



2024 Consent Calendar for 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. An item or items may be extracted for debate.

RECOMMENDATION: The Reference Committee on Practice Enhancement recommends the following consent calendar for adoption:

- Item 1:** Adopt Resolution No. 5001 "Advocating for Disaggregation of Racial and Ethnic Health Outcomes Data".
- Item 2:** Reaffirm Resolution No. 5002 "Resolution to Advocate for Enhanced Patient Identifiers in Electronic Health Records".
- Item 3:** Adopt Substitute Resolution No. 5003 "Create EHR Family-Medicine Friendliness Scale" in lieu of Resolution No. 5003.
- Item 4:** Not adopt 1st and 2nd Resolved Clauses and Reaffirm 3rd Resolved Clause of Resolution No. 5004 "Improving Family Physician Compensation Through Salary Data Transparency".
- Item 5:** Not Adopt Resolution No. 5005 "Advocating Against Insurance-Based Discrimination Rates for Non-elderly United States Adults".
- Item 6:** Adopt Resolution No. 5006 "Disclosure of Sensitive Health Information via Billing Documents".
- Item 7:** Adopt Substitute Resolution No. 5007 "Standardized Anti-Discrimination Training in the Workplace: An AAFP Toolkit" in lieu of Resolution No. 5007. [Extracted](#)
- Item 8:** Not Adopt Resolution No. 5008 "Increasing Family Medicine Workforce Through Expansion of the Public Service Loan Forgiveness Program". [Extracted](#)



2024 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: Advocating for Disaggregation of Racial and Ethnic Health Outcomes Data

RESOLVED, That the American Academy of Family Physicians advocates for the disaggregation of racial and ethnic data in health outcomes data collection and reporting.

The reference committee heard testimony all in support of the resolution. Testimony stressed the importance of having accurate data that represents the patient population to best inform patient care. Current data categories treat groups as racial monoliths and do not provide data needed to inform practices that address inequities. The reference committee recognizes that the policy, "Collecting Racial, Ethnic, Sexual Orientation, and Gender Identity in Surveys" is relevant, but should be updated to guide needed improvements in data reporting.

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

Item No. 2: Resolution No. 5002: Resolution to Advocate for Enhanced Patient Identifiers in Electronic Health Records

RESOLVED, That the American Academy of Family Physicians advocate for legislative and regulatory changes that require electronic health record systems to include and prominently display patient-chosen names and pronouns, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with Electronic Health Record (EHR) vendors and other stakeholders including clinical informatics and operational leadership to develop standards for the inclusion of patient-chosen names and pronouns in all EHR systems with a focus on patient facing communications and clinical documentation.

The reference committee heard testimony all in support of the resolution. Additional testimony was provided about the importance of EHR's and payer system's ability to accept special character/diacritical marks to ensure that patient names are spelled and pronounced correctly. The reference committee acknowledged the importance of these additional issues and that these should be addressed in future resolutions.

Relative to the two resolved clauses, the reference committee acknowledged the AAFP is currently actively advocating to support the requested improvements related to pronouns and preferred name. These changes have already been proposed for inclusion in the United States Core Data for Interoperability (USCDI) Version 5 standard. See <https://www.healthit.gov/isa/uscdi-data/pronouns> and <https://www.healthit.gov/isa/uscdi-data/name-use>. In addition, AAFP staff currently participate in the Demographic Data Standards National Virtual round table discussions convened by CIVITAS Networks for Health.

RECOMMENDATION: The reference committee recommends that Resolution No. 5002 be reaffirmed.

Item No. 3: Resolution No. 5003: Create EHR Family-Medicine Friendliness Scale

RESOLVED, That the American Academy of Family Physicians create a task force to evaluate existing electronic medical record technologies and determine their effectiveness/compatibility with family medicine, assigning a friendliness score for each one.

The reference committee heard testimony all in support of the resolution, including testimony which suggested the requested task force not only score EMRs but also publish best practices identified in order to encourage improvements in existing and new EMR systems. The reference committee discussed the language of the resolved clause and the suggested addition, agreeing with the testimony that the friendliness score should not be the only output of the task force. The reference committee offered substitute language to allow the task force to determine the best information to be shared from the EMR evaluations completed.

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

RESOLVED, That the American Academy of Family Physicians create a task force to evaluate existing electronic medical record technologies and determine their effectiveness/compatibility with family medicine practice operations and patient care and publish those results.

Item No. 4: Resolution No. 5004: Improving Family Physician Compensation Through Salary Data Transparency

RESOLVED, That the American Academy of Family Physicians (AAFP) should continue to build upon the advocacy work started around improving physician compensation with creation of the Benchmark Dashboard by expanding data categories to include collection of Relative Value Unit (wRVU) expectations, number of advanced degrees, selection of constituency demographics such as International Medical School Graduate/New Physician/Gender etc., collection of full-time employees ratios of clinical and administrative roles and providing percentile breakdowns for where compensation lies with the data obtained, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) should prompt members, to help improve sample size, to voluntarily and anonymously provide updated data at the time of annual membership dues renewal. The AAFP should provide language to help explain why providing this data will only help to strengthen the advocacy work around pay equity for family physicians. This will allow for yearly updates to data as well as increase accuracy and relevancy of data, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) should negotiate a group discount with survey companies to allow AAFP members who choose to purchase data to obtain a discount for access to that data.

The reference committee heard testimony from the author in support of the resolution. The reference committee considered information from staff on the Career Benchmark Dashboard and work currently underway to evaluate the survey content, length, frequency, timing, and promotions to ensure an improved survey and increased participation in the first resurvey planned for 2025. Given the evaluation work currently underway addresses the intent of the first and second resolved clause, the reference committee recommends to not adopt.

For the third resolve ,the reference committee discussed the cost for individual physicians to purchase salary data directly from the MGMA and that the AAFP currently offers the requested discount for members. AAFP members can access salary data along with contract review and negotiation support at a discount through the Member Advantage partner, Resolve. This service and discount can be accessed at <https://www.aafp.org/membership/benefits/advantage/resolve.html>

RECOMMENDATION: The reference committee recommends that Resolution No. 5004, 1st and 2nd Resolved Clauses, be not adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 5004, 3rd Resolved Clause, be reaffirmed.

Item No. 5: Resolution No. 5005: Advocating Against Insurance-Based Discrimination Rates for Non-elderly United States Adults

RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that the Centers for Medicare and Medicaid Services (CMS) and the Internal Revenue Service implement a policy requiring non-profit hospitals to cover a minimum amount of unreimbursed Medicaid expenses to qualify for federal and state subsidies and tax exemptions, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with the Centers for Medicare and Medicaid Services (CMS) to reward nonprofit hospitals that have low insurance-based discrimination rates.

The reference committee heard limited testimony in support of this resolution. The reference committee acknowledged the importance of access to care for Medicaid patients but discussed that the actions outlined in the resolved clauses may not be an effective approach to bring about change.

RECOMMENDATION: The reference committee recommends that Resolution No. 5005 be not adopted.

Item No. 6: Resolution No. 5006: Disclosure of Sensitive Health Information via Billing Documents

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate how to protect or exclude disclosure of sensitive services including sexually transmitted infection (STI) testing and treatment, mental health services, drug treatment, family planning, gender affirming care, and intimate partner violence care via insurance billing documents such as Explanations of Benefits (EOB), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy that there should be minimal barriers to fully confidential delivery of healthcare services when requested by the patient, specifically including confidential billing and explanations of benefits (EOB).

The reference committee heard and agreed with testimony in support of the resolution. The reference committee discussed the policy, “Adolescent Health Care, Confidentiality” and identified that it supports confidential care only for adolescents. In addition, they identified that the policy discusses billing practices as a potential barrier to confidentiality. The reference committee agreed that by adopting this resolution, this policy could be revised to advocate for needed changes to protect confidentiality of all patients.

RECOMMENDATION: The reference committee recommends that Resolution No. 5006 be adopted.

Item No. 7: Resolution No. 5007: Standardized Anti-Discrimination Training in the Workplace: An AAFP Toolkit

RESOLVED, That the American Academy of Family Physicians oppose the “EDUCATE” legislation as it stands against the principles of equitable healthcare, and be it further

RESOLVED, That the American Academy of Family Physicians create a toolkit to disseminate information about standardized diversity, equity, and inclusion; anti-racism; and anti-discrimination training for medical facilities across the nation, and be it further

RESOLVED, That the American Academy of Family Physicians make this toolkit available to the public.

The reference committee heard testimony in support of the resolution with suggestion to revise and broaden the request for advocacy. The reference committee received alternate language for the first resolved clause from the author. The reference committee considered the amended language offered by the author and spent considerable time discussing potential revisions to clarify the language and to better understand the intent of the resolution. Ultimately the reference committee decided that despite the fact that the resolution addresses a timely and important issue, that it was not the place of the reference committee to interpret the intent of the authors and rewrite the resolved clauses.

The reference committee heard testimony in support of this resolution with suggestions to revise along with a request from the author to combine the second and third resolved clauses. AAFP staff provided information about current AAFP resources, trainings and toolkits from the Center for Diversity and Health Equity and discussed that the AAFP could draw on these resources to make the requested toolkit. The reference committee agreed to a substitute resolved clause to address the revisions requested in testimony.

The offerings reviewed by the committee were [The EveryONE Project | AAFP](#), [Health Equity: Leading the Change | AAFP CME](#), [Anti-Racism and Social Determinants of Health | AAFP](#), [AAFP Center for Diversity and Health Equity | AAFP](#), [Health Equity for Everyone Online - Part 1 | AAFP](#), and [Health Equity for Everyone Online - Part 2 | AAFP](#).

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

RESOLVED, That the American Academy of Family Physicians oppose legislation that could mandate certain restrictions or conditions on medical educations and practice related to Diversity, Equity and Inclusion, and be it further

RESOLVED, That the American Academy of Family Physicians make publicly available a toolkit for standardized Diversity, Equity and Inclusion (DEI), anti-racism, and anti-discrimination training for medical facilities, and be it further.

RESOLVED, That the American Academy of Family Physicians create rubric to evaluate and score medical institutions on their Diversity, Equity, and Inclusion policies/teaching materials.

Extracted – Divide the Question - Resolved 1 Adopted as Amended; Resolved 2 Adopted; Resolved 3 Adopted

Item No. 8: Resolution No. 5008: Increasing Family Medicine Workforce Through Expansion of the Public Service Loan Forgiveness Program

RESOLVED, That the American Academy of Family Physicians (AAFP) advocates for the expansion of the Public Service Loan Forgiveness Program by removal of the “qualified employer” restriction for family medicine physicians only, allowing more family medicine physicians to receive loan forgiveness and help achieve the AAFP goal of having 25% medical students match into family medicine by 2030.

The reference committee heard mixed testimony on the resolution. Testimony in opposition pointed out potential problems with the proposed changes to the Public Service Loan Forgiveness (PSLF). The reference committee agreed with the spirit of the resolution but felt the resolution would need to be rewritten as the current language of the resolution would make the PSLF program available to too many people and weaken the program.

RECOMMENDATION: The reference committee recommends that Resolution No. 5008 be not adopted.
Extracted – Adopted as Amended

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

Respectfully Submitted,

Anna Askari, MD, MSBS – CHAIR

Melonie Proctor, DO, FAAFP – Women

Emmeline Ha, MD – New Physician

Victoria Otano, MD – Minority

Tahera Azharuddin MD, FAAFP – IMG

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