

Commission on Quality and Practice (CQP) 2025 Annual Report

Commission on Quality and Practice

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Purpose & Scope of Work

The Commission on Quality and Practice (CQP) is a group dedicated to enhancing the practice environment for family physicians. The work that the CQP does aligns with the key AAFP strategic objectives which include advocating for a variety of payment models that recognize the full value of family medicine. It also includes supporting comprehensive whole-person care and working to reduce administrative burdens that could hinder clinical efficiency. As well as promoting the use of technology to improve patient care.

The CQP scope of work includes assessment and development of recommendations, policies, and programs for family medicine in the following areas:

- Administrative Burden
- Emerging Technologies and Health Data Use
- Health Care Delivery Models
- Health Information Technology
- Performance Measurement
- Physician Employment
- Physician Payment
- Practice Environment
- Practice Management

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- Practice Transformation
- Private Sector Advocacy
- Quality Improvement
- Scope of Practice and Privileging

CQP oversees the following AAFP member interest groups (MIGs): Direct Primary Care MIG, EMR Optimization MIG, Employed Physician MIG, Home-based Primary Care MIG, Hospital Medicine MIG, Independent Solo/Small Group Practice MIG, and Telehealth MIG.

Commission on Quality and Practice receives and processes referrals from the AAFP Board of Directors, Congress of Delegates, National Conference of Constituency Leaders (NCCL), National Congress of Family Medicine Residents (NCFMR), and National Congress of Student Members (NCSM).

Activities & Achievements

During the winter cluster meeting, the commission voted on seven COD resolutions. Of the seven COD resolutions, the following 5 were voted to be implemented. Resolution No. 304 – Disclosure of Sensitive Health Information via Billing Documents, Resolution No. 306 – Patient Attribution Improvement in Health Plans, and Resolution No. 404 – Abolishing the One Year and One Day Mandate for Annual Physicals were the three resolutions that were voted to be implemented moving forward by CQP.

We recommended that resolution 508 (2023) – Compensation for Prior Authorization / Peer-to-Peer be accepted with no further action. This resolution will allow the AAFP to explore viable processes by which a physician may be compensated for participation in the peer to peer or prior authorization process.

We voted that 2 resolutions required workgroups to be formed for further action. Resolution No. 204 – Investigate Family Physicians Leaving the Workforce we discussed that the implementation plan needs refinement, for this to be done a cross-commission workgroup (CQP & Commission on Membership and Member Services) will develop a recommendation. Resolution No. 302 – Impact of Private Equity in Medical Care also will require a workgroup to be formed. For this resolution further refinement of implementation plan and fiscal note is needed before the Board recommendation.

We also revised the CQP Scope of Work. The CQP Scope of Work now includes the following: Artificial Intelligence and Digital Health, Investment in Primary Care, Practice Setting and Models, Practice Management and Operations and Quality Improvement and Assurance.

Any Subcommittee Work

During the Winter Cluster there were two workgroups/subcommittees formed. There was a workgroup on family physicians leaving the workforce that was formed for resolution no. 204.

This subcommittee will be a joint effort between the Commission on Quality and Practice (CQP) and the Commission on Membership and Member Services (CMMS).

Another workgroup was formed on the impact of private equity in health care. This was related to resolution no. 302. This subcommittee is to include CQP members, particularly those with firsthand experience with private equity.

Lessons Learned and the Value of Serving on Commission for Quality and Practice

Serving on the Commission on Quality and Practice has been a really rewarding experience. It gave me the chance to be part of important conversations about the future of family medicine and help shape national policies that directly impact how we care for patients. We looked at a wide range of issues—from protecting sensitive patient information on billing statements to tackling the burden of prior authorizations and improving Medicare wellness visits. I appreciated how closely our work tied into AAFP's bigger goals. Being on the commission also allowed me to work with a thoughtful group of peers, AAFP staff, and board members, all committed to making real improvements in practice. Overall, this experience gave me a broader view of how change happens within our field and reminded me how powerful our collective voice can be in shaping the future of family medicine.