



# 2018 Report of the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders — 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 on each  
3 item will be submitted as a consent calendar and voted on in one vote. Any item or items  
4 may be extracted for debate.

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6 **ITEM NO. 1: RESOLUTION NO. 5001: RE-HUMANIZE MEDICINE TO AVOID BURN OUT**

7  
8 ~~RESOLVED, That the American Academy of Family Physicians create campaigns to~~  
9 ~~support physicians at their work place, and, be it further~~

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11 ~~RESOLVED, That the American Academy of Family Physicians propose a standardized~~  
12 ~~contract with clear defined expectations for the work place, and, be it further~~

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14 ~~RESOLVED, That the American Academy of Family Physicians support marketing,~~  
15 ~~education and advocacy to mitigate culture change for wellness campaigns through all~~  
16 ~~available medias to payers.~~

17  
18 RESOLVED, That the AAFP investigate solutions to extend healthy workplace standards  
19 beyond resident physicians to practicing physicians, including evaluating how labor laws  
20 can apply to family physicians to create a national standard of physician care and wellness.

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22 **ADOPTED AS AMENDED**

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26 The reference committee only heard testimony in support of the resolution. Testimony highlighted  
27 the issue that there are protections and guidelines for work hours and culture in residency but  
28 those do not exist once in practice. The reference committee agreed with the intent of the  
29 resolution but believed the resolved clauses were too vague and failed to address the concerns  
30 brought up during testimony. The reference committee also had concerns on the AAFP’s ability to  
31 develop a standardized contract that would fit the needs of its diverse membership. The reference  
32 committee acknowledged that the AAFP has a variety of tools and resources on this topic in *FPM*  
33 and *AAFP News* articles.

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35 **RECOMMENDATION: The reference committee recommends that Resolution No. 5001 not**  
36 **be adopted.**

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38 **ITEM NO. 2: RESOLUTION NO. 5002: EMERGING TECHNOLOGIES IN FAMILY MEDICINE**

1 RESOLVED, That the American Academy of Family Physicians explore the option of  
2 creating a mentor network supporting the implementation of new technology, including but  
3 not limited to, telemedicine, telehealth, and artificial intelligence in clinical encounters, and,  
4 be it further

5  
6 RESOLVED, That the American Academy of Family Physicians develop materials such as  
7 a best practice tool kit and continuing medical education offerings to assist family  
8 physicians in implementing new technologies, including but not limited to telemedicine,  
9 telehealth, and artificial intelligence in clinical encounters, and be it further

10  
11 RESOLVED, That the American Academy of Family Physicians communicate with the  
12 Accreditation Council for Graduate Medical Education regarding the exposure of new  
13 technologies, including but not limited to telemedicine, telehealth, and artificial intelligence  
14 in clinical encounters.

15  
16 The reference committee heard only positive testimony on the resolution. Testimony included the  
17 need of physicians for guidance, training, and mentorship on telemedicine and emerging  
18 healthcare technologies; this included the need for training in graduate medical education.  
19 Testimony also stressed support for the AAFP taking an active role in guiding the direction of  
20 emerging health care technology to ensure that it meets the needs of family physicians. The  
21 reference committee agreed with the testimony and discussed the clarity and feasibility of the  
22 actions requested in the resolved clauses.

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24 **RECOMMENDATION: The reference committee recommends that Resolution No. 5002 be**  
25 **adopted.**

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27 **ITEM NO. 3: RESOLUTION NO. 5003: SUPPORT TELEMEDICINE USE IN HOSPICE CARE**

28  
29 RESOLVED, That the American Academy of Family Physicians support the coverage and  
30 utility of telemedicine in hospice care with payers, especially Centers for Medicare and  
31 Medicaid Services, and be it further

32  
33 RESOLVED, That the American Academy of Family Physicians support coverage and utility  
34 of telemedicine in hospice care with legislators, and be it further

35  
36 RESOLVED, That the American Academy of Family Physicians support the Telehealth  
37 Enhancement Act of 2015 since Medicare currently does not reimburse home-based  
38 telemedicine, as all reimbursable telemedicine services require an “originating facility” that  
39 includes physician offices, clinics, hospitals, and skilled nursing facilities.

40  
41 The reference committee heard no testimony on this resolution. The reference committee agreed  
42 with the resolution but thought payment for these services should be included. The reference  
43 committee was unable to determine the importance of the AAFP supporting the Telehealth  
44 Enhancement Act of 2015 specifically and instead choose to incorporate the main points from the  
45 third resolved clause in the substitute resolved clauses.

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47 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
48 **5003, which reads as follows, be adopted in lieu of Resolution No. 5003:**

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50 **RESOLVED, That the American Academy of Family Physicians support the utility of**  
51 **and payment for telemedicine in hospice care with payers, especially the Centers for**  
52 **Medicare and Medicaid Services, and be it further**

1  
2 **RESOLVED, That the American Academy of Family Physicians advocate with**  
3 **legislators for the utility of and payment for telemedicine in hospice care regardless**  
4 **of originating facility or patient location.**

5 **ITEM NO. 4: RESOLUTION NO. 5004: MENTOR UP!**

6  
7 RESOLVED, That the American Academy of Family Physicians add the question, “Do you  
8 want to be a mentor?” to the membership profile and linking the interested mentor to the  
9 membership interest group, and be it further

10  
11 RESOLVED, On the mobile member homepage on the American Academy of Family  
12 Physicians website, a “Mentor Up!” banner be placed under the “Physician Health First”  
13 banner, and be it further

14  
15 RESOLVED, That the American Academy of Family Physicians (AAFP) create visible  
16 support by participating in national mentor month annually during the month of January by  
17 placing a “Mentor Up!” banner on the homepage of the AAFP website with a link to the  
18 membership interest group.

19  
20 The reference committee heard positive testimony from one author, speaking on behalf of all the  
21 authors. Testimony spoke to the need to support those in practice who feel isolated. Testimony  
22 highlighted the authors’ desire to offer a low-cost way for AAFP to connect and support members  
23 in order to decrease burnout, increase knowledge, and access to care. The reference committee  
24 discussed the fact that the resolution depended on a member interest group (MIG) which has not  
25 yet been established. The reference committee supported the spirit of the resolution and  
26 understanding that members are working toward applying to form a MIG, and hope the resolution  
27 will be proposed again after the MIG has been established.

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29 **RECOMMENDATION: The reference committee recommends that Resolution No. 5004 not**  
30 **be adopted.**

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32 **ITEM NO. 5: RESOLUTION NO. 5005: PRENATAL COUNSELING REGARDING SEX AND**  
33 **GENDER DIFFERENCES**

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35 RESOLVED, that the American Academy of Family Physicians educates providers on how  
36 they can inform patients of the difference ~~differentiation~~ between natal sex and gender  
37 during prenatal care. **ADOPTED AS AMENDED**

38  
39 The reference committee heard testimony in support of the resolution. The testimony stressed the  
40 importance of providing education to physicians on how they can discuss the difference between  
41 natal sex and gender with parents during prenatal care. The reference committee understood the  
42 intent of the resolution and supported the spirit but found the wording in the resolved clause to be  
43 unclear on the intended audience of the education – patients versus physicians.

44  
45 **RECOMMENDATION: The reference committee recommends that Resolution No. 5005 not**  
46 **be adopted.**

1 **ITEM NO. 6: RESOLUTION NO. 5006: FAMILY PHYSICIANS' ROLE IN TREATING**  
2 **SUBSTANCE ABUSE DISORDERS**  
3

4 RESOLVED, That the American Academy of Family Physicians will create a policy  
5 regarding the role of Family Physicians in treatment of substance abuse disorders, that  
6 states speciality certification should not prevent family physicians from practicing in any  
7 substance abuse treatment setting at any level, and that substance abuse treatment  
8 credentialing be based on training, experience and current competence.

9 The reference committee heard only positive testimony on the resolutions from two authors and  
10 one additional member. Testimony included an acknowledgment that AAFP has addressed and  
11 supports family physicians in treating substance abuse disorders, however, there is a desire for  
12 AAFP to take a stronger stand through a policy on the issue. Testimony also spoke to the  
13 possibility of a subspecialty on addiction medicine being recognized by the American Board of  
14 Medical Specialties, resulting in barriers to family physicians' abilities to provide treatment for  
15 substance abuse disorders. The reference committee discussed the wording of the resolved clause  
16 and the intent expressed during testimony. In addition, the reference committee also examined  
17 current policies which address similar issues, specifically "Privileging and Emergency Medicine",  
18 and determined that the AAFP has policy which supports the concepts offered in testimony. The  
19 reference committee also believes the AAFP should continue to monitor the landscape of  
20 treatment for substance abuse disorders to determine how best to respond. However, the  
21 reference committee felt the language of the resolved clause was unclear and the term  
22 "certification" within the resolved clause could be confused with the Drug Enforcement Agency-  
23 required certification. The reference committee chose not to adopt as the resolved clause language  
24 could be misunderstood and there is current policy to support the intent of the resolution.  
25

26 **RECOMMENDATION: The reference committee recommends that Resolution No. 5006 not**  
27 **be adopted.**  
28

29 **ITEM NO. 7: RESOLUTION NO. 5007: IMPROVED TRANSPARENCY OF MEDICARE NON-**  
30 **COVERED SERVICES**  
31

32 RESOLVED, The American Academy of Family Physicians write a letter to Centers for  
33 Medicare and Medicaid Services to encourage simplifying the process for identifying non-  
34 covered services, and be it further  
35

36 RESOLVED, The American Academy of Family Physicians offer a searchable database for  
37 family physicians to identify Medicare covered services and associated ICD-10 codes.  
38

39 The reference committee heard testimony from three members all in support of the resolution.  
40 Testimony discussed the burden being placed on physicians to identify what services are covered  
41 and the correct diagnosis codes needed to ensure payment and avoid potential fines. One member  
42 acknowledged the fact that this information may be available for large health systems but small  
43 practices need help in order to avoid having to hire additional staff. The reference committee  
44 believes the first resolved clause wording was unclear and that the number of non-covered  
45 services could be infinite and ever changing. The reference committee recognized that the second  
46 resolved clause could require a significant fiscal note and be difficult to maintain. The reference  
47 committee discussed that resources are available on this topic but also acknowledged that they  
48 may not be the easiest to find or use.  
49

50 **RECOMMENDATION: The reference committee recommends that Resolution No. 5007 not**  
51 **be adopted.**

1  
2 **ITEM NO. 8: RESOLUTION NO. 5008: AMENDMENT TO THE POLICY ON “PHYSICIAN AND**  
3 **PATIENT RELATIONSHIP, PROFESSIONAL RESPONSIBILITY”**  
4

5 RESOLVED, That the American Academy of Family Physicians (AAFP) update their policy  
6 on, “Physician and Patient Relationships, Professional Responsibility” to include the  
7 responsibility of the health care professional to provide unbiased information and referrals  
8 in a timely fashion for legally permitted services a provider is unable or unwilling to perform  
9 due to moral or religious objection.  
10

11 The reference committee heard testimony in support of this resolution with one member providing  
12 opposing testimony. Testimony in support stressed the need for AAFP to have policy supporting  
13 physicians in providing an unbiased approach to all patient care in order to protect all patients.  
14 Testimony in support also focused on the importance of physician beliefs not interfering with  
15 patient care and that bias in care can contribute to health inequities. Testimony in opposition  
16 stressed that current AAFP policy and this resolution would require a physician to make referrals  
17 which could violate one’s religious beliefs and one’s first amendment rights. The reference  
18 committee considered this resolution along with Resolution No. 5012. The reference committee  
19 considered combining the two resolutions as both addressed the same policy. After much  
20 discussion of the testimony, resolved clauses, and language in current AAFP policy related to  
21 religion, the reference committee decided to recommend adoption of a substitute resolved clause  
22 for Resolution No. 5008 that included the idea of timeframe requested in Resolution No. 5012,  
23 while removing the wording related to religious views, as the reference committee found the term  
24 “moral objection” to be an appropriate umbrella term which would include “religious objection.”  
25

26 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
27 **5008, which reads as follows, be adopted in lieu of Resolution No. 5008:**  
28

29 **RESOLVED, That the American Academy of Family Physicians (AAFP) update the**  
30 **policy on, “Physician and Patient Relationships, Professional Responsibility” to**  
31 **include the responsibility of the health care professional to provide unbiased**  
32 **information and referrals in a clinically reasonable timeframe for legally permitted**  
33 **services a provider is unable or unwilling to perform due to moral objection.**  
34

35 **EXTRACTED AND ADOPTED**  
36

37 **ITEM NO. 9: RESOLUTION NO. 5012: RELIGIOUS BELIEF PROTECTIONS IN AAFP POLICY**  
38

39 RESOLVED, That the American Academy of Family Physicians amend the language of the  
40 policy on “Physician and Patient Relationships, Professional Responsibility” from “No  
41 physician shall be compelled to prescribe any treatment or perform any act which violates  
42 his/her good judgment or personally held moral principles,” to “No physician shall be  
43 compelled to prescribe any treatment or perform any act which violates his/her good  
44 judgment, personally held moral principles, or religious belief”, and be it further  
45

46 **NOT ADOPTED**

47 RESOLVED, That American Academy of Family Physicians amend the policy on “Physician  
48 and Patient Relationships, Professional Responsibility” to include more detail regarding  
49 what “adequate notice” entails, i.e., how much time is required and what method is required  
50 for notice to be adequate. **NOT ADOPTED**  
51

1 The reference committee heard testimony in support of Resolution No. 5012 from the author and  
2 heard a large amount of testimony in opposition. In addition, testimony from the New Physician  
3 Constituency reflected that the constituency could not come to consensus on the resolution.  
4 Testimony from the author in support stated that the current policy does not protect his religious  
5 beliefs and that the policy should provide specific definition of what is meant by “adequate notice.”  
6 Testimony in opposition to the resolution closely reflected testimony which had already been  
7 provided in support of Resolution No. 5008 and stressed that Resolution No. 5008 adequately  
8 address these issues, while still protecting patients. The reference committee considered  
9 Resolution Nos. 5008 and 5012. In regard to the first resolved clause, as with Resolution No. 5008,  
10 the reference committee found “moral objections” to be an umbrella term which encompasses  
11 “religious objections”. In regard to the second resolved clause, the reference committee found it  
12 was not possible to recommend adoption given the variety and complexity of cases that would be  
13 considered.

14  
15 **RECOMMENDATION: The reference committee recommends that Resolution No. 5012 not**  
16 **be adopted.**

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18 **ITEM NO. 10: RESOLUTION NO. 5009: WELLNESS IS PRIMARY**

19  
20 ~~RESOLVED, That the American Academy of Family Physicians develop a social media~~  
21 ~~campaign titled “Wellness is Primary,” to highlight the presence and impact of burnout~~  
22 ~~among primary care physicians and contribute to a culture change that allows physicians to~~  
23 ~~acknowledge burnout without fear of retribution among employers and peers.~~

24  
25 RESOLVED, That the AAFP explore new opportunities for increasing public awareness of  
26 physician burnout to create a culture change that destigmatizes physician burnout without  
27 fear of retribution from peers, employees and licensing boards.

28 **ADOPTED AS AMENDED**

29  
30 The reference committee heard testimony in favor of this resolution. Testimony emphasized the  
31 need to help reduce the stigma of discussing burnout with administration that may lead to  
32 retribution or impact a physician’s medical licensure. The reference committee acknowledges that  
33 the AAFP is invested in addressing physician burnout and supports the spirit to make physician  
34 burnout a more public discussion.

35  
36 **RECOMMENDATION: The reference committee recommends that Resolution No. 5009 not**  
37 **be adopted.**

38  
39 **ITEM NO. 11: RESOLUTION NO. 5010: SUPPORTING FAMILY PHYSICIANS IN OBTAINING**  
40 **PRIVILEGES WITHIN THEIR SCOPE OF PRACTICE**

41  
42 RESOLVED, That the American Academy of Family Physicians amend its policy statement  
43 on Privileging Policy Statements to better reflect the idea that privileging be based more on  
44 experience and training than specialty, and be it further

45  
46 ~~RESOLVED, That the American Academy of Family Physicians offer resources to support~~  
47 ~~family physicians when approaching credentialing conversations.~~

48  
49 **ADOPTED AS AMENDED**

50  
51 The reference committee heard only testimony in support of the resolution. Testimony stressed the  
52 importance to new physicians of maintaining scope of practice, roles in hospitals, privileges, and

1 credentials. One author shared the intent of the resolution to highlight the impression that current  
2 policy seems to say that certain specialties own certain procedures; family medicine should not  
3 defer to other specialties. Testimony also stressed the need of family medicine chairs to have this  
4 information and resources to support their work. The reference committee discussed the intent of  
5 the testimony and resolved clauses, along with current AAFP policy and resources. The reference  
6 committee decided to reaffirm as current AAFP policy, Privilege Support Protocol, addresses the  
7 first resolved clause and the recently published page, [https://www.aafp.org/practice-  
9 management/administration/privileging.html](https://www.aafp.org/practice-<br/>8 management/administration/privileging.html), provides the requested information in the second  
10 resolved clause.

11 **RECOMMENDATION: The reference committee recommends that Resolution No. 5010 be**  
12 **reaffirmed as current policy.**

13  
14 **ITEM NO. 12: RESOLUTION NO. 5011: IMPORTANCE OF CONTINUOUS MEDICATION-**  
15 **ASSISTED TREATMENT**

16  
17 RESOLVED, That the American Academy of Family Physicians make a public statement  
18 that medication-assisted treatment for the purpose of maintenance therapy may be  
19 indefinite in duration, and be it further

20 RESOLVED, That the American Academy of Family Physicians oppose any action that  
21 places a cap on the dosage of medication allowed or duration of treatment with medication-  
22 assisted treatment (MAT) for opiate dependence, and be it further  
23

24 RESOLVED, That the American Academy of Family Physicians advocate for coverage for  
25 Medication-assisted treatment (MAT) without limit of duration.  
26

27 **ADOPTED AS WRITTEN**

28  
29 The reference committee heard testimony in support of the resolution. Testimony reflected the fact  
30 that although progress is being made to recognize opioid addiction as a chronic disease there are  
31 still significant barriers to providing long-term medication assisted treatments (MAT) to patients.  
32 The reference committee acknowledged that there is a lack of scientific evidence-based research  
33 on the outcomes of long-term MAT therapies. For this reason, the reference committee chose to  
34 not to adopt the resolution.  
35

36 **RECOMMENDATION: The reference committee recommends that Resolution No. 5011 not**  
37 **be adopted.**

38  
39 **ITEM NO. 13: RESOLUTION NO. 5013: DISABILITY INSURANCE EQUITY**

40  
41 RESOLVED, That the American Academy of Family Physicians advocate for the  
42 requirement of unisex or non-gendered rates for long-term disability insurance for all  
43 Americans, and be it further  
44

45 RESOLVED, That the American Academy of Family Physicians offer unisex or non-  
46 gendered rates for long-term disability insurance for its physician members.  
47

48 The reference committee heard only positive testimony in support of the resolution. Testimony  
49 discussed the fact that long-term disability is significantly more expensive for women without  
50 evidence to justify that added cost. The reference committee agreed that this is an appropriate  
51 request of the AAFP.

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**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5013, which reads as follows, be adopted in lieu of Resolution No. 5013:**

**RESOLVED, That the American Academy of Family Physicians advocate for the requirement of unisex or non-gendered rates for long-term disability insurance for all Americans, and be it further**

**RESOLVED, That the American Academy of Family Physicians request the AAFP insurance services offer unisex or non-gendered rates for long-term disability insurance for its physician members.**

**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.**



1 Respectfully Submitted,

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Kathleen Meehan-de la Cruz, MD – Chair

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8 M. Monjur Alam, MD – New Physicians

9 Rachel Carpenter, MD – Women

10 Wayne Forde, MD, FAAFP – Minority

11 Sarah Marks, MD, FAAFP – LGBT

12 Ikemefuna Okwuwa, MD, FAAFP – IMG

13 Jessica Richmond, MD, FAAFP