2024 Agenda for the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

Item No.	Resolution Title
1. Resolution No. 5001	Advocating for Disaggregation of Racial and Ethnic Health Outcomes Data
2. Resolution No. 5002	Resolution to Advocate for Enhanced Patient Identifiers in Electronic Health Records
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5. Resolution No. 5005	Advocating Against Insurance-Based Discrimination Rates for Non-elderly United States Adults
6. Resolution No. 5006	Disclosure of Sensitive Health Information via Billing Documents
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8. Resolution No. 5008	Increasing Family Medicine Workforce Through Expansion of the Public Service Loan Forgiveness Program

RESOLUTION NO. 5001

Advocating for Disaggregation of Racial and Ethnic Health Outcomes Data

Introduced by: Nicole Jackson, MD, Minority
Romero Santiago, MD, Minority
Oanh Truong, MD, MPH, LGBTQ+
Calin Kirk, MD, Minority
Frank Animikwam, MD, Minority
David Casillas Plazola, MD, New Physician
Po-Yin Samuel Huang, MD, Minority

WHEREAS, Health equity cannot be achieved without racial equity and data equity, and

WHEREAS, entities that support independent research on health equity, such as The Commonwealth Fund, evaluate state health system performance only by broad racial and ethnic groups, and

WHEREAS, significant heterogeneity exists within each of the five broad racial categories (American Indian or Alaska Native (AI/AN), Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White) and two ethnicity categories (Hispanic or non-Hispanic) as set by the Office of Management and Budget, and

WHEREAS, current health outcomes data do not routinely include subgroups under various racial groups, and

WHEREAS, Tribal Epidemiology Centers and the Indian Health Service have deficiencies in federal data reported on health disparities for all Tribes and AI/AN, and

WHEREAS, the AAFP policy "Collecting Racial, Ethnic, Sexual Orientation and Gender Identity Data in Surveys" already supports disaggregating race and ethnicity on demographic surveys, now, therefore, be it

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

RESOLUTION NO. 5002

Resolution to Advocate for Enhanced Patient Identifiers in Electronic Health Records

Introduced by: Jose Abad, MD, LGBTQ+
Brain Carolan, DO, LGBTQ+

WHEREAS, The recognition of patient identity, including the use of chosen names and pronouns, is crucial for providing respectful and personalized healthcare, and

WHEREAS, current Electronic Health Record (EHR) systems often lack the capability to prominently display patient-chosen names and pronouns, leading to potential miscommunication and distress among patients particularly in LGBTQ+ communities, and

WHEREAS, the integration of these identifiers in EHRs aligns with the American Academy of Family Physician's commitment to diversity, equity, and inclusion in healthcare delivery, now, therefore, be it

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.

RESOLUTION NO. 5003

Create EHR Family-Medicine Friendliness Scale

Introduced by: Janet Hurley, MD, General Registrant
Kento Sonoda, MD, IMG
Toussaint Mears-Clarke, MD, MBA, FAAFP, General Registrant
Cedric Barnes, DO, Minority
Bharat Joshi, MD, FAAFP, Minority

WHEREAS, Electronic health records (EHR) can be powerful tools for patient care, but can also be cumbersome and create undue administrative burden that takes away precious time from patient care, and

WHEREAS, many electronic health records are generated to support hospital systems rather than independent and small group family physicians, and

WHEREAS, electronic health records are a necessary component for insurer and government reporting requirements, and some are more effective and efficient than others, and

WHEREAS, ease of electronic health record usage and artificial Intelligence (AI) solutions will be a key efficiency tool for family physician practices, and not all electronic health records will have AI solutions, and

WHEREAS, many family physicians do not have the time or expertise to properly vet different EHRs for their practice, and

WHEREAS, the American Academy of Family Physicians has many staff and physician experts on EHRs, AI, and value-based reporting requirements, now, therefore, be it

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.

RESOLUTION NO. 5004

Improving Family Physician Compensation Through Salary Data Transparency

Introduced by: Cean Mahmud, MBA;MD, IMG
Aldo Alleva, MD, FAAFP, General Registrant
Denise Octaviani, DO, Minority
Suganya Mahinthan, MD, New Physician
Chelsea Faso, MD, Women

WHEREAS, According to the American Medical Association (AMA), the majority of physicians (50.2% as of 2020) practicing in the United States are now employed and subject to employment contracts to determine total compensation for services provided. These compensation guidelines are guided by Stark laws that rely on the determination of fair market value as a benchmark to determine the compensation for family physicians, and

WHEREAS, the AMA projects a shortage of physicians, inclusive of primary care/family physicians creating an even greater need for services offered by family physicians nationwide, and

WHEREAS, many International Medical School Graduates (IMG) Family Physicians choose to practice in areas that are in greatest need due to profound health care shortages due to an ability to provide sponsorship with J1 and H1b Visas, and

WHEREAS, physicians, especially IMG and New Physicians, can often make initial contracting decisions without full insight into compensation guidelines that can often times dictate future compensation based on their initial starting point, and

WHEREAS, many employers utilize third-party compensation survey data from entities such as Medical Group Management Association (MGMA), American Medical Group Association (AMGA), or SullivanCotter that determine if a compensation package will comply with Stark laws. Access to this data is often limited and difficult to obtain by individual physicians, often due to cost, creating ambiguity and lack of transparency, and

WHEREAS, the American Academy of Family Physicians (AAFP) has launched a Family Medicine Career Benchmark Dashboard to help provide members with data around compensation that other members have voluntarily self-reported. However, this data is limited with a small sample size of only 7500 out of 110,000+ members reporting. There is also a lack of further details such as but not limited to a Relative Value Unit (wRVU) expectations, compensation for administrative titles, percentile ranges for compensation, now, therefore, be it

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 Granduate/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.

RESOLUTION NO. 5005

Advocating Against Insurance-Based Discrimination Rates for Non-elderly United States Adults

Introduced by: George Alvarez, MD, General Registrant
Richard Uribe, MD/MPH, Minority
Tamara Huson, M.D., FAAFP, General Registrant
Dalia Youssef, MBBCH, IMG
Suzanne Ginta, MD, LGBTQ+

WHEREAS, Medicaid is the single most important publicly funded health program for low-income and underserved people, and has the potential to address systemic racism in health care, and

WHEREAS, Medicaid patients have greater difficulty scheduling health care appointments compared with private insurance patients, mainly due to the lower reimbursement rates received by practices that provide Medicaid services, and

WHEREAS, a study that used 2011-2019 data from a survey applied to adults aged 18 to 64 years showed that adults with public insurance suffered five times more insurance-based discrimination compared to adults with private insurance, and

WHEREAS, nonprofit hospitals receive a wide range of subsidies, including exemption from federal and state taxes, in exchange of providing community benefits such as unreimbursed Medicaid costs, and

WHEREAS, in the 2019 Medicare cost report, both nonprofit and for-profit hospitals reported nearly equal unreimbursed Medicaid costs as a share of total expenses, now, therefore, be it

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.

RESOLUTION NO. 5006

Disclosure of Sensitive Health Information via Billing Documents

Introduced by: Natalie Kong, MD, Women
Rachel Chisausky, DO, Women
Arcelita Imasa, MD, Minority

WHEREAS, Insurer policies around billing transparency often include claims documents such as Explanations of Benefits (EOB) being sent consistently to primary policy holders rather than the patient receiving care, and

WHEREAS, many patients are dependents, rather than primary policy holders, including adolescents, adult dependents under the age of 26 (who are disproportionately women), and spouses/domestic partners, and

WHEREAS, sending explanations of benefits to the policy holder rather than patient could disclose receipt of sensitive healthcare, including sexually transmitted infection (STI) testing and treatment, mental health services, gender-affirming care, drug treatment, family planning, and intimate partner violence care, and

WHEREAS, the Health Insurance Portability and Accountability Act (HIPAA) privacy rule does not protect against the sending of EOB's and other claim related notices, and

WHEREAS, policies to limit EOB disclosures vary by state and insurer, and many family physicians are unsure how a patient can limit the sending of sensitive information in an EOB, and

WHEREAS, the American Academy of Family Physicians (AAFP) policy supports adolescent access to confidential healthcare, but does not specifically oppose billing and insurance practices that breach patient confidentiality, and

WHEREAS, the consequences of the disclosure of sensitive information can lead patients to forego care, creating added burdens of stigma and discrimination to vulnerable populations including women, youth, LGBTQ+ individuals, persons with disabilities, migrants, etc., who already suffer from unmet healthcare needs or delayed care or reduced satisfaction in care, and

WHEREAS, a 2016 study of Title X providers revealed that over half of providers (62%) simply did not send a bill at all when confidentiality was requested, exposing them to likely revenue loss, now, therefore, be it

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).

RESOLUTION NO. 5007

Standardized Anti-Discrimination Training in the Workplace: An AAFP Toolkit

Introduced by: Amanda Aninwene, MD, Minority
Andrew Chang, DO, New Physician
David Casillas Plazola, MD, New Physician
Cedric Barnes, DO, Minority

WHEREAS, Pending legislation, the “EDUCATE Act” is proposing elimination of funding for Diversity, Equity, Inclusion (DEI) initiatives, and

WHEREAS, racism and discrimination continues to be a significant problem in the workplace of health professionals and leads to burnout, and

WHEREAS, black, indigenous, and other people of color (BIPOC) physicians and physicians from marginalized communities see clearly the stratification in quality of care for the populations from in their own communities, and

WHEREAS, BIPOC physicians and physicians from marginalized communities are often expected to shoulder the burden of DEI work despite it being underfunded and unprioritized – this pigeonholing curtails career advancement – contributing to burnout, and

WHEREAS, the American Academy of Family Physicians (AAFP) “recognizes that racism is a system that characterizes people based on race, color, ethnicity, and culture, to differentially allocate societal goods and resources in a way that unfairly disadvantages some, while without merit, awards others” Policy: Institutional Racism in the Health Care System, and

WHEREAS, the AAFP “opposes all discrimination of any form, including but not limited to, on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus, or national origin (1996) (2015 COD) (2020 COD)” Policy: Discrimination, Patient, and

WHEREAS, the AAFP recognizes “these issues result in inequities in access to and quality of healthcare, and are major contributors to racial and ethnic health disparities.” Policy: Institutional Racism in the Health Care System, and

WHEREAS, the AAFP “recommends that all healthcare systems, hospitals, clinics, and institutions adopt antiracist policies that advocate for individual conduct, practices, and policies that promote inclusiveness, interdependence, acknowledgement, and respect for racial and ethnic differences.” Policy: Institutional Racism in the Health Care System, and

WHEREAS, there is no standardized training against discrimination in the healthcare workplaces, now, therefore, be it

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.

RESOLUTION NO. 5008

Increasing Family Medicine Workforce Through Expansion of the Public Service Loan Forgiveness Program

Introduced by: Sara Robinson, MD, New Physician
Marjan Jahani Kondori, MD, MPH, IMG
Alyson Lewis Sanchious, MD, New Physician
Kathryn Gouthro, MD, New Physician
Tabatha Davis, MD, AAFP, New Physician
Melissa Larson, MD, New Physician
Karen Shafer, MD, JD, New Physician

WHEREAS, Without intervention, there is predicted to be a shortage of 68,020 full-time equivalent primary care physicians in the United States by 2036, and

WHEREAS, the American Academy of Family Physicians (AAFP) has a goal to get 25% of all medical students to enter into family medicine residency programs by the year 2030, in 2024, around 11.8% of all applicants matched into family medicine (4,595 out of 38,941), and

WHEREAS, one barrier to medical school graduates pursuing family medicine is increased debt burden, in 2023, the average medical school debt was $250,995, the current interest rate is generally between 7-8%, and

WHEREAS, family medicine has been in the top 3 lowest paid physician specialties over the past five years, averaging $255,000 in 2023, other specialties, such as plastic surgery, orthopedic surgery, neurosurgery, cardiology, average double or triple the salary, making loan repayment a less burdensome concern, and

WHEREAS, not everyone who is employed as a family physician will qualify for Public Service Loan Forgiveness (PSLF), applicants must make 120 qualifying payments before applying for their loans to be forgiven, in order to qualify for PSLF, one must be employed in U.S.-based government organizations at any level (including military), not-for-profit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code, or other not-for-profit organizations that devote a majority of their full-time equivalent employees to providing certain qualifying public services, and

WHEREAS, an expansion program would extend qualifications for Public Service Loan Forgiveness to any practicing family medicine physician who made 120 qualifying payments working for any healthcare entity in a capacity to improve the health outcomes of patients and the populations they serve and not just government or not-for-profit organizations, and

WHEREAS, an expanded PSLF for family physicians would allow the program to evolve with the rising costs of medical education, alleviate the debt burden, and address the family medicine physician shortage, now, therefore, be it

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, allowing more family medicine physicians to receive loan forgiveness.