



2022 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	Support Changing How Insurance Companies Credential Providers for New Plan
2. Resolution No. 5002	Oppose Prior Authorizations for Time-Sensitive Medications
3. Resolution No. 5003	Advocating For Coverage of Lifestyle Medicine Interventions Through Strengthened Preventive Medicine Partnerships, In Order to Reduce Chronic Disease Burden And Related Expenditures
4. Resolution No. 5004	USPSTF Guidelines, genetic testing, pre-exposure prophylaxis (HIV) and access to life and disability insurance
5. Resolution No. 5005	Improving Coordination of Care
6. Resolution No. 5006	Updating Practice Management Toolkit for Non-Physician Provider Collaboration
7. Resolution No. 5007	Trauma-Informed Approaches in all American Academy of Family Physicians Policies, Procedures, and Practices
8. Resolution No. 5008	Expand Blood Donation Policy to Include Sperm Donation



Resolution No. 5001

2022 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Support Changing How Insurance Companies Credential Providers for New Plans

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3 Submitted by: Olusesan Olotu, MD, IMG
4 Maresi Berry-Stoelzle, MD, IMG

5
6 WHEREAS, There are multiple types of barriers associated with delayed and foregone care,
7 system-level barriers and discrimination having the greatest effect on healthcare-seeking behavior,
8 and

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10 WHEREAS, insurance companies are allowed the right to create and market new healthcare plans
11 that have narrower provider networks and limits on access to care for patients, and

12
13 WHEREAS, these plans are cheaper than the insurance company's standard plan, and

14
15 WHEREAS, patients often choose these plans, and

16
17 WHEREAS, more often than not, insurance companies invite few physicians to participate in the
18 new plan, excluding many other physicians that are good standing with the insurance company,
19 now, therefore, be it

20
21 RESOLVED, That the American Academy of Family Physicians advocate that insurance
22 companies not mandate physicians who are currently credentialed, and in good standing with
23 them, to credential for new plans created by the insurance, and be it further

24
25 RESOLVED, That the American Academy of Family Physicians recommend that insurance
26 companies offer physicians the ability to opt out of such new plans.



Resolution No. 5002

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Oppose Prior Authorizations For Time-Sensitive Medications

Submitted by: Lily Kosminsky, MD, General Registrant
Jane Simpson, DO, Women
Joel Valcarcel, MD, IMG
Anna Sliwowska, MD, Women
Jiana Menendez, MD, New Physician
Cean Mahmud, MD, Minority

WHEREAS, The American Academy of Family Physicians has policy stating that generic medications should not require prior authorizations due to the significant barriers prior authorizations impose on family physicians' ability to deliver timely and evidenced-based care, and

WHEREAS, prior authorization is currently required by some insurances for generic ulipristal, with levonorgestrel being the preferred first choice medication, despite the fact that ulipristal is the preferred contraceptive option for patients with BMI >25, which includes 73.6% of people over 20 years old in the United States, or beyond 72 hours after unprotected sex, and

WHEREAS, post exposure prophylaxis for prevention of HIV needs to be initiated within 72 hours of potential exposure, prior authorizations often delay access to these critical medications until patients are beyond the recommended window and at increased risk of contracting HIV infection, and, now, therefore be it

RESOLVED, That the American Academy of Family Physicians' insurance working group actively advocate to remove existing prior authorization requirements for all time sensitive medications (medications that are not effective, or pose danger or harm to the patient, when not given in a timely manner), and be it further

RESOLVED, That the American Academy of Family Physicians update existing policy opposing prior authorizations for generic medications to include that requiring prior authorizations or step therapy for time sensitive medications may prevent appropriate care.



Resolution No. 5003

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1 Advocating For Coverage Of Lifestyle Medicine Interventions Through Strengthened Preventive
2 Medicine Partnerships, In Order To Reduce Chronic Disease Burden And Related Expenditures

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4 Submitted by: Michelle Prentice, MD, New Physician
5 Terri Teague, DO, New Physician
6 Tu Dan Nguyen, MD, General Registrant
7 Benjamin Meyerink, MD, New Physician
8 Hailey Farris, MD, New Physician
9

10 WHEREAS, The American Academy of Family Physicians (AAFP) recognizes the importance of
11 lifestyle interventions such as diet, physical activity, stress management and emotional wellness in
12 the prevention and management of common conditions seen in family medicine. The AAFP
13 supports payment for evidence-based lifestyle medicine interventions and physician practices, and
14

15 WHEREAS, the American College of Lifestyle Medicine within the American College of Preventive
16 Medicine supports its members in their individual practices and in their collective desire to
17 domestically and globally promote lifestyle medicine as the first treatment option for chronic
18 disease, and
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20 WHEREAS, per the World Health Organization, sedentary lifestyles increase all causes of
21 mortality, double the risk of cardiovascular disease, diabetes and obesity, and increase the risk of
22 colon cancer, high blood pressure, osteoporosis, lipid disorders, depression and anxiety. It is
23 estimated that 60-85% of people in the world lead sedentary lifestyles, and
24

25 WHEREAS, 90% of the nation's \$3.8 trillion in annual health care expenditures are for people with
26 chronic and mental health conditions, which can in part be attributed to sedentary lifestyles, and
27

28 WHEREAS, systematic review and meta-analyses of effects of healthy lifestyle behaviors show
29 relative risk of mortality decreases proportionately to a higher number of healthy lifestyle factors.
30 Having at least four healthy lifestyle factors is associated with a reduction of the all-cause mortality
31 risk by 66%, and
32

33 WHEREAS, exercise, as an example, is known to prevent the incidence of depression and anxiety
34 as effectively as medication or behavioral therapy. Covered access to exercise programs and
35 facilities, such as through the SilverSneakers, improves health care outcomes and reduces costs,
36 now, therefore, be it
37

38 RESOLVED, That the American Academy of Family Physicians develop a unified mission in
39 conjunction with American College of Preventive Medicine and their subdivision of the American
40 College of Lifestyle Medicine to advocate for payer reimbursement for lifestyle medicine
41 prescription.



Resolution No. 5004

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1 USPSTF Guidelines, genetic testing, pre-exposure prophylaxis(HIV) and access to life and
2 disability insurance

3
4 Submitted by: Patricia Swiney, MD, Minority
5 Jandrette Rhoe, MD, Minority
6 Rosita Miranda, MD, General Registrant
7 Madie Hartman, DO, Minority
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9 WHEREAS, The United States Preventative Services Task Force (USPSTF) recommends that
10 primary care clinicians assess women with a personal history of breast, ovarian, tubal or peritoneal
11 cancer or who have a genetic associated breast CA susceptibility, BRCA 1 or 2 gene mutations or
12 answer positively appropriate brief familial risk assessment tool undergo genetic counseling and if
13 indicated, genetic testing. These individuals may not qualify to have life or disability insurance, and
14

15 WHEREAS, the USPSTF recommends that clinicians offer pre-exposure prophylaxis, (PrEP) with
16 effective antiretroviral therapy to persons who are at high risk of HIV acquisition. Black/African
17 American people account for a higher proportion of HIV diagnosis and people with HIV, compared
18 to other races and ethnicities. These individuals may not qualify to have life or disability insurance,
19 and
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21 WHEREAS, discrimination regarding disability and life insurance worsens intergenerational
22 inequities, now, therefore, be it
23

24 RESOLVED, That the American Academy of Family Physicians encourage state legislation for
25 those patients on medications for, including but not limited to, HIV prevention and those who have
26 positive genetics for potential future health problems not be disqualified from obtaining or receiving
27 claims payments from disability or life insurance, and be it further
28

29 RESOLVED, That the American Academy of Family Physicians adopt policy that patients on
30 medications for prevention of, including, but not limited to, HIV prevention and also those who have
31 positive genetics for potential future health problems not be disqualified from obtaining or receiving
32 claims payments from disability or life insurance, and be it further
33

34 RESOLVED, That the American Academy of Family Physicians modify its "Coverage Equity for
35 Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies" policy to add life
36 insurance and disability insurance coverage policies.



Resolution No. 5005

2022 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Improving Coordination Of Care

2
3 Submitted by: Hang Chau-Glendinning, DO, New Physician
4 Cezanne Sindt, MD, New Physician
5 Abbey Woods, MD, New Physician

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7 WHEREAS, It is within our scope of practice to recognize the need for a specialized level of
8 care, and

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10 WHEREAS, when family physicians refer our patients we expect that they receive care from a
11 physician, and

12
13 WHEREAS, patients experience delayed care and higher costs when our referrals are re-
14 evaluated by a midlevel provider prior to being seen by physician specialists, and

15
16 WHEREAS, studies show that midlevel care can add to the expense of patient care with
17 worsening outcomes, and

18
19 WHEREAS, often times patients referred to emergency care experience significant delays and
20 duplication of care, and

21
22 WHEREAS, we feel the AAFP current policies do not clearly address this issue, now, therefore,
23 be it

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25 RESOLVED, That the American Academy of Family Physicians update its policy on
26 "Consultations, Referrals, and Transfers of Care" to state more clearly that a referral or
27 consultation should be performed by physicians and not advanced practice providers, and be it
28 further

29
30 RESOLVED, That the American Academy of Family Physicians update its policy to expand the
31 definition of "transfer of care" to include better collaboration between physicians to reduce
32 duplication of care and to better expedite care, and be it further

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34 RESOLVED, That the American Academy of Family Physicians advocate to the American
35 Board of Medical Specialties to also update their policies to reflect the American Academy of
36 Family Physicians values of coordination of care that reduce costs and delays in care.



Resolution No. 5006

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1 Updating Practice Management Toolkit for Non-Physician Provider Collaboration

2

3 Submitted by: Justin Turner, MD, New Physician

4 Jean Ghosn, MD, New Physician

5 Lindsay Liles, MD, New Physician

6 Emma Daisy, MD, General Registrant

7 Grant Studebaker, MD, IMG

8 Taylor James, MD, Women

9 Matthew Adkins, DO, LGBTQ+

10

11 WHEREAS, Resolution 5006 of the 2021 American Academy of Family Physicians (AAFP)
12 National Conference of Constituency Leaders was adopted supporting appropriate physician
13 oversight for non-physician providers, and

14

15 WHEREAS, laws regarding non-physician providers practice vary widely from state to state, with
16 no comprehensive AAFP Policy for the role of non-physician providers in team-based clinical
17 practice, and

18

19 WHEREAS, the AAFP currently has inadequate practice management resources addressing
20 leadership skills and collaboration with non-physician providers for both trainees and practicing
21 physicians, now, therefore, be it

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23 RESOLVED, That the American Academy of Family Physicians update its practice management
24 resources to include a clinical leadership toolkit specifically addressing collaborative practice with
25 non-physician providers.



Resolution No. 5007

2022 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Trauma-Informed Approaches in all American Academy of Family Physicians Policies, Procedures,
2 and Practices

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4 Submitted by: Moazzum Bajwa, MD, MPH, IMG
5 Brent Sugimoto, MD, MS, MPH, General Registrant
6 Jyothi Patri, MD, General Registrant
7 Julie Celebi, MD, LGBTQ+
8 Erika Roshanravan, MD, FAAFP, General Registrant
9

10 WHEREAS, Trauma is extremely common as 90% of people surveyed in the United States
11 experience at least one traumatic event in their lifetime as defined by DSM-5, and 30% have
12 experienced six or more traumatic events, and

13
14 WHEREAS, trauma has substantial effects on physical and mental health, including increasing the
15 risk of the top 10 causes of death in the United States, and

16
17 WHEREAS, trauma affects physicians and other healthcare workers as much as anyone else, with
18 effects not only on health, but contributing to physician burnout and the ability to care for patients,
19 and

20
21 WHEREAS, creating safe spaces through trauma-informed approaches in all American Academy
22 of Family Physicians (AAFP) policies, procedures and practices are necessary to improve the
23 pipeline of underrepresented minorities in medicine, improve diversity in leadership, and promote
24 wellness in members, and

25
26 WHEREAS, the AAFP has established a Commission on Diversity, Equity, and Inclusiveness in
27 Family Medicine to review all AAFP policies, procedures, and practices through a health equity
28 lens, and

29
30 WHEREAS, injustice such as structural racism is a foundation of health inequity, and injustice is
31 also a form of trauma, and

32
33 WHEREAS, all work in diversity, equity, and inclusiveness must include a trauma-informed
34 approach, and

35
36 WHEREAS, the title of the AAFP policy on "Trauma-Informed Care" does not reflect the need for
37 the application of a trauma-informed approach at all levels of the health system, now, therefore, be
38 it

39
40 RESOLVED, That the American Academy of Family Physicians (AAFP) Commission on Diversity,
41 Equity, and Inclusiveness in Family Medicine explicitly use a trauma-informed approach when they
42 review all AAFP policies, procedures, and practices, and be it further

43

44 RESOLVED, that the American Academy of Family Physicians change the name of their new
45 policy on “Trauma-informed Care” to “Trauma-informed Approach” to express that this is not
46 restricted to physician-patient relationships.



Resolution No. 5008

2022 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Expand Blood Donation Policy to Include Sperm Donation

3 Submitted by: Susan Osborne, DO, FAFAPL, LGBTQ+
4 Theresa Drallmeier, MD, LGBTQ+

6 WHEREAS, The Food and Drug Administration currently bans men who have sex with men from
7 donating sperm, and

9 WHEREAS, the American Academy of Family Physicians (AAFP) has a current policy: "The AAFP
10 opposes the use of lifetime donor bans and arbitrary time-based deferrals that only serve to further
11 stigmatize and marginalize certain groups, particularly gender and sexual minorities. The AAFP
12 opposes any efforts to further restrict or limit eligibility of potential blood donors for reasons that are
13 not evidence-based. Deferral periods for potential donors should be reasonably and consistently
14 applied using unbiased screening tools to determine individual risk. The length of any specific,
15 time-based donor deferrals should be supported by evidence and should take into consideration
16 the accuracy of the latest screening and testing technologies for blood-borne pathogens. The
17 AAFP supports continued research into individualized risk assessments as a reasonable
18 alternative to broad-based, time-based deferrals for potential blood donors." now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) amend it's current policy on blood donation to read:

22 Policy on Blood and Sperm Donation: The AAFP opposes the use of lifetime donor bans
23 and arbitrary time-based deferrals that only serve to further stigmatize and marginalize
24 certain groups, particularly gender and sexual minorities. The AAFP opposes any efforts to
25 further restrict or limit eligibility of potential blood **or sperm** donors for reasons that are not
26 evidence-based. Deferral periods for potential donors should be reasonably and
27 consistently applied using unbiased screening tools to determine individual risk. The length
28 of any specific, time-based donor deferrals should be supported by evidence and should
29 take into consideration the accuracy of the latest screening and testing technologies for
30 blood-borne pathogens. The AAFP supports continued research into individualized risk
31 assessments as a reasonable alternative to broad-based, time-based deferrals for potential
32 blood **and sperm** donors.