



# 2018 Agenda for the Reference Committee on Practice Enhancement

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

<u>Item No.</u>	<u>Resolution Title</u>
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

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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 Physicians create campaigns to support  
24 physicians at their work place, and, be it further

25  
26 RESOLVED, That the American Academy of Family Physicians 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 Physicians support marketing, education and  
30 advocacy to mitigate culture change for wellness campaigns through all available medias to  
31 payers.



# Resolution No. 5002

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

1 Emerging Technologies in Family Medicine

2  
3 Submitted by: Matthew Varallo, DO, General Registrant  
4 Ean Bett, MD, New Physician  
5 Joseph Nichols, MD, MPH, FAAFP, New Physician  
6 Megan Adamson, MD, New Physician  
7 Alex McDonald, MD, New Physician  
8 Lawerence Gibbs, MD, FAAFP, New Physician  
9 Wayne Forde, MD, FAAFP, Minority  
10 David Dahl, DO, New Physician  
11 Tamer Saed, MD, IMG  
12

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

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

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

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

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

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

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



# Resolution No. 5003

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## 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

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

1 Mentor Up!

2 Submitted by: Jaividhya Dasarathy, MD, FAAFP, Women

3 Sheila Ramanathan, DO, Women

4 Aneesa Sataur, DO, Women

5 Maren Chandler, DO, Women

6 Wayne Forde, MD, FAAFP, Minority

7 Kelley Withy, MD, PhD, FAAFP, General Registrant

8 WHEREAS, Mentorship is important for academic and professional success in patient outcomes as  
9 well as professional achievement and

10 WHEREAS promoting structured mentorship among family physicians with similar interests will  
11 reduce physician burnout, and break barriers to access, and

12 WHEREAS, effective mentorship increases the confidence among family physicians to have  
13 collaborative communication with other physicians thus creating a collegial environment, and

14 WHEREAS, mentoring would reduce bureaucratic barriers by connecting knowledgeable  
15 physicians with passionate doctors committed to improving access to care, now, therefore, be it

16 RESOLVED, That the American Academy of Family Physicians add the question, "Do you want to  
17 be a mentor?," to the membership profile and linking the interested mentor to the membership  
18 interest group, and be it further

19 RESOLVED, On the mobile member homepage on the American Academy of Family Physicians  
20 website, a "Mentor Up!" banner be placed under the "Physician Health First" banner, and be it  
21 further

22 RESOLVED, That the American Academy of Family Physicians (AAFP) create visible support by  
23 participating in national mentor month annually during the month of January by placing a "Mentor  
24 Up!" banner on the homepage of the AAFP website with a link to the membership interest group.



# Resolution No. 5005

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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

3 Submitted by: Virginia Martinez, MD FFAFP, LGBT  
4 Margaret Smith, MD, Minority  
5 Scott Hartman, MD, FFAFP, LGBT

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

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

RESOLVED, That the American Academy of Family Physicians will create a policy regarding the role of Family Physicians in treatment of substance abuse disorders, that states speciality certification should not prevent family physicians from practicing in any substance abuse treatment setting at any level, and that substance abuse treatment credentialing be based on training, experience and current competence.



# Resolution No. 5007

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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 services, in order that services can be billed to the patient, and

10

11 WHEREAS, physicians are required to identify what services are not covered by Medicare, and

12

13 WHEREAS, the Centers for Medicare and Medicaid Services provides inefficient resources to identify non-covered services, and

14

15 WHEREAS, the lack of transparent and readily-accessible information leads to inaccurate billing and increases risk for financial penalties, and

16

17 WHEREAS, Labcorp and other private companies offer user-friendly searchable databases to identify non-covered Medicare services but at a cost to family physicians, now, therefore, be it

18

19 RESOLVED, The American Academy of Family Physicians write a letter to Centers for Medicare and Medicaid Services to encourage simplifying the process for identifying non-covered services, and be it further

20

21 RESOLVED, The American Academy of Family Physicians offer a searchable database for family physicians to identify Medicare covered services and associated ICD-10 codes.



# Resolution No. 5008

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

1 Amendment to the Policy on "Physician and Patient Relationship, Professional Responsibility"

2  
3 Submitted by: Benjamin Silverberg, MD, FAAFP, LGBT  
4 Theresa Garcia, MD, LGBT  
5 Susan Osborne, DO, LGBT  
6 Kevin Wang, MD, FAAFP, General Registrant  
7

8 WHEREAS, Current American Academy of Family Physicians (AAFP) policy on, "Physician and  
9 Patient Relationships, Professional Responsibility" states, "Good medical care requires a mutually  
10 trusting and satisfactory relationship between physician and patient. No physician shall be  
11 compelled to prescribe any treatment or perform any act which violates his/her good judgment or  
12 personally held moral principles. In these circumstances, the physician may withdraw from the  
13 case so long as adequate notice is given to enable the patient to engage the services of another  
14 physician," and  
15

16 WHEREAS, the United States Department of Health and Human Services' (HHS) proposed rule on  
17 Protecting Statutory Conscience Rights in Health Care has a broadened definition of referral that  
18 includes the provision of any information, "related to availability, location, training, information  
19 resources, private or public funding or financing, or directions" that would aid a patient to get the  
20 health services they need, while specifically allowing the healthcare professional to withhold this  
21 information, and  
22

23 WHEREAS, the AAFP policy, "Patient Discrimination", opposes "all discrimination in any form,  
24 including but not limited to, that on the basis actual or perceived race, color, religion, gender,  
25 sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body  
26 habitus or national origin," and  
27

28 WHEREAS, the refusal of care without referral is a form of explicit bias against members of  
29 historically mistreated and vulnerable groups, and the refusal to provide referral information will  
30 prevent patients from obtaining safe and legally permitted health care in their region, and  
31

32 WHEREAS, the American College of Obstetricians and Gynecologists' Committee on Ethics calls  
33 upon its physicians to communicate any moral objections to procedures or care while giving  
34 patients accurate and unbiased information with the subsequent duty to refer said patient to other  
35 providers for services they feel unable to provide, now, therefore, be it  
36

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



# Resolution No. 5009

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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

3 Submitted by: Julie Marcinek, DO, General Registrant  
4 Christopher Baumert, MD, New Physician

6 WHEREAS, Family physicians are trained to competently practice procedural and cognitive  
7 services spanning multiple areas of medical specialty, and

9 WHEREAS, new family physicians are struggling to maintain the scope of practice consistent with  
10 their training, and

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 WHEREAS, current American Academy of Family Physicians (AAFP) policy states, "Recognizing  
18 that on rare occasions minimum quotas (or numbers) may be required in specific privileging  
19 instances where insufficient data exists, the AAFP believes that a consensus opinion of experts  
20 from within the specialty may be necessary until such time as an evidence-based recommendation  
21 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

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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

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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

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

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.