



2013 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 Substitute Resolution No. 5001 “Pay Equity” in lieu of Resolution No. 5001 (p. 1).
8
9 **Item 2:** Adopt Resolution No. 5002 “Investigating Gender Disparities in Family Physician
10 Salaries” (pp. 1-2).
11
12 **Item 3:** Not Adopt Resolution No. 5003 “Patient Protection Affordable Care Act” (p. 2).
13
14 **Item 4:** Adopt Substitute Resolution No. 5004 “Clarification of Medical Benefits” in lieu of
15 Resolution No. 5004 (pp. 3).
16
17 **Item 5:** Not Adopt Resolution No. 5005 “Presenteeism Reduction and Improvement of
18 Workplace Health” (p. 3-4).
19
20 **Item 6:** Not Adopt Substitute Resolution No. 5006 “Policy Statement on Physician Impairment
21 from Substance Abuse” in lieu of Resolution No. 5006 (p. 4).
22
23 **Item 7:** Not Adopt Resolution No. 5007 “A New Centers For Medicare And Medicaid Services
24 (CMS) Exclusion For PQRS Quality Measures” (p. 4-5).
25
26 **Item 8:** Adopt Resolution No. 5009 “Protection of Privileges” (p. 5).
27
28 **Item 9:** Not Adopt Resolution No. 5010 “Best Practices in a Patient-Centered Medical Home”
29 (pp. 5-6).
30
31 **Reaffirmation Calendar:** Reaffirmation of Item A under the Reaffirmation Calendar (pp. 6-7).



2013 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. 5001: PAY EQUITY**
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP) create policy to
9 support equal pay for equal work, and be it further

10
11 RESOLVED, That the American Academy of Family Physicians (AAFP) send this
12 resolution to the 2013 Congress of Delegates.
13

14 The reference committee heard favorable testimony. However, it was acknowledged that the
15 commission structure was the more appropriate channel for policy development rather than the
16 Congress of Delegates. New policies developed through the commission would go to the Board
17 of Directors for approval and on to the Congress of Delegates for adoption.
18

19 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
20 **No. 5001 be adopted in lieu of Resolution 5001 which reads as follows:**
21

22 **RESOLVED, That the American Academy of Family Physicians (AAFP) create**
23 **policy to support equal pay for equal work.**
24

25 **ITEM NO. 2: RESOLUTION NO. 5002: INVESTIGATING GENDER DISPARITIES IN FAMILY**
26 **PHYSICIAN SALARIES**
27

28 RESOLVED, That the American Academy of Family Physicians (AAFP) review current
29 known salary and pay information as well as current research into pay disparities for
30 female family physicians, and be it further

31
32 RESOLVED, That the American Academy of Family Physicians (AAFP) report on pay
33 disparities for female family physicians and to assess if further study is needed, and be it
34 further
35

36 RESOLVED, That the American Academy of Family Physicians (AAFP) report on pay
37 disparities for female family physicians to be presented to the 2014 AAFP Congress of
38 Delegates.
39

1 The reference committee heard favorable testimony, yet several spoke that while other
2 specialties such as pediatrics have reviewed this issue, there is not a review of literature specific
3 to pay disparities for female family physicians. While the reference committee understands that
4 equal pay for equal work may be an issue for other special constituencies, the narrow scope of
5 this resolution gives the American Academy of Family Physicians (AAFP) a clear direction for
6 the report.

7
8 **RECOMMENDATION: The reference committee recommends that Resolution No. 5002 be**
9 **adopted.**

10
11 **ITEM NO. 3: RESOLUTION NO. 5003: PATIENT PROTECTION AND AFFORDABLE CARE**
12 **ACT**

13
14 RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge
15 that our United States Constitution provide for the rights of individuals to make decisions
16 that are best for their pursuit of happiness, supports the privacy of the health
17 provider/patient relationship, and the freedom of the individual to purchase health care
18 services without government or insurance interference, and be it further
19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) support the use
21 of health savings accounts that help reduce costs, help control fraud, and put patients
22 back in control of their health care, and be it further
23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend
25 provider medical audits need to be educational and not punitive, and both federal and
26 state rules and regulations governing medical practices need to be simplified as there
27 are too many directives to understand or comply with at this time, and be it further
28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) firmly support
30 the rights of patients, providers, businesses, and institutions to not participate or be
31 forced to buy or provide services that result in the premature deaths of individuals from
32 conception to natural death from old age, and be it further
33

34 RESOLVED, That the American Academy of Family Physicians (AAFP) recognize that
35 individual providers should be allowed to make decisions about electronic health
36 records, documentation of encounters, and fees without government coercion or
37 accusations of fraud.
38

39 The reference committee heard passionate testimony from the author concerning the impact of
40 the Patient Protection and Affordable Care Act (ACA) on her small private practice. However,
41 majority of the testimony heard was in opposition of the resolution indicating that some of the
42 resolved clauses were addressed in current policies. The reference committee felt that the
43 resolution was poorly crafted with disparate resolved clauses that made the entire resolution too
44 broad to address. Additionally, the reference committee indicated that American Academy of
45 Family Physicians (AAFP) supports small practices and will continue to monitor for unintended
46 consequences that may result from the ACA.
47

48 **RECOMMENDATION: The reference committee recommends that Resolution No. 5003 not**
49 **be adopted.**
50
51

1 **ITEM NO. 4: RESOLUTION NO. 5004: CLARIFICATION OF MEDICARE BENEFITS**

2
3 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the
4 Centers for Medicare and Medicaid Services (CMS) to formulate guidelines with defined
5 bullet points that clearly identify what is covered for the patient in a manner which is
6 easily comprehended by the patient, and be it further
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the
9 Centers for Medicare and Medicaid Services (CMS) to formulate guidelines for
10 notification of patients and physician offices of any changes to their coverage which may
11 impact their current health care practices, that includes but are not limited to changes in
12 preventative care coverage, medication coverage, specialist eligibility, and number of
13 visits allowed to allied health providers.
14

15 The reference committee heard testimony concerning how changes in medical coverage impact
16 a patient's timely access to specialty care and medications. While there was some testimony
17 that suggested that the resolution should be expanded to private insurance, the reference
18 committee determined that because private coverage is oftentimes local, regional, or even
19 employer specific, it would be very difficult to include all local coverage options in this resolution.
20 The reference committee supports advocating for the Centers for Medicare and Medicaid
21 Services (CMS) to formulate guidelines that are easily comprehended by the patient and easily
22 accessible for their physicians. Please note, the first resolve of this resolution was excluded as it
23 was an editorial error.
24

25 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
26 **No. 5004 be adopted in lieu of Resolution No. 5004 which reads as follows:**
27

28 **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate**
29 **for the Centers for Medicare and Medicaid Services (CMS) to formulate guidelines**
30 **with defined bullet points that clearly identify what is covered for the patient in a**
31 **manner which is easily comprehended by the patient and is easily accessible to**
32 **physicians and physicians' offices.**
33

34 **ITEM NO. 5: RESOLUTION NO. 5005: PRESENTEEISM REDUCTION AND IMPROVEMENT**
35 **OF WORKPLACE HEALTH**
36

37 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
38 physicians to avoid coming to work while ill, and be it further
39

40 RESOLVED, That the American Academy of Family Physicians (AAFP) work with
41 constituent chapters to advocate for compensation structures at the state level that allow
42 for paid sick leave for physicians.
43

44 The reference committee heard testimony both in support and in opposition to this resolution.
45 There was a broad consensus among the testifying members that the underlying intent of the
46 resolution was of interest and importance. Those voicing opposition to the resolution expressed
47 concern on the unintended consequence it could have on physicians practicing in physician-
48 owned small- or solo-practices. The reference committee echoed these concerns. The
49 reference committee determined that the resolved clause as written would require too significant
50 investment of otherwise limited resources. However, the reference committee appreciated that
51 the intent of the resolution to build awareness among family physicians as to the public health

1 risks of presenteeism among physicians as it can have direct and adverse effects on patients
2 who are already at risk for infection.

3
4 **RECOMMENDATION: The reference committee recommends that Resolution No. 5005 not**
5 **be adopted.**

6
7 **ITEM NO. 6: RESOLUTION NO. 5006: POLICY STATEMENT ON PHYSICIAN IMPAIRMENT**
8 **FROM SUBSTANCE ABUSE**

9
10 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
11 physicians and their employers to have a clear policy on reporting physician impairment
12 without fear of reprisal, and be it further

13
14 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that all
15 state physician health programs for substance abuse problems maintain a formal
16 relationship with their medical boards that allows for self-referral and maintenance of
17 licensure.

18
19 The reference committee heard broad testimony for this resolution. While the reference
20 committee acknowledges the importance of the intent of this resolution, the committee
21 determined that it is the role of the constituent chapters to support existing state based
22 programs and medical boards for the purposes of self-referral and maintenance of licensure. In
23 regards to the first resolve clause, the American Academy of Family Physicians (AAFP) already
24 has a policy, entitled, *Impaired and Clinically Deficient Physicians*, which appropriately
25 addresses both the intent of the resolved clause and the concerns raised therein.

26
27 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
28 **No. 5006 not be adopted in lieu of Resolution No. 5006 which reads as follows:**

29
30 **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate**
31 **that all state physician health programs for substance abuse problems maintain a**
32 **formal relationship with their medical boards that allows for self-referral and**
33 **maintenance of licensure.**

34
35 **ITEM NO. 7: RESOLUTION NO. 5007: A NEW CENTERS FOR MEDICARE AND MEDICAID**
36 **SERVICES (CMS) EXCLUSION FOR PQRS QUALITY MEASURES**

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) petition the
39 Centers for Medicare and Medicaid (CMS) to add an additional exclusion criteria to the
40 Physician Quality Reporting System (PQRS) measures to exclude patients with cancer
41 not in remission from the chronic disease registry, and be it further

42
43 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an
44 easily accessible document on the Centers for Medicare and Medicaid (CMS) website
45 listing criteria and exclusions.

46
47 The reference committee heard testimony from one of the authors. The author indicated the
48 intent of the resolution is to address the lack of appropriate exclusion for patients with cancer,
49 who are not in remission, for the purposes of Physician Quality Reporting System (PQRS)
50 related quality reporting. Inability to include patients with cancer not in remission which can
51 negatively impact a family physicians reported measures, even in situations where standing

1 quality benchmarks and targets are not clinically relevant to the care for those patients. While
2 this is an important conversation, the reference committee determined that at this time the
3 process for evaluating the existing exclusion criteria and the possibility of unintended negative
4 outcomes for patient care led the committee to our recommendation.

5
6 **RECOMMENDATION: The reference committee recommends that Resolution No. 5007 not**
7 **be adopted.**

8
9 **ITEM NO. 8: RESOLUTION NO. 5009: PROTECTION OF PRIVILEGES**

10
11 RESOLVED, That the American Academy of Family Physicians' (AAFP) current wording on
12 the AAFP's privileging policy be modified to include the following statement to allow for
13 preservation of the varied scope of practice as defined below:

- 14
15 • The American Academy of Family Physicians (AAFP) believes that each specialty
16 society should maintain responsibility for recommending, implementing, maintaining and
17 evaluating privileging policies for its members. The AAFP also believes that privileging
18 should be based on documented training and/or experience, demonstrated abilities and
19 current competence, and, whenever possible, be evidence-based. Physician
20 credentialing should allow for any and all combinations of competencies in adult,
21 pediatric and obstetric care in both the inpatient and outpatient setting.
- 22
23 • Recognizing that on rare occasions minimum quotas (or numbers) may be required in
24 specific privileging instances where insufficient data exists, the AAFP believes that a
25 consensus opinion of experts from within the specialty may be necessary until such time
26 as an evidence-based recommendation is available.

27
28 The reference committee heard testimony from several members and one constituency in
29 support of this resolution. The reference committee believes that the resolution to append the
30 proposed language to the existing American Academy of Family Physicians (AAFP) policy
31 entitled, Privileging Policy Statements, does not alter the intent of the policy and serves to
32 reinforce the ability of family physicians to care for patients across the continuum of care and in
33 various care settings on the basis of their competencies and training. Please note, the first
34 resolve of this resolution was excluded as it was an editorial error.

35
36 **RECOMMENDATION: The reference committee recommends that Resolution No. 5009 be**
37 **adopted.**

38
39 **ITEM NO. 9: RESOLUTION NO. 5010: BEST PRACTICES IN A PATIENT-CENTERED**
40 **MEDICAL HOME**

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) determine best
43 practices in developing physician-led teams that include physician assistants, nurse
44 practitioners, certified nurse midwives, and other non-physician medical providers that
45 work in a patient-centered medical home model.

46
47 The reference committee heard testimony in support of this resolution. The reference committee
48 appreciates being made aware of the current gap in American Academy of Family Physicians
49 (AAFP) provided resources on the topic of improving physician leadership in team based care
50 models. The reference committee also acknowledges that the intent of this resolution is both
51 important for the discipline of family medicine and directly relevant to the experience family

1 physicians practicing in team-based care settings. However, the wording of the resolution is too
2 ambiguous in its current state. The reference committee did not understand the specific intent of
3 the authors so they could not offer a substitute resolution. Please note, the first resolve of this
4 resolution was excluded as it was an editorial error.

5
6 **RECOMMENDATION: The reference committee recommends that Resolution No. 5010 not**
7 **be adopted.**

8
9 **REAFFIRMATION CALENDAR**

10
11 **The following item A is presented by the reference committee on the Reaffirmation**
12 **Calendar. Testimony in the reference committee hearing and as discussed by the**
13 **reference committee in executive session concurred that the resolution presented in item**
14 **A is current policy or are already addressed in current projects. At request of the NCSC,**
15 **any item may be taken off the Reaffirmation Calendar for an individual vote on that item.**
16 **Otherwise, the reference committee will request approval of the Reaffirmation Calendar**
17 **in a single vote.**

- 18
19 (A) Resolution No. 5008 entitled, "Hospitalist Systems of Inpatient Care
20 Management," the resolved portion which reads as printed below:

21
22 RESOLVED, That the American Academy of Family Physicians (AAFP)
23 encourage the American Hospital Association (AHA) to continue to support family
24 physicians to be credentialed as hospitalists, and be it further

25
26 RESOLVED, That the American Academy of Family Physicians (AAFP)
27 encourage constituent chapters to begin engaging state, regional, and
28 metropolitan chapters of the American Hospital Association (AHA) to continue
29 their support of family physicians to be credentialed as hospitalists, and be it
30 further

31
32 RESOLVED, That the American Academy of Family Physicians (AAFP) reassure
33 the American Hospital Association (AHA) that every board certified family
34 physician is adequately trained to care for patients in a hospital setting, and be it
35 further

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP)
38 encourage the Society of Hospital Medicine (SHM) to continue to support family
39 physicians to be credentialed as hospitalists.

40
41 The reference committee heard broad support for this resolution from a number of family
42 physicians currently providing care as hospitalists and one constituency. The reference
43 committee appreciated being informed as to the development of market trends where by family
44 physicians are becoming actively excluded from practicing as hospitalists on the basis of their
45 specialty due to newly adopted organizational bylaws. The reference committee determined that
46 the current American Academy of Family Physician (AAFP) policy entitled, Hospitalists,
47 appropriately addresses the intent of the resolution. Further, the reference committee supports
48 opportunities to expand current collaborations with other professional societies, such as the
49 American Hospital Association (AHA) and the Society of Hospital Medicine (SHM), by opening
50 communication with organizations such as locum tenens placement firms.

1 **RECOMMENDATION: The reference committee recommends that item A on the**
2 **Reaffirmation Calendar be approved as current policy or as already being addressed in**
3 **current projects.**

4
5 **I wish to thank those who appeared before the reference committee to give testimony**
6 **and the reference committee members for their invaluable assistance. I also wish to**
7 **commend the AAFP staff for their help in the preparation of this report.**

8
9
10
11 Respectfully Submitted,

12
13
14 _____
15 Samuel Hanson Willis, MD, Chair

16
17 James Beebe, MD
18 Promil Bhutani, MD
19 Gretchen Dickson, MD, MBA, FAAFP
20 Andrew Goodman, MD
21 Anne Kittendorf, MD, FAAFP
22 Federico Leon, MD (Observer)