



2023 Consent Calendar for the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

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

5
6 **RECOMMENDATION: The Reference Committee on Practice Enhancement recommends the**
7 **following consent calendar for adoption:**

8
9 **Item 1:** Adopt Resolution No. 5001: "Utilizing Community Health Workers in Preventative Care and
10 Chronic Disease Management".

11
12 **Item 2:** Adopt Substitute Resolution No. 5002 "Family Medicine Maternity Care Privileging and
13 Scope of Practice".

14
15 **Item 3:** Adopt Substitute Resolution No. 5003 "Support for Assisted Reproductive Services".

16
17 **Item 4:** Adopt Resolution No. 5004 "Protecting Family Physicians from Abuse and Harassment".

18
19 **Item 5:** Adopt Substitute Resolution No. 5005 "Prescriber Access to Current Formularies".

20
21 **Item 6:** Adopt Substitute Resolution No. 5006 "Increase Transparency of Pay Parity for Women
22 Family Physicians".

23
24 **Item 7:** Adopt Substitute Resolution No. 5007 "Improving Access and Reaffirming Universal
25 Coverage for Pre-Exposure Prophylaxis (PrEP) for HIV".

26
27 **Item 8:** Reaffirm as Current Policy Resolution No. 5008 "Reducing Bias in Value-Based Payment
28 Model".

29
30 **Item 9:** Adopt Resolution No. 5009 "Improving and Prioritizing Educational Content on Gender-
31 Affirming Care".



2023 Report of the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

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: Utilizing Community Health Workers in Preventative Care and Chronic Disease Management

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.

The reference committee heard testimony all in support of the resolution. Testimony stressed the important roles community health workers play in identifying social determinants of health and connecting patients to resources after the patient visit, allowing physicians to practice at the top of their license and lower administrative complexities that contribute to burnout. Testimony also included the complexities of funding community health worker services, especially in Federally Qualified Health Centers. The reference committee considered the testimony and reviewed the AAFP policies which currently mention community health care workers and agreed to adopt the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 5001 be adopted.

ITEM NO. 2: RESOLUTION NO. 5002: Family Medicine Maternity Care Privileging and Scope of Practice

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.

The reference committee heard testimony in support of the resolution with members sharing the challenges family physicians face in gaining obstetric privileges and the lack of clear direction for how family physician competencies should be assessed when granting privileges. While in support of the spirit of the resolution, some testimony expressed concern about the ability to create standard guidance for assessing competencies that would function fairly and effectively in all settings. In addition, related to the third resolved clause one member shared that as a family physician she is able to access the requested American College of Obstetricians and Gynecologists (ACOG) resources so there is no need to seek the requested ACOG affiliate membership status for family physicians. The reference committee heard from staff about the current resources available to support members seeking privileges and agreed the resources could be updated to meet the request of the second resolved clause. The reference committee considered the general support for the resolution and the specific concerns related to the first and third resolved clauses and agreed to adopt a substitute resolution.

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

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.

ITEM NO. 3: RESOLUTION NO. 5003: Support for Assisted Reproductive Services

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.

The reference committee heard testimony only in support of the resolution. Testimony stressed the high cost of reproductive care, and the difficulty of accessing the care due to these costs, especially during residency. Additional testimony mentioned the dwindling physician workforce and that this sort of support can help attract physicians to family medicine. The reference committee agreed with the importance of the issue but discussed how creating and making available an insurance, as requested, would be cost prohibitive. The reference committee agreed to a substitute resolution

RECOMMENDATION: The reference committee recommends Substitute Resolution No. 5003 which reads as follows be adopted in lieu of Resolution No. 5003:

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.

ITEM NO. 4: RESOLUTION NO. 5004: Protecting Family Physicians from Abuse and Harassment

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.

The reference committee heard testimony in support of the resolution, with those testifying sharing experiences of being targeted, harassed, and threatened for providing care, including gender-affirming care, reproductive care, and vaccines. Testimony spoke of the need to be able to turn to the AAFP for support to provide in-scope, standard medical care without facing backlash. Testimony expressed how physicians need training from the AAFP to be better able to respond to these hostile situations and how offering this support to family physicians would be a compelling and highly valued member benefit. The reference committee considered the testimony and relevant AAFP resources and agreed to adopt the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 5004 be adopted.

ITEM NO. 5: RESOLUTION NO. 5005: Prescriber Access to Current Formularies

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

The reference committee heard testimony only in support for the resolution. Testimony stressed the importance of being able to access which tier a medication is in, whether prior authorization is required, medication cost, including patient out-of-pocket costs, etc. Testimony also reflected the administrative burden that results when physicians don't have access to this type of information. Additional testimony questioned whether Medicare and Medicaid should be added to the resolved clause. The reference committee supported the resolution and acknowledged the burden and

1 importance of formulary transparency. Based on testimony heard, the reference committee
2 recommended amending the resolved clause.

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4 **RECOMMENDATION: The reference committee recommends Substitute Resolution No. 5005**
5 **which reads as follows be adopted in lieu of Resolution No. 5005:**

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7 **RESOLVED, That the American Academy of Family Physicians advocate for**
8 **prescriber access to searchable and updated public and private payer formularies.**

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10 **ITEM NO. 6: RESOLUTION NO. 5006: Increase Transparency of Pay Parity for Women Family**
11 **Physicians**

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

16
17 The reference committee heard testimony in support of the resolution. Testimony expressed
18 concerned for the on-going gender pay gap in family medicine and the need for all family
19 physicians to have data to support their contract negotiations. The reference committee considered
20 the testimony, information from staff about current AAFP resources and resources in development
21 to support family physicians with contract negotiations, and additional background provided by the
22 author from a recent *New England Journal of Medicine* article showing that as more women enter
23 the family medicine work force that pay for men decreases as well. The reference committee offers
24 a substitute resolution with editorial changes to provide further clarity of language.

25
26 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
27 **5006 which reads as follows be adopted in lieu of Resolution 5006.**

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

33
34 **ITEM NO. 7: RESOLUTION NO. 5007: Improving Access and Reaffirming Universal Coverage**
35 **for Pre-Exposure Prophylaxis (PrEP) for HIV**

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

43
44 RESOLVED, That the American Academy of Family Physicians include a statement
45 requesting that insurance companies remove prior authorization for Federal Drug
46 Administration approved Pre-exposure prophylaxis (PrEP) medications to reduce
47 administrative burden, and be it further

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49 RESOLVED, That the American Academy of Family Physicians engage in advocacy
50 efforts requesting pharmacies, pharmacy benefit managers (PBMs), and insurers
51 increase transparency regarding specialty pharmacy use requirements to ease

administrative burden as well as streamline patient access to Pre-exposure prophylaxis (PrEP).

The reference committee heard testimony in support of the resolution. Members expressed concern about preventive care, including PrEP, being under attack due to recent court rulings. Testimony also reflected the barriers patents face due to excessive out-of-pocket costs and prior authorization requirements. The reference committee agreed with the spirit of the resolution but acknowledged the most effective advocacy would be for a legislative solution rather than the specific actions requested in the resolution. The reference committee noted the AAFP Prior Authorization policy doesn't advocate to eliminate prior authorizations for any particular medication, but rather all medications. Due to these considerations, the reference committee agreed to adopt a substitute resolution.

RECOMMENDATION: The reference committee recommends Substitute Resolution No. 5007 which reads as follows be adopted in lieu of Resolution No. 5007:

RESOLVED, That the American Academy of Family Physicians advocate 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 advocate for transparency regarding specialty pharmacy use requirements to ease administrative burden as well as streamline patient access to Pre-exposure prophylaxis (PrEP).

ITEM NO. 8: RESOLUTION NO. 5008: Reducing Bias in Value-Based Payment Model

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.

The reference committee heard testimony in support of the resolution. Members expressed concern that physicians with large populations of patients that include immigrants, non-English speaking, and minority populations are less likely to perform well under value-based payment contracts. Testimony expressed a concern that an unintended consequence of value-based payment policies can be encouraging physicians to turn away patients who can negatively impact their quality measure outcomes. The reference committee considered the testimony, current AAFP Value-based payment policy, recently published evaluations of CMMI models and agreed the actions requested by the resolution reflect current AAFP actions and policy.

RECOMMENDATION: The reference committee recommends that Resolution No. 5008 be reaffirmed as current policy.

ITEM NO. 9: RESOLUTION NO. 5009: Improving and Prioritizing Educational Content on Gender-Affirming Care

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2 RESOLVED, That the American Academy of Family Physicians (AAFP) create a stand-
3 alone patient care toolkit on gender-affirming care which must be updated annually, and be
4 it further
5

6 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a step-by-
7 step practice implementation guide for gender-affirming care that is relevant and useful to
8 diverse family physicians across the country regardless of prior experience, and be it further
9

10 RESOLVED, That the American Academy of Family Physicians (AAFP) Continuing Medical
11 Education website feature, and create if needed, on-demand continuing medical education
12 materials covering comprehensive gender-affirming care at low or no cost to members and
13 the current LGBTQ+ Care Toolkit be reviewed and updated annually for clinical evidence-
14 based accuracy including language and clinical care.
15

16 The reference committee heard testimony in support of the resolution expressing the urgent need
17 to equip more family physicians to provide gender-affirming care. Eighteen states have restricted
18 access to gender-affirming care, leaving physicians who are able to provide this care with
19 increasing patient demand and patients facing long wait lists to access care. Those providing
20 gender-affirming care spoke of the heavy burden of this increased patient demand and the
21 requests they receive from residents who want to train to provide this care, and lack faculty trained
22 to support them. The reference committee considered the testimony, current AAFP resources, and
23 additional information provided about the effort it takes to find resources and training to prepare to
24 initiate offering gender-affirming care and agreed to adopt the resolution.
25

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

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

4 Respectfully Submitted,
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9 _____
Heidi Yount, MD – CHAIR

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11 Alicia Brooks, MD – Women
12 Raghuveer Vedala, MD – New Physician
13 Suganya Mahinthan, MD – Minority
14 Shruti Javali, MD – IMG
15 Kelly Bennett, MD, FAAFP – LGBTQ+
16