREAS, CMS has exhorted state Medicaid Directors to expand telehealth and telemedicine
31 reimbursement, and the new Primary First initiative encourages a movement to value based
32 care, irrespective of care venue, now, therefore, be it
33
34 RESOLVED, That the American Academy of Family Physicians provide comparative resources
35 on state reimbursement policies regarding telehealth and telemedicine, and, be it further
36
37 RESOLVED, That the American Academy of Family Physicians provide a toolkit on telehealth
38 and telemedicine (TH/TM) reimbursement, inclusive of model legislation, with particular
39 attention to the topics of fee-for-service, value based care, parity, and capitation abilities, in
40 order to empower family physicians to best incorporate TH/TM into their practices.

Resolution NO. 5006

Pay Us for Quality Measures that We Have Control Over

Submitted by: Megan Guffey, MD, MPH, FAAFP, Women
Sarah Scott, MD, Women
Marti Taba, MD, FAAFP, Women
Sarah Otiji, MD, Women
Anna Hailey-Sharp, MD, Women
Kristen Newsom, MD, Women

WHEREAS, Current quality measures penalize physicians for patient decisions that we have no control over, and

WHEREAS, physicians are asked to reapprove or document or reorder previously performed exams just because a patient has changed insurance companies, and

WHEREAS, increasing amounts of physician reimbursement is tied to quality metrics and pay for performance, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians lobby Centers for Medicare & Medicaid Services to revise the core quality metrics to accept ICD-10 codes that reflect that the appropriate counseling was performed, a service declined by patient, or the referral was placed per standard medical guidelines but physician reimbursement is not based on patient follow-through, and be it further

RESOLVED, That the American Academy of Family Physicians lobby Centers for Medicare & Medicaid Services to create specific ICD-10 codes for refusal of specific preventive services related to core quality measures and remove patients from the denominator of the core quality metrics for whom an ICD-10 code has been submitted indicating appropriate counseling was performed but patient refused service.

Resolution NO. 5007

Non-Physician Provider Resource Utilization

Submitted by: Carol Tran, MD, New Physicians
Courtney Halista, MD, New Physicians
Hans Zuckerman, DO, New Physicians
Courtney Flint, MD, New Physicians

WHEREAS, There are significant differences in the scope of training of family medicine physicians and non-physician providers, including nurse practitioners and physician assistants, and

WHEREAS, the United States is trending toward a value-based payment model, and

WHEREAS, utilization of ancillary services increases costs without necessarily increasing value, and

WHEREAS, the judicious utilization of ancillary services decreases patient harm, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians will promote and advocate for research and data collection regarding the differences in utilization of ancillary services, including but not limited to emergency department visits, subspecialty referrals, and diagnostic tests, between family medicine physicians and non-physician providers, specifically with regard to management of acute versus chronic disease.

1 **Resolution NO. 5008**
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3 **Opposition of Restrictive Covenants**
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5 Submitted by: Angeline Ti, MD, MPH, New Physicians
6 Zia Okocha, MD, General Registrant
7 Jeremy Wells, MD MS, New Physicians
8 Cariie Pierce, MD, Women
9 Casey Henritz, DO, Women
10
11 WHEREAS, Restrictive covenants are clauses within employment contracts that restrict scope
12 of provider practice via preventing where and how a physician may practice while employed or
13 after leaving employed practice, and
14
15 WHEREAS, restrictive covenants are anti-competitive and limit the employment opportunities of
16 family physicians, and
17
18 WHEREAS, the American Medical Association Code of Medical Ethics Opinion 11.2.3.1
19 recognizes that restrictive covenants "restrict competition, can disrupt continuity of care, and
20 may limit access to care" and that physicians should not enter into covenants that
21 "unreasonably restrict the right of the physician to practice medicine for a specific period of time
22 or in a specified geographic area on termination of a contractual relationship" and "do not make
23 reasonable accommodation for patients' choice of physician," and
24
25 WHEREAS, restrictive covenants are increasingly becoming standard within employment
26 contracts and were originally created to protect business secrets but increasingly serve to limit
27 patient choice and provider mobility, and
28
29 WHEREAS, new physicians often practice in areas of high need like Federally Qualified Health
30 Centers (FQHCs) or Health-professional Shortage Areas (HPSA) and patients in FQHCs or
31 HPSAs often belong to socioeconomically disadvantaged populations for whom additional travel
32 may pose a significant burden and following their primary provider would be infeasible, and
33
34 WHEREAS, currently, individual physicians are at a disadvantage in negotiating restrictive
35 covenants with employers, now, therefore, be it
36
37 RESOLVED, That the American Academy of Family Physicians develop a policy regarding
38 restrictive covenants opposing unreasonable geographic, time or scope of practice constraints
39 protecting the patient-physician relationship, and be it further
40
41 RESOLVED, That the American Academy of Family Physicians provide resources and support
42 to members facilitating contract negotiations around restrictive covenants.

Resolution NO. 5009

AAFP Policy on Assistant Physicians

Submitted by: Teresa Lovins, MD, Women
Bernard Richard, ND, Minority

WHEREAS, There were over 37,000 registered applicants for the National Resident Matching Program (NRMP) in 2018 for 33,167 positions available leaving about 4,000 graduates of medical school (MD and DO) without the next step in their training, and

WHEREAS, there has been a push to allow these graduates to enter provider roles by creating a new licensed position of Assistant Physician (or Associate Physician), and

WHEREAS, the push for Assistant Physicians is to fulfill the need of medical providers in rural communities, and

WHEREAS, the current push is for these graduates to be able to practice in some sort of supervised position for 1 year and then be able to practice independently, and

WHEREAS, family physicians are currently finishing 3 years of close supervision and oversight in their training prior to being able to practice independently accounting for 12,000 to 16,000 clinical hours, and

WHEREAS, Missouri was the first state to allow the licensure of Assistant Physicians since 2014 and practicing Assistant Physicians since 2017, and

WHEREAS, the initial studies of these licensed Assistant Physicians show that their medical exam scores are very low and we are now asking them to practice in rural areas under minimal supervision for up to 1 year and then independently, and

WHEREAS, the licensing of Assistant Physicians has gained some momentum in a few states (Utah, Kansas, Arkansas), and

WHEREAS, there is no official American Academy of Family Physician policy on the use of Assistant Physicians, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians adopt a policy including the Assistant Physician and Associate Physician that resembles the current policy about non-physician providers being used in an integrated team based healthcare setting and not practicing independently, and be it further

RESOLVED, That the American Academy of Family Physicians discourage the Assistant Physician and Associate Physician from using the designation of Family Medicine Physician, and be it further

RESOLVED, That the American Academy of Family Physicians study the current landscape regarding the process of licensing requirements for these Assistant Physicians and Associate Physicians and bring back a report to the 2020 Congress of Delegates.

1 **Resolution NO. 5010**
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3 **Education for Completion of Disability Certifications**
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5 Submitted by: M. Monjur Alam, MD, MHA, New Physicians
6 Ann Toledo, MD, New Physicians
7 Dawn Drumm, MD, General Registrant
8 Ann Nietfeld, MD, New Physicians
9 Jennifer Higa, DO, MPH, General Registrant
10 Sumedh Mankar, DO, MPH, General Registrant
11
12 WHEREAS, Family physicians are often asked to complete disability certifications including but
13 not limited to the Family Medical Leave Act, letter for emotional support animal, return to work
14 certification, certify temporary or permanent disability, and
15
16 WHEREAS, there can be variations in definitions and criterions at both federal and state level
17 for disability certification, and
18
19 WHEREAS, disability certifications are often legal documents, and lack of training can
20 inadvertently lead to inaccurate and improper certification that may have legal implications and
21 also contribute to increased healthcare expenditures, and
22
23 WHEREAS, disability-associated health care expenditures accounted for 26.7% of all health
24 care expenditures for adults residing in the United States, and
25
26 WHEREAS, the American Academy of Family Physicians supports providing quality, cost-
27 effective care, now, therefore, be it
28
29 RESOLVED, That the American Academy of Family Physicians provides resources like the
30 FPM toolbox and practice guidelines regarding disability certification process that broaden the
31 knowledge of family physicians and help in accurate completion of disability certification forms,
32 and be it further
33
34 RESOLVED, That the American Academy of Family Physicians provides an online database of
35 sample disability certification forms sorted by state.

Resolution NO. 5011

Preceptor Expansion Through Financial Incentives

Submitted by: Patricia Witherspoon, MD, Minority
Denee Moore, MD, Minority
Marilou Gonzalez, MD, Minority
Denee Rao, MD, Minority
Eleanor Tanno, MD, New Physicians
Cedric Barnes, DO, Minority
Maresi Berry-Stoelzle, MD, International Medical Graduates

WHEREAS, The expansion in the number of medical schools in the United States has led to the shortage of clinical training sites for learners, and

WHEREAS, clinical preceptorships provide an avenue for experiential learning and mentorship which may lead to careers in family medicine, and

WHEREAS, increasing the participation of community physicians in clinical preceptorships increases the diversity of clinical opportunities across the socioeconomic strata, and

WHEREAS, the Society for Teachers of Family Medicine has recognized the need to address the shortage of high-quality clinical training sites for students, and

WHEREAS, the American Academy of Family Physicians supports federal, state, and private efforts to provide financial incentives for physician participation in clinical preceptorship, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians collect and distribute best practices in state model legislation to assist with financial incentivization in the expansion of clinical preceptor opportunities.

Resolution NO. 5012

Prevention of HIV Acquisition

Submitted by: Anthony Wilson, MD, LGBT
Theresa Drallmeier, MD, LGBT
Laurie Bankston, MD, LGBT
Theresa Scott, Women
Syed Naseeruddin, MD, Minority

WHEREAS, Human immunodeficiency virus (HIV) Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) is an essential component of sexual health counseling and treatment, and

WHEREAS, HIV PrEP PEP are well within the purview of primary care, and

WHEREAS, there is a lack of providers who currently provide HIV PrEP and PEP, and

WHEREAS, studies have shown that many primary care providers are not comfortable prescribing HIV PrEP and PEP, and feel it is a specialty service, and

WHEREAS, training in HIV PrEP and PEP are within the American Academy of Family Physicians recommended curriculum guidelines for family medicine residents, but many practicing providers did not have exposure to PrEP or PEP training in residency, and

WHEREAS, HIV PrEP is a grade A draft recommendation from the United States Preventative Services Task Force, and

WHEREAS, HIV PrEP is recommended for multiple at-risk populations including people who inject drugs, those in serodiscordant relationships, and any person with high risk sexual behaviors, and

WHEREAS, minority populations are disproportionally affected by the HIV, and

WHEREAS, there is a documented discrepancy in provision of HIV PrEP to minority populations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support the use of the Centers for Disease Control toolkit for family medicine physicians to aid in screening and prescribing of Pre-exposure Prophylaxis and Post-exposure prophylaxis, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) support continual training for practicing family medicine physicians in human immunodeficiency virus pre-exposure prophylaxis and Post-exposure prophylaxis through development of continuing medical education as Continuing Medical Education staff determine appropriate for the greatest exposure to AAFP membership.

Resolution NO. 5013

Required Residency Training for Pre-exposure and Post Exposure HIV Treatment

Submitted by: Shawn Fitzgerald, DO, Lesbian, Gay, Bisexual, Transgender
Paul Chlebeck, MD, FAAFP, Lesbian, Gay, Bisexual, Transgender
Rachel Franklin, MD, FAAFP, Women
Jeremy Wells, MD, FAAFP, New Physicians
Andrea Yanez, MD, General Registrant

WHEREAS, Approximately 40,000 new cases of HIV are diagnosed in the United States every year, and

WHEREAS, HIV cases are rising in vulnerable populations including minority women, transgender women, and African American men who have sex with men, and

WHEREAS, the life-time cost of HIV care approaches $500,000 per patient, and associated with significant morbidity and mortality, and

WHEREAS, use of daily pre-exposure prophylaxis (PrEP) in at risk populations is associated with a 92% reduction in HIV infection, and

WHEREAS, use of post-exposure prophylaxis (PEP), 28 day course, is associated with an eighty-one percent reduction in HIV infection, and

WHEREAS, family medicine physicians as primary care providers are best equipped to provide screening, prevention, and treatment for sexually transmitted infections, and

WHEREAS, the use of PrEP and PEP is limited by lack of physician awareness, education, and adequate insurance coverage, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians recommend to the Review Committee for Family Medicine (RC-FM) pre and post HIV exposure treatment be a required part of family medicine residency training, and be it further

RESOLVED, That the American Academy of Family Physicians support universal insurance coverage of PrEP and PEP as a preventative care service.

Resolution NO. 5014

Developing Point of Care Ultrasound Education and Resources for Practicing Family Physicians

Submitted by: Alex Mroszczyk-McDonald, MD, New Physicians
Jessica Richmond, MD, FAAFP, New Physicians
Tim Yu, MD, Minority
Jessica Rajesh, MD, IMG
Tate Hinkle, MD, New Physicians

WHEREAS, Point-of-care ultrasound (POCUS) equipment is becoming smaller, more portable, more affordable, and

WHEREAS, both undergraduate and graduate family medical education entities are increasingly developing POCUS curricula and currently over 40% are interested or actively working to develop curricula, and

WHEREAS, the International Federation for Emergency Medicine (IFEM), the American Medical Association (AMA) ,and several other medical organizations have recognized the utility of POCUS, and

WHEREAS, point-of-care ultrasound has been shown to be useful for skills important to family medicine in a wide variety of clinical settings, and

WHEREAS, there is large interest in expanded applications including obstetric/gynecological, musculoskeletal, cardiovascular, pulmonary, abdominal, emergency, procedure guidance and pediatric applications, and

WHEREAS, continuing medical education (CME) outcomes data from the 2015 internal medicine evaluation report showed that over 64% of physician-learners identified the desire to pursue additional education on the topic, and

WHEREAS, sonography performed by family physicians at the bedside promotes continuity of care and patient-physician communication in addition to bringing important clinical correlation to the imaging process, and

WHEREAS, sonographic guidance of invasive procedures is widely recognized for increasing success, improves patient safety and is now standard practice, and

WHEREAS, multidisciplinary organizations such as the American Institute of Ultrasound Medicine (AIUM) have successfully developed and deployed CME, and

WHEREAS, the American Academy of Family Physicians has developed and successfully deployed various live CME point-of-care ultrasound education sessions, and

WHEREAS, the 2012 CME needs assessment for procedures showed that ultrasound was in the top for procedures needed by the American Academy of Family Physicians members and data indicated that family physicians have statistically significant gaps in knowledge and there is growing demand for point of care ultrasound education, now, therefore, be it

52 RESOLVED, That the American Academy of Family Physicians explore opportunities to partner
53 with organizations such as American Institute of Ultrasound Medicine (AIUM), the Society for
54 Ultrasound Medical Education (SUSME) and others to produce continuing medical education
55 targeted to teaching expanded applications of point-of-care ultrasound to family physicians
56 including conferences, media and webinars, and be it further
57
58 RESOLVED, That the American Academy of Family Physicians explore opportunities to create
59 a stand-alone point-of-care ultrasound workshop, including education regarding
60 reimbursement/billing including demonstrating financial benefit to larger organizations, and be it
61 further
62
63 RESOLVED, That the American Academy of Family Physicians work to continue to grow and
64 develop continuing medical education offerings in the future to help further the advancement of
65 point of care ultrasound in family medicine, and be it further
66
67 RESOLVED, That the American Academy of Family Physicians work with the Accreditation
68 Council for Graduate Medical Education to explore adding point of care ultrasound as a
69 residency curriculum recommendation.