



2012 Consent Calendar for the Reference Committee on Practice Enhancement

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 **The Reference Committee on Practice Enhancement recommends the following consent**
2 **calendar for adoption (page numbers indicate page in reference committee report):**

3
4 **RECOMMENDATION: The Reference Committee on Practice Enhancement recommends**
5 **the following consent calendar for adoption:**

6
7 **Item 1:** Adopt Resolution No. 5011 “Federal Credentialing Process and International Medical
8 Graduates” (p. 1).

9
10 **Item 2:** Adopt Substitute Resolution No. 5007 “Screening for Bullying Amongst Our Adolescent
11 Patients” in lieu of Resolution No. 5007 (pp. 1-2).

12
13 **Item 3:** Refer to the Board of Directors Resolution No. 5004 “Tax Incentives to Improve the
14 Access of Medicaid Eligible Patients to Primary Care Providers” (p. 2).

15
16 **Item 4:** Adopt Substitute Resolution No. 5005 “Thinking Outside of the Drop-Down Menu” in lieu
17 of Resolution No. 5005 (pp. 2-3).

18
19 **Item 5:** Adopt Resolution No. 5006 “Reducing Barriers for Limited English Proficient (LEP)
20 Patients” (p. 3).

21
22 **Item 6:** Adopt Substitute Resolution No. 5001 “Pharmacist Conscientious Objection” in lieu of
23 Resolution No. 5001 (pp. 3-4).

24
25 **Item 7:** Not Adopt Resolution No. 5002 “Physician Re-Entry” (p. 4).

26
27 **Item 8:** Adopt Resolution No. 5003 “Increasing Life Balance for Family Physicians” (p. 5).

28
29 **Item 9:** Adopt Substitute Resolution No. 5008 “Health Information Exchange” in lieu of
30 Resolution No. 5008 (pp. 5-6).

31
32 **Item 10:** Not Adopt Resolution No. 5010 “Social Media Guidelines” (p. 6).

33
34 **Reaffirmation Calendar:** Reaffirmation of Item A under the Reaffirmation Calendar (pp. 6-7)



2012 Report of the Reference Committee on Practice Enhancement

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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 will be**
3 **submitted as a consent calendar and voted on in one vote. Any item or items may be**
4 **extracted for debate.**

5
6 **ITEM NO. 1: RESOLUTION NO. 5011: FEDERAL CREDENTIALING PROCESS AND**
7 **INTERNATIONAL MEDICAL GRADUATES**

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
10 constituent chapters to communicate with state medical boards to accept verified
11 credentials from Federal Credential Verification Service for the licensure process.
12

13 The reference committee only heard testimony in favor of the resolution. There is a need to
14 provide a consistent and timely way to credential between states. It benefits not only
15 international medical graduates but United States graduates as well. It was expressed that the
16 current varied state processes are burdensome, time consuming, and costly.
17

18 **RECOMMENDATION: The reference committee recommends that Resolution No. 5011 be**
19 **adopted.**
20

21 **ITEM NO. 2: RESOLUTION NO. 5007: SCREENING FOR BULLYING AMONGST OUR**
22 **ADOLESCENT PATIENTS**

23
24 RESOLVED, That the American Academy of Family Physicians (AAFP) partner with the
25 American Academy of Pediatrics (AAP) to create an updated Bright Futures™ form to
26 include screening on bullying, and be it further
27

28 RESOLVED, That the American Academy of Family Physicians (AAFP) provide
29 resources to members to facilitate screening amongst adolescent patients on issues of
30 bullying such as during the HEADS questionnaire.
31

32 The reference committee heard favorable testimony from three constituency groups. The Bright
33 Futures™ form currently does not include screening for bullying. By expanding the Bright
34 Futures form to include screening for bullying, it draws attention to this wide-spread issue and
35 encourages family physicians to address the problem. The reference committee agreed with the
36 spirit of the resolution; however, they felt that bullying impacts all children, not just adolescents.
37

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

1
2 **RESOLVED, That the American Academy of Family Physicians (AAFP) partner**
3 **with the American Academy of Pediatrics (AAP) to create an updated Bright**
4 **Futures™ form to include screening on bullying, and be it further**

5
6 **RESOLVED, That the American Academy of Family Physicians (AAFP) provide**
7 **resources to members to facilitate screening amongst school age patients on**
8 **issues of bullying such as part of the HEADS questionnaire.**
9

10 **ITEM NO. 3: RESOLUTION NO. 5004: TAX INCENTIVES TO IMPROVE THE ACCESS OF**
11 **MEDICAID ELIGIBLE PATIENTS TO PRIMARY CARE PROVIDERS**

12
13 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for tax
14 incentives for family physicians who provide access to Medicaid eligible recipients.
15

16 The reference committee heard limited testimony for this resolution. While the reference
17 committee acknowledges the creativity of this potential solution, it recognizes that it requires
18 huge legislative change at the federal and state levels and would burden an already overtaxed
19 state budget environment. Additionally, the reference committee anticipates that the Affordable
20 Care Act will impact both coverage and payment and that to act now may be premature.
21

22 **RECOMMENDATION: The reference committee recommends that Resolution No. 5004 be**
23 **referred to the Board of Directors.**
24

25 **ITEM NO. 4: RESOLUTION NO. 5005: THINKING OUTSIDE OF THE DROP-DOWN MENU**

26
27 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
28 electronic medical record vendors to expand their options for patient demographic
29 information to better reflect cultural beliefs and ethnic identities and use interoperable
30 terms and descriptors of culturally relevant information, and be it further
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that
33 culturally relevant information be added to data registries to increase accuracy and to
34 better identify the needs of specific patient populations.
35

36 The reference committee heard testimony from one of the authors who described the intent of
37 the resolution as acknowledging the patient as a whole person. Capturing this information in the
38 electronic health record (EHR) is important to whole-person care. Testimony was heard that this
39 issue impacts transgendered individuals, as well as other culturally relevant information.
40

41 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
42 **No. 5005 be adopted in lieu of Resolution No. 5005 which reads as follows:**
43

44 **RESOLVED, That the American Academy of Family Physicians (AAFP) encourage**
45 **electronic medical record users to expand their options for patient demographic**
46 **information in keeping with the 2010 US Census definitions to better reflect**
47 **cultural beliefs and ethnic identities and use interoperable terms and descriptors**
48 **of culturally relevant information, and be it further**

1 **RESOLVED, That the American Academy of Family Physicians (AAFP)**
2 **recommend that culturally relevant information be added to data registries to**
3 **increase accuracy and to better identify the needs of specific patient populations.**
4
5

6 **ITEM NO. 5: RESOLUTION NO. 5006: REDUCING BARRIERS FOR LIMITED ENGLISH**
7 **PROFICIENT (LEP) PATIENTS**
8

9 RESOLVED, That the American Academy of Family Physicians (AAFP) work with other
10 national medical professional organizations, such as the American Medical Association,
11 to identify evidence-based interpretation resources for health care providers who care for
12 limited English patients (LEP) patients, and be it further
13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for all
15 payors to provide translation services in order to decrease language barriers and, in
16 turn, poor access to healthcare, and be it further
17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) disseminate to
19 state chapters existing model legislation that mandates interpretation and translation
20 services for all patients.
21

22 The reference committee heard testimony that having accurate medical translation improves
23 patient outcomes for limited English proficient patients (LEP). There are varying translation
24 requirements across states, as well as, differences among private and public health plans. The
25 predominant method for paying for these services is from the primary care physician's office. It
26 was heard from a committee member, that often the translator fees are higher than payment for
27 the office visit.
28

29 **RECOMMENDATION: The reference committee recommends that Resolution No. 5006 be**
30 **adopted.**
31

32 **ITEM NO. 6: RESOLUTION NO. 5001: PHARMACIST CONSCIENTIOUS OBJECTION**
33

34 RESOLVED, That the American Academy of Family Physicians (AAFP) update the
35 current Pharmacists Position Paper to specifically state that we do not support a
36 pharmacist's right to choose to not fill a prescription without first discussing it directly
37 with the prescribing physician or one of his/her partners, and be it further
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) update the
40 current Pharmacists Position Paper to specifically state that a pharmacist refusing to fill
41 a prescription should return the prescription to the patient.
42

43 The reference committee heard testimony that the resolution was intended to draw attention to
44 the fact that some states have laws allowing pharmacists to decline filling prescriptions based
45 on personal objection. In some cases pharmacists are not even returning the patient's written
46 prescription thereby, compromising patient care and adding costs to the already overtaxed
47 healthcare system.
48

49 The American Academy of Family Physicians (AAFP) Pharmacists Position Paper currently
50 does not address these issues. The position paper does state that the "family physician is the

1 coordinator and the pharmacy professional is a member of an integrated team". In further
2 review, the reference committee found that the AAFP does have an existing policy Pharmacists'
3 Right of Conscientious Objection, that states "The AAFP believes that a pharmacists' right of
4 conscientious objection should be reasonably accommodated, but to safeguard the patient-
5 physician relationship, governmental policies must be in place to protect patients' rights to
6 obtain legally prescribed and medically indicated treatments in a timely manner."
7

8 **RECOMMENDATION: The reference committee recommends the Substitute Resolution**
9 **No. 5001 be adopted in lieu of Resolution No. 5001 which reads as follows:**

10
11 **RESOLVED, That the American Academy of Family Physicians (AAFP) update the**
12 **current policy on Pharmacists' Right of Conscientious Objection to add the**
13 **following: "Hence, the pharmacists' refusal to fill a prescription must be**
14 **discussed with the physician or his/her representative and the prescription**
15 **returned to the patient."**
16

17 **ITEM NO. 7: RESOLUTION NO. 5002: PHYSICIAN RE-ENTRY**

18
19 RESOLVED, That the American Academy of Family Physicians (AAFP) needs to
20 determine how many inactive family physicians there are and determine the reasons for
21 inactivity, and be it further

22
23 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a very
24 visible and easily accessible advocacy program to help family physicians with the
25 necessary steps needed for reentry, and be it further

26
27 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
28 curriculum development for a reentry program that can be used by many medical
29 training programs to reduce duplication of effort, and be it further

30
31 RESOLVED, That the American Academy of Family Physicians (AAFP) would actively
32 educate federal and state politicians about the need to develop reentry opportunities for
33 family physicians to help decrease the physician shortage problems.
34

35 The reference committee heard testimony that there will be a physician shortage of
36 approximately 55,000 by 2020. Additionally, it was reported that approximately 18% of family
37 physicians have stepped away from clinical care for various reasons. It was also expressed that
38 it is less expensive to retrain physicians reentering the workforce than to educate new
39 physicians.
40

41 The reference committee discovered that there were seven reentry programs that are well
42 distributed across the nation and the expenses and time commitment were found not to be
43 excessive. While the reference committee agrees with the spirit of the resolution, they believe
44 funding considerations are the physician's responsibility and should be considered prior to
45 making the decision to leaving practice.
46

47 **RECOMMENDATION: The reference committee recommends that Resolution No. 5002 not**
48 **be adopted.**

1 **ITEM NO. 8: RESOLUTION NO. 5003: INCREASING LIFE BALANCE FOR FAMILY**
2 **PHYSICIANS**

3
4 RESOLVED, That the American Academy of Family Physicians (AAFP) increase
5 awareness of life balance as an extension of the emotional well-being component of
6 Americans In Motion – Healthy Interventions (AIM-HI) through existing avenues for
7 education such as the Scientific Assembly, other available CME meetings, printed, and
8 on-line educational materials for members and patients, and be it further
9

10 RESOLVED, That the American Academy of Family Physicians (AAFP) place a main
11 link on the opening webpage of aafp.org under the “Running a Practice” tab for life
12 balance which links to all relevant existing AAFP resources holds, including articles
13 written in *Family Practice Management*, AIM-HI materials, and previous CME meeting
14 presentations.
15

16 The reference committee heard testimony that physician well-being is important and that
17 physicians need to take care of themselves in order to take care of others. The American
18 Academy of Family Physicians (AAFP) resources that describe life balance are dated and
19 difficult to find. Additional testimony was provided that Americans in Motion – Healthy
20 Interventions (AIM-HI) is a natural place to develop additional resources on this subject. The
21 reference committee heard testimony that resilience and emotional well-being are essential in
22 helping physicians competently lead change.
23

24 **RECOMMENDATION: The reference committee recommends that Resolution No. 5003 be**
25 **adopted.**
26

27 **ITEM NO. 9: RESOLUTION NO. 5008: HEALTH INFORMATION EXCHANGE**
28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a
30 template to distribute a standardized letter to specialists and hospitals that clarifies the
31 Health Insurance Portability and Accountability Act (HIPAA) requirements regarding
32 communication with hospitals and consultants, specifically to emphasize that, in the
33 setting of continuity of care, HIPAA does not require a patient signature for release of
34 medical records, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians (AAFP) educate
37 members on the benefits of health information exchanges and encourage all members to
38 participate in health information exchanges as one mechanism of improving
39 communication between primary care physicians, specialists, and hospitals.
40

41 The reference committee heard testimony regarding misinterpretation of Health Insurance
42 Portability and Accountability Act (HIPAA) requirements for release of patient information.
43 Additional testimony supported the participation in Health Insurance Exchanges (HIE) where
44 available. While in discussion the reference committee determined that there are no simple tools
45 currently available to clarify HIPAA requirements. A HIE was described as a virtual post office,
46 whereby patient data (e.g. labs and radiology) is uploaded and the data is stored in a virtual
47 cloud. Data therefore can be exchanged among health care providers.
48

49 **RECOMMENDATION: The reference committee recommends Substitute Resolution No.**
50 **5008 be adopted in lieu of Resolution No. 5008 which reads as follow:**

1 **RESOLVED, That the American Academy of Family Physicians (AAFP) develop a**
2 **standardized letter that physicians may use, clarifying specific instances in which**
3 **a patient's signature is required under the Health Insurance Portability and**
4 **Accountability Act (HIPAA) guidelines for medical information release, and be it**
5 **further**

6
7 **RESOLVED, That the American Academy of Family Physicians (AAFP) educate**
8 **members on the benefits of health information exchanges (HIE) and encourage all**
9 **members to participate in health information exchanges as one mechanism of**
10 **improving communication between health care providers and improving patient**
11 **care.**
12

13 **ITEM NO. 10: RESOLUTION NO. 5010: SOCIAL MEDIA GUIDELINES**

14
15 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the
16 feasibility of developing guidelines or a toolkit for family physicians using social media for
17 professional use.
18

19 The reference committee heard limited testimony in favor of the resolution. A representative for
20 the author testified that the Centers for Disease Control and Prevention (CDC) has published a
21 recent online toolkit to guide physicians in social media professional use. During the reference
22 committee discussions it was determined there are many online resources to addressing social
23 medial guidelines for physicians. In November 2010, the American Academy of Family
24 Physicians (AAFP) Delegation to the American Medical Association (AMA) House of Delegates
25 adopted recommendations regarding professional use of social media. The recommendations
26 provide ethical guidance for physicians that participate in online social networking.
27

28 **RECOMMENDATION: The reference committee recommends Resolution No. 5010 be not**
29 **adopted.**
30

31 **REAFFIRMATION CALENDAR**

32
33 **The following item A is presented by the Reference Committee on the Reaffirmation**
34 **Calendar. Testimony in the Reference Committee hearing and as discussed by the**
35 **Reference Committee in Executive Session concurred that the resolutions presented in**
36 **item A is current policy or is already addressed in current projects. At the request of the**
37 **NCSC, any item may be taken off the Reaffirmation Calendar for an individual vote on**
38 **that item. Otherwise, the Reference Committee will request approval of the Reaffirmation**
39 **Calendar in a single vote.**
40

41 (A) Resolution No. 5009 entitled, "Universal Prescription Prior Authorization
42 Procedure," the resolved portion which reads as printed below:
43

44 RESOLVED, That the American Academy of Family Physicians advocate with
45 major insurance companies to develop a universal prescription prior authorization
46 form of no more than two pages, and be it further

1
2 RESOLVED, That the American Academy of Family Physicians (AAFP) develop
3 a universal prescription authorization model form and use the AAFP's corporate
4 relations with major insurance companies to adopt this form, and be it further

5
6 RESOLVED, That the American Academy of Family Physicians (AAFP) work
7 with the AAFP constituent chapters to educate members on the use of the
8 universal prescription authorization form, and be it further

9
10 RESOLVED, That the American Academy of Family Physicians (AAFP) utilize
11 their legislative contacts and any other resources to develop a standard time
12 frame for insurance companies to respond to prior authorization requests.

13
14 The reference committee heard testimony regarding the wide disparity between processes for
15 prescription drug prior authorizations. As an example, the state of Louisiana mandates a
16 universal two-page document be used for prescription prior authorizations. The health plan must
17 respond within 48 hours or it is considered approved. During the reference committee
18 discussion they learned that the American Academy of Family Physicians (AAFP) is involved in
19 ongoing work with industry stakeholders regarding prior authorizations in general, and
20 prescription prior authorizations, specifically.

21
22 **RECOMMENDATION: The Reference Committee recommends that item A on the**
23 **Reaffirmation Calendar be approved as current policy or as already being addressed in**
24 **current projects.**

25
26 **I wish to thank those who appeared before the reference committee to give testimony**
27 **and the reference committee members for their invaluable assistance. I also wish to**
28 **commend the AAFP staff for their help in the preparation of this report.**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36

Respectfully Submitted,

Karla Booker, MD, Chair

- Adanna Amechi-Obigwe, MD, Minority
- Jody George, MD, New Physicians
- Regina Kim, MD, GLBT
- Kathyayini Konuru, MD, IMG
- Tina Tanner, MD, Women
- Andrea Angelucci, DO (Observer), General Registrant