



2017 Agenda for the Reference Committee on Practice Enhancement

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

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 5001	Revise the Allotment of Payment for the Performance and Interpretation of Radiologic Services
2. Resolution No. 5002	Encouraging Blue Cross Insurances to Adopt Core Measure Sets
3. Resolution No. 5003	Opposition to Tiered Payment Structures that Negatively Impact the Health of Special Populations
4. Resolution No. 5004	Operative Delivery Privileges
5. Resolution No. 5005	Increasing the Number of Family Physicians Providing Operative Obstetrics
6. Resolution No. 5006	Coverage of Assisted Reproductive Technologies
7. Resolution No. 5007	Support Income Transparency to Achieve Equitable Pay Among Family Physicians
8. Resolution No. 5008	Creating a Legal Opinion for Family Physicians to Practice in the Emergency Department
9. Resolution No. 5009	Private Practice Startup Resources
10. Resolution No. 5010	Physician Procedure Network
11. Resolution No. 5011	Advocate for Creation of a Data Interface to Support Accountable Health Communities
12. Resolution No. 5012	Opposition to Payment-Based on Compliance with Reporting Non-Evidence-Based Health Data to Payor Sources



Resolution No. 5001

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Revise the Allotment of Payment for the Performance and Interpretation of Radiologic Services

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3 Submitted by: Laurel Dallmeyer, MD, Women

4 Kevin Berstein, MD, New Physician

5 Sue Simmons, MD, Women

6 Valerie Mutchler-Fornili, MD, Women

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9 WHEREAS, The current allotment of relative value units (RVUs) for radiologic services includes a

10 component for performance and interpretation of radiologic tests is allocated entirely to the

11 radiologist, and

12

13 WHEREAS, this allocation is based on historically simple ordering and reporting of tests and

14 results not requiring either complex interpretation, minimal clinical correlation, or explaining rational

15 for ordering and results to the patient and other entities, and

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17 WHEREAS, the current ordering, interpretation, and explanation of ordering rationale and results to

18 patients involves a significant amount of time that falls entirely upon the primary care physician,

19 without a means of compensation commensurate to the time involved, now, therefore, be it

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21 RESOLVED, That the American Academy of Family Physicians create a subcommittee or work

22 group to investigate the current allocation of radiologic relative value units (RVUs) to include a

23 substantial component for the ordering, clinically correlated interpretation, and explanation of

24 results to the patient, and, be it further

25

26 RESOLVED, That the American Academy of Family Physicians advocate that the current payment

27 model which undervalues the cost and time involved in the ordering, clinically correlated

28 interpretation, and explanation of results to the patient cease, and that an adjustment allocating

29 those funds to the physician providing those services be made.



Resolution No. 5002

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1 Encouraging Blue Cross Insurances to Adopt Core Measure Sets

3 Submitted by: Tiffany Leonard, MD, Women

4 Joann Buonomano, MD, FAAFP, Women

5 Valerie Mutchler-Fornili, MD, Women

7 WHEREAS, Physician payment is being continually tied to providing high quality care, and

9 WHEREAS, physician employment options and agreements are being increasingly linked to quality
10 metric performance, and

12 WHEREAS, quality metrics are not currently standardized across all insurance providers, and

13
14 WHEREAS, significant physician and administrative time and resources are expended
15 documenting quality metrics and

16
17 WHEREAS, the American Academy of Family Physicians is already working with many other
18 stakeholders to develop and implement standardized core measure sets as a part of the Core
19 Quality Measures Collaborative, and

20
21 WHEREAS, the Blue Cross Blue Shield Association is one of the largest (if not the largest) private
22 insurance organizations, now, therefore, be it

23
24 RESOLVED, The American Academy of Family Physicians reach out to each of the Blue Cross
25 Insurances urging acceptance and implementation of the core measures sets as decided upon by
26 the Core Quality Measures Collaborative.



Resolution No. 5003

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Opposition to Tiered Payment Structures that Negatively Impact the Health of Special Populations

Submitted by: Valerie Mutchler-Fornili, MD, Women
Sue Simmons, MD, Women
Laurel Dallmeyer, MD, FAAFP, Women

WHEREAS, Even evidence-based parameters used for full payment in special populations i.e. the elderly may result in increased mortality (i.e. current A1C goals), now, therefore, be it

10 RESOLVED, That the American Academy of Family Physicians oppose payment structures using
11 inappropriate guidelines that are not adjusted for the health of special populations.



Resolution No. 5004

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1 Operative Delivery Privileges

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3 Submitted by: Sara Thorp, DO, New Physicians
4 Marie E. Ramas, MD, FAAFP, Minority
5 Danielle Carter, MD, FAAFP, Women
6 Karla Booker, MD, FACOG, FAAFP, Women
7 Tabatha Wells, MD, General Registrant
8 Scott Hartman, MD, FAAFP, LGBT
9 Andrew Lutzmann, MD, New Physician
10 Nicole Boersma, MD, Women
11 Jessica Richmond, MD, FAAFP, New Physicians
12 Shawna Guthrie, MD, New Physician
13 Juan Carlos Venis, MD, LGBT
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15 WHEREAS, The American Academy of Family Physicians policy on "Privilege Support Protocol"
16 supports the concept that all physicians should obtain privileges in accordance with their individual,
17 documented training and/or experience, demonstrated abilities, and current competence and
18 provides legal support for family physicians seeking recourse regarding privilege discrimination,
19 and

20 WHEREAS, the provision of maternity care is a core aspect of family medicine practice and identity
21 and

22 WHEREAS, there is a range of maternity care training experiences available to family medicine
23 physicians including training in the provision of high-risk and operative obstetrics, and

24 WHEREAS, the American Academy of Family Physicians and American College of Gynecologists
25 Joint Statement on Cooperative Practice and Hospital Privileges states that the standard of training
26 should allow any physician who receives training in a cognitive or surgical skill to meet the criteria
27 for privileges in that area of practice, now, therefore, be it

28 RESOLVED, That the American Academy of Family Physicians (AAFP) create, make available on
29 the AAFP website, and publicize a toolkit for use by family physicians seeking to become
30 credentialed in the provision of maternity care, including high-risk and operative obstetrics, and be
31 it further

32 RESOLVED, That the American Academy of Family Physicians maternity credentialing toolkit
33 include resources specifically outlining the general credentialing processes within hospital systems
34 and provision of model language designed to assist family physicians in achieving requirements for
35 such credentialing processes.



Resolution No. 5005

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1 Increasing the Number of Family Physicians Providing Operative Obstetrics

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3 Submitted by: Nicole Bersma, MD, Women

4 Shauna L. Guthrie, MD, New Physician

5 Karla L. Booker, MD, FACOG, FAAFP, Women

6 Juan Carlos Venis, MD, LGBT

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8 WHEREAS, The American Academy of Family Physicians and the American College of
9 Gynecologists Joint Statement on Cooperative Practice and Hospital Privileges has been in effect
10 since 1998; however, the numbers of family medicine physicians credentialed in operative
11 deliveries has continued to decrease, now, therefore, be it

12 RESOLVED, That the American Academy of Family Physicians perform further investigation into
13 continued barriers posed to the provision of maternity care, including high-risk and surgical
14 obstetrics, by family physicians, and be it further

15 RESOLVED, That the American Academy of Family Physicians actively work to eliminate barriers
16 posed to the provision of maternity care, including high-risk and surgical obstetrics, by family
17 physicians.

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Resolution No. 5006

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1 Coverage of Assisted Reproductive Technologies

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3 Submitted by: Holly Montjoy, MD, LGBT
4 Carrie Pierce, MD, Women

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6 WHEREAS, Approximately 12% of women between ages 15 and 44 years and approximately one
7 in eight couples experience issues with infertility, and

8
9 WHEREAS, infertility is strongly associated with mental health disorders such as dysthymia and
10 anxiety disorders, and

11
12 WHEREAS, infertility is considered a major life activity and therefore a disability according to the
13 American with Disabilities Act, and

14
15 WHEREAS, infertility treatments such as intra-uterine insemination and in-vitro fertilization are highly
16 cost-prohibitive which may lead to financial discrimination, and

17
18 WHEREAS, only 15 states in the United States have legislation requiring insurers to cover or offer
19 coverage for the treatment of infertility with even fewer states extending this requirement to same-
20 sex couples, and

21
22 WHEREAS, universal coverage of in-vitro fertilization has been shown to reduce multiple
23 pregnancies and costs per live birth, now, therefore, be it

24
25 RESOLVED, That the American Academy of Family Physicians issue a statement encouraging
26 insurance providers to cover evidenced-based assisted reproductive technologies for all individuals
27 and couples suffering from infertility regardless of marital status or sexual orientation.



Resolution No. 5007

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1 Support Income Transparency to Achieve Equitable Pay Among Family Physicians

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3 Submitted by: Cadey Hamel, MD, LGBT

4 Scott Hartman, MD, FAAFP, LGBT

5 Ashley Bloom, MD, Women

6 Peggy Sue Brooks, MD, Women

7 Wayne Forde, MD, FAAFP, Minority

8 Khalil Alleyne, MD, Minority

9

10 WHEREAS, Studies demonstrate a discrepancy of physician income based on gender, gender

11 identity, sexual orientation, and race/ethnicity even when controlling for other factors, and

12

13 WHEREAS, transparency is an effective first step to eliminate disparities based on gender, gender

14 identity, sexual orientation, and race/ethnicity and,

15

16 WHEREAS, standard contracts often include non-disclosure clauses prohibiting physicians from

17 sharing income information which perpetuates income gaps based on gender, gender identity,

18 sexual orientation, and race/ethnicity, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians create a policy statement

21 supporting removal of nondisclosure clauses from contracts in order to increase transparency and

22 decrease wage gaps based on gender, gender identity, sexual orientation, and race/ethnicity, and

23 be it further

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25 RESOLVED, That the American Academy of Family Physicians develop a policy statement for

26 healthcare organizations, insurance companies, and any other payors, to provide equitable family

27 physician pay.

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Resolution No. 5008

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1 Creating a Legal Opinion for Family Physicians to Practice in the Emergency Department

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3 Submitted by: Ani Bodoutchain, MD, FAAFP, IMG
4 Lubna Madani, MD, IMG
5 Megan Guffey, MD, IMG
6 Gerald Banks, MD, IMG
7 Tabatha Wells, MD, General Registration
8 Christopher Buelvas, MD, MBA, MHA, IMG
9 Brian McCollough, MD, IMG
10 Bushra Dar, MD, IMG

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12 WHEREAS, The American Academy of Family Physicians policy statement on "Family Physicians
13 in Emergency Medicine" states "specialty certification alone should not prevent family physicians
14 from practicing in any emergency setting or trauma center at any level. Emergency department
15 credentialing should be based on training, experience and current competence," and

16
17 WHEREAS, family physicians are being denied and removed from scope of practice locations
18 within emergency departments throughout the US, and

19
20 WHEREAS, family physicians lack in support from the AAFP for the prevention of restraint of trade,
21 and

22
23 WHEREAS, patient populations need family physicians to staff emergency departments for
24 adequate care, and

25
26 WHEREAS, no one department has exclusive right to any particular privileges, now, therefore, be it

27
28 RESOLVED, That the American Academy of Family Physicians create a policy statement
29 supporting removal of nondisclosure clauses from contracts in order to increase transparency and
30 decrease wage gaps based on gender, gender identity, sexual orientation, and race/ethnicity, and
31 be it further

32
33 RESOLVED, That American Academy of Family Physicians further prevent the restraint of trade of
34 family physicians by providing a sample legal opinion in favor of family physicians practicing within
35 emergency departments.

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Resolution No. 5009

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1 Private Practice Startup Resources

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3 Submitted by: Keisha Harvey, MD, New Physicians
4 Tessa Rohrberg, MD, New Physicians
5 Michelle Henne, MD, New Physicians
6 Zita Magloire, MD, New Physicians

7
8 WHEREAS, According to the American Medical Association, 53% of physicians own their
9 practices, and

10
11 WHEREAS, 27.7% of family physicians are sole owners or partial owners of their medical practice,
12 and

13
14 WHEREAS, the Physicians Foundation survey found that employed physicians see 1.7 fewer
15 patients per day on average than independent physicians, and

16
17 WHEREAS, multiple studies demonstrate that hospital acquisition of physician practices increases
18 overall health care costs by up to 20% and does not improve the quality of care, and

19
20 WHEREAS, the current trend is for new physicians to become employed physicians, in spite of the
21 demonstrated improved access to care and cost-effectiveness, and

22
23 WHEREAS, there are limited resources and support for physicians to go into the more cost
24 effective model of private practice, and

25
26 WHEREAS, medical school and residency curriculum is insufficient alone to prepare physicians to
27 manage a business, and

28
29 WHEREAS, the Direct Primary Care toolkit created by the American Academy of Family
30 Physicians includes business plan supplements, salary and financial calculators, a marketing
31 guide, information on evaluating legal counsel, service and technology vendor lists,

32
33 WHEREAS, a helpful resource would include timeline, credentialing agencies, pearls of hiring staff,
34 questions to ask practice managers, billing and coding agencies, contracts with lab companies,
35 medical supplies and medications, functional equipment to start a practice, accounting, legal
36 advice, choosing Emergency Health Record, marketing strategies, now, therefore, be it

37
38 RESOLVED, That the American Academy of Family Physicians develop a "Private Practice Startup
39 Toolkit" to prepare family physicians interested in beginning a private practice, and be it further

40
41 RESOLVED, That the American Academy of Family Physicians sponsor a live workshop at a
42 national conference on starting a private practice for members.



Resolution No. 5010

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1 Physician Procedure Network

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3 Submitted by: Marie Ramas, MD, FAAFP, Minority
4 Danielle Carter, MD, FAAFP, Women
5 Sara Thorp, DO, New Physicians

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7 WHEREAS, The American Academy of Family Physicians supports a physician's ability to practice
8 within their complete scope of care, and

9
10 WHEREAS, research supports that family physicians who practice within their fullest capacity
11 reduce cost of care and improved patient outcomes, and

12
13 WHEREAS, family physicians who have lost skill sets do not have a current means for acquiring
14 enough procedure numbers in order to get privileges reinstated, now, therefore, be it

15
16 RESOLVED, That the American Academy of Family Physicians develop a physician procedure
17 network, where family physicians may link up with other host physicians who will proctor them, and,
18 therefore, be it further

19
20 RESOLVED, That the American Academy of Family Physicians will provide a procedure log toolkit
21 that will better facilitate the increase in family physicians to reacquire privileges.



Resolution No. 5011

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1 Advocate for Creation of a Data Interface to Support Accountable Health Communities

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3 Submitted by: Brian Frank, MD, New Physicians

4 Tanya Animi, MD, FAAFP, Minority

5 Elizabeth Salisbury-Afshar, MD, FAAFP, New Physicians

6 Josue Gutierrez, MD, New Physicians

7

8 WHEREAS, The National Academy of Medicine recommends using health information technology
9 to collect data pertaining to patients' social determinants of health, and

10

11 WHEREAS, the Centers for Medicare and Medicaid Services (CMS), the Office of Disease and
12 Health Promotion and the Centers for Disease Control and Prevention have called for health care
13 systems to incorporate social determinants of health into care plans, and

14

15 WHEREAS, the electronic health record (EHR) is a critical tool for improving patient health and
16 health care delivery through the Patient-Centered Medical Home (PCMH), and

17

18 WHEREAS, the ability to share and utilize information between two or more information systems is
19 critical in today's increasingly interconnected health care environment, and

20

21 WHEREAS, this resolution builds on the efforts that the AAFP to offer input, guidance and
22 feedback on issues of standardization and interoperability to policymakers, most recently in a letter
23 to the Health and Human Services Secretary Tom Price, and

24

25 WHEREAS, CMS recently funded thirty-two sites to serve as "hubs" linking clinical and community
26 services known as Accountable Health Communities designed to reduce health care utilization,
27 impact the cost of health care and improve health and quality of care for Medicare and Medicaid
28 beneficiaries, and

29

30 WHEREAS, Accountable Health Communities currently have no electronic platform by which to
31 share health or demographic and socioeconomic data that would enhance patient-centered care
32 and community health, now, therefore, be it

33

34 RESOLVED, That the American Academy of Family Physicians advocate for development of an
35 electronic data interface that facilitates inter-agency communication and data sharing between
36 members of accountable health communities such as community health centers, the special
37 supplemental nutrition program for Women, Infants and Children (WIC), the Supplemental Nutrition
38 Assistance Program (SNAP), the Department of Human Services (DHS), the Department of
39 Housing and Urban Development (HUD) and others in order to improve individual and community
40 health.



Resolution No. 5012

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Opposition to Payment-Based on Compliance with Reporting Non-Evidence-Based Health Data to Payor Sources

4 Submitted by: Valerie Mutchler-Fornili, MD, Women
5 Stuti Nagpal, MD, Women
6 Tiffany Leonard, MD, Women
7 Joann Buonomano, MD, Women

9 WHEREAS, Collection and reporting of patient data that is not based in evidence may be required
10 from the payor for payment of services, such as waist measurement in adolescents in Virginia or
11 Health Services for children with special needs, now, therefore, be it

13 RESOLVED, That the American Academy of Family Physicians oppose requirements of family
14 physicians for collection and reporting of any patient data that is not of evidenced benefit to
15 patients as a requirement for payment.