# 2019 Report of the Reference Committee on Practice Enhancement

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

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

**ITEM NO. 1: RESOLUTION NO. 5001: FAMILY MEDICINE SURGICAL AND NON-SURGICAL OBSTETRICAL PRIVILEGES**

RESOLVED, That the American Academy of Family Physicians (AAFP) and chapters of the AAFP around the country embark on advocacy programs to educate hospital systems and administrators that family physicians should be granted privileges to practice operative and non-operative Obstetrics with similar criteria set forth for other physicians that are allowed to practice similar services, and be it further

RESOLVED, That the American Academy of Family Physicians recommend that all hospitals should have clear criteria for granting privileges to physicians who perform operative and non-operative Obstetrics regardless of their specialty training, and be it further

RESOLVED, That the American Academy of Family Physicians setup a committee that will study what should be done in response to denied privileges to practice operative and or non-operative Obstetrics based on no other reason than not completing residency in obstetrics and gynecology.

Testimony heard was in favor of the resolution. Members discussed not being able to obtain obstetric privileges even when family physicians have years of experience. Members further testified of the importance to protect full spectrum primary care. The reference committee acknowledged the positive comments but felt the first resolved clause was beyond the scope of the AAFP. The reference committee reaffirmed the second resolved clause because of the current AAFP and American College of Obstetrics and Gynecology (ACOG) joint statement. The third resolved clause was substitute adopted because the reference committee wanted it to be more inclusive.

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

**RESOLVED, That the American Academy of Family Physicians setup a committee that will study current barriers preventing family physicians from obtaining privileges to practice operative and/or non-operative Obstetrics.**

**RESOLVED, That the AAFP embark on advocacy and/or legislative lobbying, focusing on hospital systems and administrators as well as malpractice insurers recognizing that family physicians are capable of practicing operative and non-operative Obstetrics.**
**ADOPTED AS AMENDED**

**ITEM NO. 2: RESOLUTION NO. 5002: SUPPORT TRAINING AND PATIENT/PHYSICIAN REIMBURSEMENT OF LIFESTYLE MEDICINE**

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.

There were several members speaking in support of the resolution. Those testifying in support pointed to the importance of lifestyle changes in preventing chronic disease, the lack of sufficient training in lifestyle medicine in residencies, and the poor reimbursement for counseling patients in lifestyle changes. Physicians need literacy in lifestyle medicine so they can effectively counsel their patients. The reference committee discussed the wording of the first resolved clause and felt the wording was not clear as to which specific medical certification bodies should be requiring education or what type of education they should be requiring. The AAFP is not able to control or dictate educational content to the certification bodies. The reference committee discussed the second resolved clause and chose to recommend a substitute because it addressed three different issues and for reasons of clarity, acknowledging it is difficult to ask insurance companies to pay for lifestyle changes. New payment models already offer incentives to promote healthy lifestyles in patients. In discussion of the third resolved clause the reference committee agreed the AAFP should support any legislation that encourages adoption of lifestyle medicine changes.

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

**RESOLVED, That the American Academy of Family Physicians support legislation and regulatory policies that incentivize active patient participation in evidence-based lifestyle changes, and be it further**

**RESOLVED, That the American Academy of Family Physicians support physician reimbursement for providing lifestyle medicine initiatives.**

**ITEM NO. 3: RESOLUTION NO. 5003: EDUCATION ON ANAL CANCER SCREENING**

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.

Six members testified in favor of the resolution. Members noted the inconsistencies in guidelines and the lack of consensus on how to screen patients. Members stated these inconsistencies create patient distrust of physicians. The reference committee agreed with member testimony and was in favor of adopting the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5003 be adopted.**

**ITEM NO. 4: RESOLUTION NO. 5004: PHYSICIAN WELLNESS AS A QUALITY METRIC**

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.

The reference committee only heard testimony in support of the resolution. Testimony highlighted the importance of physician wellness in quality and safety of patient care. Physician wellness is a system issue and tying wellness to payment to hospital systems would encourage hospitals to take the issue seriously and implement an action plan. The AAFP has fully supported physician wellness as part of the Quadruple Aim and implementing a performance measure would be another way to approach this issue. The reference committee discussed the resolution in length and understood the intent of the resolution as forcing hospital systems to take action on a serious issue or accept potential consequences of lower payment and negative public image. The reference committee believed the resolved clause referring to physician wellness was too broad. The AAFP is already working with CMS and other payers to reduce administrative burden and this is a top priority of the AAFP. The reference committee was not convinced CMS and other payers should be involved in other aspects of physician wellness outside of administrative burden. In discussion of the second resolved clause, the reference committee was concerned with negative impact a performance measure may have on small group practices or independent practices, as quality measures are often applied across the board and not to just hospital-owned practices, potential unintended consequences resulting from payment based on wellness, such as suicide or termination, artificial/dishonest responses, discourage recruitment at low performing practices, or unwillingness of physicians to disclose status. Public disclosure could exacerbate the negative impact on physicians. The reference committee chose to recommend the resolution not be adopted.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5004 not be adopted.**

**ITEM NO. 5: RESOLUTION NO. 5005: STATE PARITY IN TELEHEALTH AND TELEMEDICINE**

RESOLVED, That the American Academy of Family Physicians provide comparative resources on state reimbursement policies regarding telehealth and telemedicine, and, be it further

RESOLVED, That the American Academy of Family Physicians provide a toolkit on telehealth and telemedicine (TH/TM) reimbursement, inclusive of model legislation, with particular attention to the topics of fee-for-service, value based care, parity, and capitation abilities, in order to empower family physicians to best incorporate TH/TM into their practices.

The reference committee heard testimony in support of the resolution. Testimony reflected that reimbursement is difficult because it varies from state to state. One member also commented that there are difficulties with encouraging patients to follow up with their primary care physicians. The reference committee agreed with the intent of the resolved clauses but did not adopt the resolution. The reference committee determined the first resolved clause was out of the scope of the AAFP. The reference committee examined the AAFP's Telemedicine and Telehealth page and determined the information contained on the page satisfied the second resolved clause.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5005 not be adopted. EXTRACTED NOT ADOPTED**

**ITEM NO. 6: RESOLUTION NO. 5006: PAY US FOR QUALITY MEASURES THAT WE HAVE CONTROL OVER**

RESOLVED, That the American Academy of Family Physicians lobby Centers for Medicare & Medicaid Services to revise the ~~core~~ quality ~~metrics~~ measures 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.

The reference committee heard testimony in support of the resolution. Testimony included problems faced by physicians with finding documentation and being paid for care they don't provide. One person spoke stating that physicians do have some control over certain social determinants of health that impact quality measures and are able to help patients with things such as transportation and payment. The reference committee discussed the resolution in depth. There are no CMS core quality metrics as the first resolved clause incorrectly states. However, the AAFP does participate in the Core Quality Measures Collaborative and encourages all insurance companies to adopt these measure sets, and CMS participates in this initiative. The AAFP has two current policies "Pay-for Performance" and "Physician Profiling" and a position paper "Vision and Principles of a Quality Measurement Strategy for Primary Care" that specifically address the resolved clauses. There are CPT II codes available to indicate patient/medical reasons and patient

refusal, but not all measures allow these for exceptions/exclusion. The measure developer determines the specifications of the measure. The reference committee also pointed out that it is the duty of family medicine to encourage patients to follow guidelines, and physicians can impact patient decisions through shared decision-making, so there is some merit to these measures. The reference committee chose to not adopt the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5006 not be adopted. ADOPTED AS AMENDED**

**ITEM NO. 7: RESOLUTION NO. 5007: NON-PHYSICIAN PROVIDER RESOURCE UTILIZATION**

> 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.

The reference committee heard positive testimony on the resolution. One member stated the issue of non-physician resource utilization needs to be studied so that the data can be used to promote family physicians as a specialty. Another member wanted to use the data to keep states from passing laws allowing mid-levels practice authority. In addition, another member suggested changing “non-physicians” as that language does not capture naturopaths. The reference committee agreed this type of data is valuable to family physicians. However, the reference committee ultimately found evidence-based analysis including meta-analysis regarding the use of ancillary services. The reference committee also determined that new research would require a significant investment from the AAFP. The reference committee recommended to not adopted the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5007 not be adopted**

**ITEM NO. 8: RESOLUTION NO. 5008: OPPOSITION OF RESTRICTIVE COVENANTS**

> RESOLVED, That the American Academy of Family Physicians develop a policy regarding restrictive covenants opposing unreasonable geographic, time or scope of practice constraints protecting the patient-physician relationship, and be it further
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> RESOLVED, That the American Academy of Family Physicians provide resources and support to members facilitating contract negotiations around restrictive covenants.
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> RESOLVED, That the American Academy of Family Physicians advocate against the use of restrictive covenants in employment contracts that restrict scope of practice or geographic location.
> **ADOPTED AS AMENDED**

Testimony was heard from members who spoke in favor with some suggested edits, specifically to add the word “legal” before support in the second resolved clause, and to further define “unreasonable” to be more specific. Currently, the AMA ethics policy is the AAFP policy https://www.aafp.org/about/policies/ama-ethics.html, as stated in AAFP bylaws. This policy encourages physicians from not entering into unreasonable restrictive covenants as quoted in the resolution. The AAFP cannot give legal consult or advice to members. Some chapters have relationships with attorneys, but not all—depending on the chapter. The AAFP currently offers

several resources on evaluating employment agreements and negotiating and contracting through *FPM* and *American Family Physician*. The reference committee recommended reaffirming the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5008 be reaffirmed.**

**ITEM NO. 9: RESOLUTION NO. 5009: AAFP POLICY ON ASSISTANT PHYSICIANS**

> 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
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> 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
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> 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.

The reference committee heard positive testimony on the resolution. One member stated several states have passed assistant physicians laws and they're concerned they will call themselves family physicians. Another member stated that it is confusing to have MDs and DOs who don't go through residency. The reference committee recommended creating an assistant physician policy to satisfy the first and second resolved clauses that would include language to discourage the use of family medicine physician among assistant physicians. The reference committee ultimately recommended reaffirming the third resolved clause as the Congress of Delegates adopted a 2018 resolution that requires the Government Relations Division to create a toolkit on this which chapters would have access.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5009 be adopted.**

**ITEM NO. 10: RESOLUTION NO. 5010: EDUCATION FOR COMPLETION OF DISABILITY CERTIFICATIONS**

> RESOLVED, That the American Academy of Family Physicians provides resources like the FPM toolbox and practice guidelines regarding disability certification process that broaden the knowledge of family physicians and help in accurate completion of disability certification forms, and be it further
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> RESOLVED, That the American Academy of Family Physicians provides an online database of sample disability certification forms sorted by state.

No testimony was heard on the resolution. Family physicians are not trained on how to do disability forms. The reference committee discussed that occupational health is not available in all areas and it is difficult to ask patients to pay a lawyer to complete the forms, so family physicians often want to assist patients with this. The AAFP currently has three resources available for completing disability claims: the Society of Teachers of Family Medicine's Completing Disability Forms Efficiently and Accurately, *American Family Physician's* Disability Evaluations: More than

Completing a Form, and Disability Certifications in Adult Workers: A practical approach. Providing and maintaining an online database for all states and updating forms when changes occur is out of the scope of the AAFP. Chapters may be a more appropriate level for offering a sample of a completed statewide form. The reference committee discussed whether it may be appropriate to advocate for a national standard form but was unsure of whom the target of advocacy would be and whether the AAFP would typically target the agency. The reference committee recommended adopting a substitute resolution.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5010, which reads as follows, be adopted in lieu of Resolution No. 5010:**

> **RESOLVED, That the American Academy of Family Physicians provide resources like the FPM toolkit and practice guidelines regarding disability certification process that broaden the knowledge of family physicians and help in accurate completion of disability certification forms,**

**ITEM NO. 11: RESOLUTION NO. 5011: PRECEPTOR EXPANSION THROUGH FINANCIAL INCENTIVES**

> 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.

The reference committee heard testimony in favor of the resolution. Testimony stated PrEP is preventive care, fairly simple to learn, and should be part of training. The reference committee discussed there is currently a recommendation to the United States Preventive Services Task Force to classify PrEP as a Grade A preventive service but a final decision has not yet been made. All Grade A recommended preventive services are automatically covered by insurance under the Affordable Care Act (ACA). The reference committee recommended adopting the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5011 be adopted.**

**ITEM NO. 12: RESOLUTION NO. 5012: PREVENTION OF HIV ACQUISITION**

> 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
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> 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.

The reference committee heard testimony in support of the resolution. PrEP is under-prescribed, within the scope of family medicine, is a preventive service, and should be the responsibility of family physicians. There are existing AAFP resources with links to the Centers for Disease Control and Prevention (CDC) toolkit, but the resources are scattered and not easily identified. The topic is an important issue to address as CME for family medicine. The reference committee recommended adopting the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5012 be adopted.**

**ITEM NO. 13: RESOLUTION NO. 5013: REQUIRED RESIDENCY TRAINING FOR PRE-EXPOSURE AND POST EXPOSURE HIV TREATMENT**

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.

The reference committee heard testimony in favor of the resolution. Testimony stated PrEP is preventive care, fairly simple to learn, and should be part of training. The reference committee discussed there is currently a recommendation to the United States Preventive Services Task Force to classify PrEP as a Grade A preventive service but a final decision has not yet been made. All Grade A recommended preventive services are automatically covered by insurance under the Affordable Care Act (ACA). The Reference Committee recommended adopting of the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5013 be adopted.**

**ITEM NO. 14: RESOLUTION NO. 5014: DEVELOPING POINT OF CARE ULTRASOUND EDUCATION AND RESOURCES FOR PRACTICING FAMILY PHYSICIANS**

RESOLVED, That the American Academy of Family Physicians explore opportunities to partner with organizations such as American Institute of Ultrasound Medicine (AIUM), the Society for Ultrasound Medical Education (SUSME) and others to produce continuing medical education targeted to teaching expanded applications of point-of-care ultrasound to family physicians including conferences, media and webinars, and be it further

RESOLVED, That the American Academy of Family Physicians explore opportunities to create a stand-alone point-of-care ultrasound workshop, including education regarding reimbursement/billing including demonstrating financial benefit to larger organizations, and be it further

RESOLVED, That the American Academy of Family Physicians work to continue to grow and develop continuing medical education offerings in the future to help further the advancement of point of care ultrasound in family medicine, and be it further

RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council for Graduate Medical Education to explore adding point of care ultrasound as a residency curriculum recommendation.

The reference committee heard testimony in favor of the resolution. Testimony stated that Point-of-Care-Ultrasound (POCUS) is a standard of care and the AAFP has offered some CME, but more extensive training opportunities are needed. The reference committee agreed with the resolution and highlighted the high cost of training being offered by other bodies. The committee believed first and third resolved clauses addressed similar requests and decided to combine the two. The reference committee recognized that that AAFP has limited ability to influence the ACGME but

asked that the issue still be discussed with ACGME. The reference committee adopted resolved clauses two four.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5014, which reads as follows, be adopted in lieu of Resolution No. 5014:**

> **RESOLVED, That the American Academy of Family Physicians work to continue to grow and develop point-of-care-ultrasound continuing medical education offerings in the future, exploring opportunities to partner with organizations such as American Institute of Ultrasound Medicine and the Society for Ultrasound Medial Education, to help further the advancement of point-of-care-ultrasound in family medicine.**
>
> RESOLVED, That the American Academy of Family Physicians explore opportunities to create a stand-alone point-of-care ultrasound workshop, including education regarding reimbursement/billing including demonstrating financial benefit to larger organizations, and be it further
>
> RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council for Graduate Medical Education to explore adding point of care ultrasound as a residency curriculum recommendation.
>
> **ADOPTED AS AMENDED**

**I wish to thank those who appeared before the reference committee to give testimony and the reference committee members for their invaluable assistance. I also wish to commend the AAFP staff for their help in the preparation of this report.**

Respectfully Submitted,

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Jaividhya Dasarathy, MD, FAAFP – CHAIR

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