



2023 Agenda for the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 5001	Utilizing Community Health Workers in Preventive Care and Chronic Disease Management
2. Resolution No. 5002	Family Medicine Maternity Care Privileging and Scope of Practice
3. Resolution No. 5003	Support for Assisted Reproductive Services
4. Resolution No. 5004	Protecting Family Physicians from Abuse and Harassment
5. Resolution No. 5005	Prescriber Access to Current Formularies
6. Resolution No. 5006	Increase Transparency of Pay Parity for Women Family Physicians
7. Resolution No. 5007	Improving Access and Reaffirming Universal Coverage for Pre-Exposure Prophylaxis (PrEP) for HIV
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9. Resolution No. 5009	Improving and Prioritizing Educational Content on Gender Affirming Care

RESOLUTION NO. 5001

Utilizing Community Health Workers in Preventive Care and Chronic Disease Management

Introduced by: Andrea Haynes, MD, New Physician
 Benjamin Meyerink, MD, New Physician
 Brendan Prast, MD, New Physician
 Misty Todd, MD, Women
 Jason White, MD, MBA, New Physician
 Alexis Aust, MD, New Physician
 Macy McNair, MD, New Physician

WHEREAS, Community Health Workers (CHWs) are trusted members of communities and frontline public health workers that serve as liaisons between health and social services, and

WHEREAS, CHWs bridge cultural boundaries because they often share similar cultural backgrounds, values, language, and socioeconomic status, and

WHEREAS, CHWs help address health challenges due to social determinants of health and improve health equity, and

WHEREAS, multiple studies have shown CHWs reduce barriers to care, improve health outcomes, and reduce healthcare costs, and

WHEREAS, studies have shown that there is delayed integration of CHWs into primary care practice due to lack of education on their role, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians recognize and support the integration of Community Health Workers into physician-led interprofessional care teams, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for appropriate funding for Community Health Workers and associated services as part of a physician-led care team, and be it further

RESOLVED, That the American Academy of Family Physicians provide education and resources on utilization and integration of Community Health Workers into patient care.

RESOLUTION NO. 5002

Family Medicine Maternity Care Privileging and Scope of Practice

Introduced by: Camille Garrison, MD, Women
Kwanza Devlin, MD, Minority
Cynthia Chen-Joea, DO, MPH, Women
Alex Bangura, MD, New Physician
Justin Turner, MD, New Physician
Grant Studebaker, MD, IMG

WHEREAS, The American Academy of Family Physicians (AAFP)-American College of Obstetrics and Gynecologists (ACOG) joint statement on Cooperative Practice and Hospital Privileges has affirmed that “there should be shared common standards in perinatal care,” and that a “cooperative and collaborative relationship among obstetricians, family physicians and nurse midwives is essential for provision of consistent, high-quality care to pregnant women,” and

WHEREAS, obtaining maternity care privileges continues to be a barrier to full spectrum maternity care due to variations in institution-dependent criteria (or lack thereof) as well as familiarity with the appropriate breadth and scope of maternity care provided by family physicians, and

WHEREAS, the AAFP has affirmed the importance of continuing education for family medicine physicians providing maternity care, and

WHEREAS, family physicians are critical to expanding equitable access to quality maternity care, currently providing about 20% of all deliveries across metropolitan, rural, underserved areas in the United States, now, therefore, be it

RESOLVED, that the American Academy of Family Physicians explore co-development with the American College of Obstetrics and Gynecologists specific shared common standards that should guide maternity care privileging across all clinical settings, and be it further

RESOLVED, that the American Academy of Family Physicians create and maintain a repository of resources for family physicians navigating challenges with privileging within their scope of practice, and be it further

RESOLVED, that the American Academy of Family Physicians (AAFP) approach the American College of Obstetricians and Gynecologists (ACOG) about securing equitable access to ACOG clinical journals and to Education Affiliate status with ACOG for all AAFP members.

RESOLUTION NO. 5003

Support for Assisted Reproductive Services

Introduced by: Lakshmi Karra, MD, Minority
 Loren Colson, DO, New Physician
 Emily Holt, DO, New Physician
 Julia Hamilton, DO, New Physician

WHEREAS, Physicians often delay starting a family due to the demands of medical school, residency training, and clinical practice, and

WHEREAS, the average medical school graduate owes over \$250,000 in total student debt; and the average salary of a family medicine resident is approximately \$58,500, and

WHEREAS, the cost of fertility treatment is often significantly high, with the median price of a single cycle of IVF costing over \$19,000, and

WHEREAS, the largest age cohort of active AAFP members is 40-49 years old; and over 50% of resident AAFP members are over the age of 30, and

WHEREAS, one in four female physicians have been diagnosed with infertility, approximately double the rate of the general public, and

WHEREAS, sexual and gender minorities, individuals who are not married, individuals with lower incomes, and individuals with disabilities face heightened barriers and discrimination in accessing infertility care, and

WHEREAS, the American Medical Association (AMA) has established precedent for policy that encourages insurance coverage of and accommodation for infertility care, and

WHEREAS, building a family is considered a basic human right, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) coordinate a group supplemental policy for family physicians to cover assisted reproductive services including, but not limited to: oocyte preservation, sperm banking, ovulation induction, intrauterine insemination (IUI), in-vitro fertilization (IVF), and all associated diagnostics, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) establish a policy to promote a culture of support for family physicians undergoing assisted reproductive care, including but not limited to: the need to attend medical visits and administer medications in a time-sensitive fashion.

RESOLUTION NO. 5004

Protecting Family Physicians from Abuse and Harassment

Introduced by: Tina Tanner, MD, LGBTQ+
Andrew Goodman, MD, LGBTQ+
Amy Lachewitz, MD, LGBTQ+
Brooke Babyak, MD, LGBTQ+
Bernard Richard, MD, LGBTQ+

WHEREAS, Family physicians have experienced an increase in harassment, criminalization, defamation, and bullying for providing evidence-based medical care including but not limited to gender-affirming care, reproductive care, vaccination care, and care for substance use disorder, and

WHEREAS, the American Academy of Family Physicians (AAFP) does not have existing policy against harassment, defamation, and bullying of family physicians, and

WHEREAS, family physicians expect to be able to seek support from the- AAFP, and

WHEREAS, harassment, criminalization, defamation, and bullying harms physician wellbeing, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians adopt a consistent statement that it fully supports family physicians practicing the full scope of medicine free of violence, harassment, criminalization, defamation, and bullying, and be it further

RESOLVED, That the American Academy of Family Physicians research violence, harassment, criminalization, defamation, and bullying toward family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians publish resources on the physician wellbeing website and integrate it into the physician health and wellbeing curriculum supporting physicians anticipating experiencing, experiencing, or having had experienced violence, harassment, criminalization, defamation, and bullying, and be it further

RESOLVED, That the American Academy of Family Physicians develop a process by which members can obtain support when experiencing violence, harassment, criminalization, defamation, or bullying, including but not limited to writing a letter of support, publishing a statement on members' behalf, or providing other resources.

RESOLUTION NO. 5005

Prescriber Access to Current Formularies

Introduced by: Katherine Haga, DO, Women
Megan Early, DO, MPH, Women
Heidi Yount, MD, FAAFP, General Registrant

WHEREAS, Insurance companies update their pharmaceutical formularies on an annual basis, and

WHEREAS, there is significant administrative complexity required of family physicians and their practices with each formulary update, and

WHEREAS, one of the strategic objectives of the American Academy of Family Physicians is to reduce administrative complexity to create career satisfaction, and

WHEREAS, the annual formulary update creates delays in patient care due to uncertainty of covered medications, and

WHEREAS, having access to searchable formularies by insurer and plan would decrease the need for prior authorizations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for prescriber access to searchable and updated commercial payer formularies.

RESOLUTION NO. 5006

Increase Transparency of Pay Parity for Women Family Physicians

Introduced by: Alicia Brooks, MD, Women
 Katherine Haga, DO, Women
 Kyle Leggott, MD, New Physician
 Lakshmi Karra, MD, Minority
 Christopher Murphy, MD, LGBTQ+
 Benjamin Ihms, DO, New Physician

WHEREAS, Female physicians represent more than 50% of the entering family physician workforce and the need for family physicians is increasing, and

WHEREAS, according to surveys of family physicians, female family physicians on average are paid 16% less than men for equivalent work, and

WHEREAS, access to pay scale, alternative scheduling models and benefits help in negotiation of fair contracts and employment agreements, and

WHEREAS, gender pay disparity is more pronounced for minorities, people from low socioeconomic backgrounds, and the LGBTQ+ community, and

WHEREAS, As more female physicians enter the workforce, male physician salaries have also decreased, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop and maintain a resource for family physicians with ability to filter by gender, demographic data, region, full-time equivalent status, and clinical role to compare pay scale anonymously.

RESOLUTION NO. 5007

Improving Access and Reaffirming Universal Coverage for Pre-Exposure Prophylaxis (PrEP) for HIV

Introduced by: Melissa Hidde, MD, LGBTQ+
 Sterling Brodniak, DO, MBA, FAAFP, LGBTQ+
 Matthew Adkins, DO, General Registrant

WHEREAS, Pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV infections when taken as prescribed by reducing sexual transmission by 99% and infection from IV drug use by 74%, and

WHEREAS, PrEP HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use is listed as a preventive care benefit for adults, and

WHEREAS, under Section 2713 of the Affordable Care Act, all marketplace health plans and many other plans must cover the listed preventive services without charging a copayment or coinsurance, even if the yearly deductible has not yet been met, and

WHEREAS, the Centers for Medicare and Medicaid Services (CMS), Department of Labor, and Department of the Treasury issued guidance in July 2021 stating that health plans and health insurance issuers must cover PrEP, associated clinic visits, and laboratory testing, without cost-sharing, in addition to halting patient out-of-pocket charges for PrEP by January 2021, and

WHEREAS, despite such guidance, cost and insurance regulation continues to be a barrier to patient access to PrEP, with a Kaiser Health News report finding that insurers continue to set up formularies that wrongly assign copays, assign PrEP to the wrong drug tiers, or prohibit cost-sharing only for PrEP that has been approved in limited demographics, and

WHEREAS, these services are free only when delivered by a doctor or other provider in a plan's network, which means people may be required to use an insurance- or manufacturer-chosen specialty pharmacy for PrEP medications, and

WHEREAS, despite having an A rating from the United States Preventive Services Task Force (USPSTF), Qualified Health Plans (QHP) commonly require prior authorization for PrEP, and QHPs in the Midwest are nearly 5.7 times more likely to require prior authorization for PrEP than plans in the Northeast, and such prior authorization requirements could pose a significant barrier or delay to access to PrEP, and

WHEREAS, the March 30, 2023 District Court ruling *Braidwood Management Inc. v. Becerra*, struck down coverage for services recommended or updated by the USPSTF on or after March 23, 2010 which would include PrEP, putting coverage and access to these medications at risk, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians send a letter to Centers for Medicare and Medicaid Services (CMS) and all major public and private insurance providers advocating for coverage of the full costs of HIV prevention medications and related services, including screenings, diagnostic procedures, administrative fees, and clinical follow-ups in-person or via telemedicine, without any cost-sharing obligation for the plan holder, and be it further

RESOLVED, That the American Academy of Family Physicians include a statement requesting that insurance companies remove prior authorization for Federal Drug Administration approved Pre-exposure prophylaxis (PrEP) medications to reduce administrative burden, and be it further

RESOLVED, That the American Academy of Family Physicians engage in advocacy efforts requesting pharmacies, pharmacy benefit managers (PBMs), and insurers increase transparency regarding specialty pharmacy use requirements to ease administrative burden as well as streamline patient access to Pre-exposure prophylaxis (PrEP).

RESOLUTION NO. 5008

Reducing Bias in Value-Based Payment Model

Introduced by: Sabrina Martinez, MD, Minority
 Maresi Berry-Stoelzle, MD, IMG
 Nicole Brokloff, New Physician
 Sarah Ledger, Women

WHEREAS, More family physicians are moving away from fee-for-service models and towards value-based payment models, and

WHEREAS, health equity has not improved drastically since inception of value-based payment models, and

WHEREAS, the American Academy of Family Physicians has released guiding principles for Value-Based Payment, and

WHEREAS, focus on value-based quality without accounting for patient demographics and social determinants of health can negatively impact quality scoring, and

WHEREAS, the lower value-based payments from marginalized patient populations can further challenge recruiting to underserved populations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate how the value-based payment model can affect access to care for populations served by AAFP, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of social determinants of health (e.g. area of depravity index, social determinants of health index) and adjustment of quality based bonuses, quality based scoring, and star quality ratings for clinics, hospitals, and payors.

RESOLUTION NO. 5009

Improving and Prioritizing Educational Content on Gender-Affirming Care

Introduced by: Kelly Bennett, MD, LGBTQ+
Katie Imborek, MD, LGBTQ+
Amy Zack, MD, LGBTQ+

WHEREAS, Family physicians have a critical role in health equity and access to healthcare as a right for every person; for gender-diverse individuals this includes access to gender-affirming care, and

WHEREAS, the rights of transgender and gender diverse people to access medically-necessary care are increasingly infringed upon with nearly 50% of transgender youth living in states with bans or impending bans on gender-affirming care, and

WHEREAS, access to gender-affirming care is life-saving, decreasing risk of suicide and mental illness, and

WHEREAS, approximately 22% of linked resources on the current American Academy of Family Physicians (AAFP) Science and Education Section of the LGBTQ+ Patient Care Toolkit are inactive and with an absence of continuing medical education (CME) on gender-affirming care in clinical practice, and

WHEREAS, the field of gender-affirming care is rapidly changing and educational materials become quickly outdated, requiring regular frequent review, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) create a stand-alone patient care toolkit on gender-affirming care which must be updated annually, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) develop a step-by-step practice implementation guide for gender-affirming care that is relevant and useful to diverse family physicians across the country regardless of prior experience, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) Continuing Medical Education website feature, and create if needed, on-demand continuing medical education materials covering comprehensive gender-affirming care at low or no cost to members and the current LGBTQ+ Care Toolkit be reviewed and updated annually for clinical evidence-based accuracy including language and clinical care.