



2018 Consent Calendar for 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 (page numbers**
4 **indicate page in reference committee report). An item or items may be extracted for debate.**

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

8
9 **Item 1:** Not Adopt Resolution No. 5001: “Re-humanize Medicine to Avoid Burn Out” (p. 1).

10
11 **Item 2:** Adopt Resolution No. 5002: “Emerging Technologies in Family Medicine” (pp.1-2).

12
13 **Item 3:** Adopt Substitute Resolution No. 5003: “Support Telemedicine Use in Hospice Care” in lieu
14 of Resolution No. 5003 (p. 2).

15
16 **Item 4:** Not Adopt Resolution No. 5004: “Mentor Up!” (p. 2).

17
18 **Item 5:** Not Adopt Resolution No. 5005: “Prenatal Counseling Regarding Sex and Gender
19 Differences” (p. 3).

20
21 **Item 6:** Not Adopt Resolution No. 5006: “Family Physicians’ Role in Treating Substance Abuse
22 Disorders” (pp. 3-4).

23
24 **Item 7:** Not Adopt Resolution No. 5007: “Improved Transparency of Medicare Non-Covered
25 Services” (p. 4).

26
27 **Item 8:** Adopt Substitute Resolution No. 5008: Amendment to the Policy on “Physician and Patient
28 Relationship, Professional Responsibility” in lieu of Resolution 5008 (pp. 4-5).

29
30 **Item 9:** Not Adopt Resolution No. 5012: “Religious Belief Protections in AAFP Policy” (pp. 5-6).

31
32 **Item 10:** Not Adopt Resolution No. 5009: “Wellness is Primary” (p. 6).

33
34 **Item 11:** Reaffirm Resolution No. 5010: “Supporting Family Physicians in Obtaining Privileges
35 Within Their Scope of Practice” (p. 6).

36
37 **Item 12:** Not adopt Resolution No. 5011: “Importance of Continuous Medication Assisted
38 Treatment” (pp. 6-7).

39
40 **Item 13:** Adopt Substitute Resolution No. 5013: "Disability Insurance Equity" in lieu of Resolution
41 5013 (p. 7).



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.**

5
6 **ITEM NO. 1: RESOLUTION NO. 5001: RE-HUMANIZE MEDICINE TO AVOID BURN OUT**

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

10
11 RESOLVED, That the American Academy of Family Physicns propose a standardized
12 contract with clear defined expectations for the work place, and, be it further

13
14 RESOLVED, That the American Academy of Family Physicns support marketing,
15 education and advocacy to mitigate culture change for wellness campaigns through all
16 available medias to payers.

17
18 The reference committee only heard testimony in support of the resolution. Testimony highlighted
19 the issue that there are protections and guidelines for work hours and culture in residency but
20 those do not exist once in practice. The reference committee agreed with the intent of the
21 resolution but believed the resolved clauses were too vague and failed to address the concerns
22 brought up during testimony. The reference committee also had concerns on the AAFP’s ability to
23 develop a standardized contract that would fit the needs of its diverse membership. The reference
24 committee acknowledged that the AAFP has a variety of tools and resources on this topic in *FPM*
25 and *AAFP News* articles.

26
27 **RECOMMENDATION: The reference committee recommends that Resolution No. 5001 not**
28 **be adopted.**

29
30 **ITEM NO. 2: RESOLUTION NO. 5002: EMERGING TECHNOLOGIES IN FAMILY MEDICINE**

31
32 RESOLVED, That the American Academy of Family Physicians explore the option of
33 creating a mentor network supporting the implementation of new technology, including but
34 not limited to, telemedicine, telehealth, and artificial intelligence in clinical encounters, and,
35 be it further

36
37 RESOLVED, That the American Academy of Family Physicians develop materials such as
38 a best practice tool kit and continuing medical education offerings to assist family

1 physicians in implementing new technologies, including but not limited to telemedicine,
2 telehealth, and artificial intelligence in clinical encounters, and be it further
3

4 RESOLVED, That the American Academy of Family Physicians communicate with the
5 Accreditation Council for Graduate Medical Education regarding the exposure of new
6 technologies, including but not limited to telemedicine, telehealth, and artificial intelligence
7 in clinical encounters.
8

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

17 **RECOMMENDATION: The reference committee recommends that Resolution No. 5002 be**
18 **adopted.**
19

20 **ITEM NO. 3: RESOLUTION NO. 5003: SUPPORT TELEMEDICINE USE IN HOSPICE CARE**
21

22 RESOLVED, That the American Academy of Family Physicians support the coverage and
23 utility of telemedicine in hospice care with payers, especially Centers for Medicare and
24 Medicaid Services, and be it further
25

26 RESOLVED, That the American Academy of Family Physicians support coverage and utility
27 of telemedicine in hospice care with legislators, and be it further
28

29 RESOLVED, That the American Academy of Family Physicians support the Telehealth
30 Enhancement Act of 2015 since Medicare currently does not reimburse home-based
31 telemedicine, as all reimbursable telemedicine services require an “originating facility” that
32 includes physician offices, clinics, hospitals, and skilled nursing facilities.
33

34 The reference committee heard no testimony on this resolution. The reference committee agreed
35 with the resolution but thought payment for these services should be included. The reference
36 committee was unable to determine the importance of the AAFP supporting the Telehealth
37 Enhancement Act of 2015 specifically and instead choose to incorporate the main points from the
38 third resolved clause in the substitute resolved clauses.
39

40 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
41 **5003, which reads as follows, be adopted in lieu of Resolution No. 5003:**
42

43 **RESOLVED, That the American Academy of Family Physicians support the utility of**
44 **and payment for telemedicine in hospice care with payers, especially the Centers for**
45 **Medicare and Medicaid Services, and be it further**
46

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

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

2
3 RESOLVED, That the American Academy of Family Physicians add the question, “Do you
4 want to be a mentor?” to the membership profile and linking the interested mentor to the
5 membership interest group, and be it further

6
7 RESOLVED, On the mobile member homepage on the American Academy of Family
8 Physicians website, a “Mentor Up!” banner be placed under the “Physician Health First”
9 banner, and be it further

10
11 RESOLVED, That the American Academy of Family Physicians (AAFP) create visible
12 support by participating in national mentor month annually during the month of January by
13 placing a “Mentor Up!” banner on the homepage of the AAFP website with a link to the
14 membership interest group.

15
16 The reference committee heard positive testimony from one author, speaking on behalf of all the
17 authors. Testimony spoke to the need to support those in practice who feel isolated. Testimony
18 highlighted the authors’ desire to offer a low-cost way for AAFP to connect and support members
19 in order to decrease burnout, increase knowledge, and access to care. The reference committee
20 discussed the fact that the resolution depended on a member interest group (MIG) which has not
21 yet been established. The reference committee supported the spirit of the resolution and
22 understanding that members are working toward applying to form a MIG, and hope the resolution
23 will be proposed again after the MIG has been established.

24
25 **RECOMMENDATION: The reference committee recommends that Resolution No. 5004 not**
26 **be adopted.**

27
28 **ITEM NO. 5: RESOLUTION NO. 5005: PRENATAL COUNSELING REGARDING SEX AND**
29 **GENDER DIFFERENCES**

30
31 RESOLVED, that the American Academy of Family Physicians educates providers on the
32 differentiation between natal sex and gender during prenatal care.

33
34 The reference committee heard testimony in support of the resolution. The testimony stressed the
35 importance of providing education to physicians on how they can discuss the difference between
36 natal sex and gender with parents during prenatal care. The reference committee understood the
37 intent of the resolution and supported the spirit but found the wording in the resolved clause to be
38 unclear on the intended audience of the education – patients versus physicians.

39
40 **RECOMMENDATION: The reference committee recommends that Resolution No. 5005 not**
41 **be adopted.**

42
43 **ITEM NO. 6: RESOLUTION NO. 5006: FAMILY PHYSICIANS’ ROLE IN TREATING**
44 **SUBSTANCE ABUSE DISORDERS**

45
46 RESOLVED, That the American Academy of Family Physicians will create a policy
47 regarding the role of Family Physicians in treatment of substance abuse disorders, that
48 states speciality certification should not prevent family physicians from practicing in any
49 substance abuse treatment setting at any level, and that substance abuse treatment
50 credentialing be based on training, experience and current competence.

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

17
18 **RECOMMENDATION: The reference committee recommends that Resolution No. 5006 not**
19 **be adopted.**

20
21 **ITEM NO. 7: RESOLUTION NO. 5007: IMPROVED TRANSPARENCY OF MEDICARE NON-**
22 **COVERED SERVICES**

23
24 RESOLVED, The American Academy of Family Physicians write a letter to Centers for
25 Medicare and Medicaid Services to encourage simplifying the process for identifying non-
26 covered services, and be it further

27
28 RESOLVED, The American Academy of Family Physicians offer a searchable database for
29 family physicians to identify Medicare covered services and associated ICD-10 codes.

30
31 The reference committee heard testimony from three members all in support of the resolution.
32 Testimony discussed the burden being placed on physicians to identify what services are covered
33 and the correct diagnosis codes needed to ensure payment and avoid potential fines. One member
34 acknowledged the fact that this information may be available for large health systems but small
35 practices need help in order to avoid having to hire additional staff. The reference committee
36 believes the first resolved clause wording was unclear and that the number of non-covered
37 services could be infinite and ever changing. The reference committee recognized that the second
38 resolved clause could require a significant fiscal note and be difficult to maintain. The reference
39 committee discussed that resources are available on this topic but also acknowledged that they
40 may not be the easiest to find or use.

41
42 **RECOMMENDATION: The reference committee recommends that Resolution No. 5007 not**
43 **be adopted.**

44
45 **ITEM NO. 8: RESOLUTION NO. 5008: AMENDMENT TO THE POLICY ON "PHYSICIAN AND**
46 **PATIENT RELATIONSHIP, PROFESSIONAL RESPONSIBILITY"**

47
48 RESOLVED, That the American Academy of Family Physicians (AAFP) update their policy
49 on, "Physician and Patient Relationships, Professional Responsibility" to include the
50 responsibility of the health care professional to provide unbiased information and referrals
51 in a timely fashion for legally permitted services a provider is unable or unwilling to perform
52 due to moral or religious objection.

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

16 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
17 **5008, which reads as follows, be adopted in lieu of Resolution No. 5008:**
18

19 **RESOLVED, That the American Academy of Family Physicians (AAFP) update the**
20 **policy on, "Physician and Patient Relationships, Professional Responsibility" to**
21 **include the responsibility of the health care professional to provide unbiased**
22 **information and referrals in a clinically reasonable timeframe for legally permitted**
23 **services a provider is unable or unwilling to perform due to moral objection.**
24

25 **ITEM NO. 9: RESOLUTION NO. 5012: RELIGIOUS BELIEF PROTECTIONS IN AAFP POLICY**
26

27 RESOLVED, That the American Academy of Family Physicians amend the language of the
28 policy on "Physician and Patient Relationships, Professional Responsibility" from "No
29 physician shall be compelled to prescribe any treatment or perform any act which violates
30 his/her good judgment or personally held moral principles," to "No physician shall be
31 compelled to prescribe any treatment or perform any act which violates his/her good
32 judgment, personally held moral principles, or religious belief", and be it further
33

34 RESOLVED, That American Academy of Family Physicians amend the policy on "Physician
35 and Patient Relationships, Professional Responsibility" to include more detail regarding
36 what "adequate notice" entails, i.e., how much time is required and what method is required
37 for notice to be adequate.
38

39 The reference committee heard testimony in support of Resolution No. 5012 from the author and
40 heard a large amount of testimony in opposition. In addition, testimony from the New Physician
41 Constituency reflected that the constituency could not come to consensus on the resolution.
42 Testimony from the author in support stated that the current policy does not protect his religious
43 beliefs and that the policy should provide specific definition of what is meant by "adequate notice."
44 Testimony in opposition to the resolution closely reflected testimony which had already been
45 provided in support of Resolution No. 5008 and stressed that Resolution No. 5008 adequately
46 address these issues, while still protecting patients. The reference committee considered
47 Resolution Nos. 5008 and 5012. In regard to the first resolved clause, as with Resolution No. 5008,
48 the reference committee found "moral objections" to be an umbrella term which encompasses
49 "religious objections". In regard to the second resolved clause, the reference committee found it
50 was not possible to recommend adoption given the variety and complexity of cases that would be
51 considered.
52

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 5012 not**
2 **be adopted.**

3
4 **ITEM NO. 10: RESOLUTION NO. 5009: WELLNESS IS PRIMARY**

5
6 RESOLVED, That the American Academy of Family Physicians develop a social media
7 campaign titled "Wellness is Primary," to highlight the presence and impact of burnout
8 among primary care physicians and contribute to a culture change that allows physicians to
9 acknowledge burnout without fear of retribution among employers and peers.

10
11 The reference committee heard testimony in favor of this resolution. Testimony emphasized the
12 need to help reduce the stigma of discussing burnout with administration that may lead to
13 retribution or impact a physician's medical licensure. The reference committee acknowledges that
14 the AAFP is invested in addressing physician burnout and supports the spirit to make physician
15 burnout a more public discussion.

16
17 **RECOMMENDATION: The reference committee recommends that Resolution No. 5009 not**
18 **be adopted.**

19
20 **ITEM NO. 11: RESOLUTION NO. 5010: SUPPORTING FAMILY PHYSICIANS IN OBTAINING**
21 **PRIVILEGES WITHIN THEIR SCOPE OF PRACTICE**

22
23 RESOLVED, That the American Academy of Family Physicians amend its policy statement
24 on Privileging Policy Statements to better reflect the idea that privileging be based more on
25 experience and training than specialty, and be it further

26
27 RESOLVED, That the American Academy of Family Physicians offer resources to support
28 family physicians when approaching credentialing conversations.

29
30 The reference committee heard only testimony in support of the resolution. Testimony stressed the
31 importance to new physicians of maintaining scope of practice, roles in hospitals, privileges, and
32 credentials. One author shared the intent of the resolution to highlight the impression that current
33 policy seems to say that certain specialties own certain procedures; family medicine should not
34 defer to other specialties. Testimony also stressed the need of family medicine chairs to have this
35 information and resources to support their work. The reference committee discussed the intent of
36 the testimony and resolved clauses, along with current AAFP policy and resources. The reference
37 committee decided to reaffirm as current AAFP policy, Privilege Support Protocol, addresses the
38 first resolved clause and the recently published page, [https://www.aafp.org/practice-](https://www.aafp.org/practice-management/administration/privileging.html)
39 [management/administration/privileging.html](https://www.aafp.org/practice-management/administration/privileging.html), provides the requested information in the second
40 resolved clause.

41
42 **RECOMMENDATION: The reference committee recommends that Resolution No. 5010 be**
43 **reaffirmed as current policy.**

44
45 **ITEM NO. 12: RESOLUTION NO. 5011: IMPORTANCE OF CONTINUOUS MEDICATION-**
46 **ASSISTED TREATMENT**

47
48 RESOLVED, That the American Academy of Family Physicians make a public statement
49 that medication-assisted treatment for the purpose of maintenance therapy may be
50 indefinite in duration, and be it further

1 RESOLVED, That the American Academy of Family Physicians oppose any action that
2 places a cap on the dosage of medication allowed or duration of treatment with medication-
3 assisted treatment (MAT) for opiate dependence, and be it further
4

5 RESOLVED, That the American Academy of Family Physicians advocate for coverage for
6 Medication-assisted treatment (MAT) without limit of duration.
7

8 The reference committee heard testimony in support of the resolution. Testimony reflected the fact
9 that although progress is being made to recognize opioid addiction as a chronic disease there are
10 still significant barriers to providing long-term medication assisted treatments (MAT) to patients.
11 The reference committee acknowledged that there is a lack of scientific evidence-based research
12 on the outcomes of long-term MAT therapies. For this reason, the reference committee chose to
13 not to adopt the resolution.
14

15 **RECOMMENDATION: The reference committee recommends that Resolution No. 5011 not**
16 **be adopted.**
17

18 **ITEM NO. 13: RESOLUTION NO. 5013: DISABILITY INSURANCE EQUITY**
19

20 RESOLVED, That the American Academy of Family Physicians advocate for the
21 requirement of unisex or non-gendered rates for long-term disability insurance for all
22 Americans, and be it further
23

24 RESOLVED, That the American Academy of Family Physicians offer unisex or non-
25 gendered rates for long-term disability insurance for its physician members.
26

27 The reference committee heard only positive testimony in support of the resolution. Testimony
28 discussed the fact that long-term disability is significantly more expensive for women without
29 evidence to justify that added cost. The reference committee agreed that this is an appropriate
30 request of the AAFP.
31

32 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
33 **5013, which reads as follows, be adopted in lieu of Resolution No. 5013:**
34

35 **RESOLVED, That the American Academy of Family Physicians advocate for the**
36 **requirement of unisex or non-gendered rates for long-term disability insurance for all**
37 **Americans, and be it further**
38

39 **RESOLVED, That the American Academy of Family Physicians request the AAFP**
40 **insurance services offer unisex or non-gendered rates for long-term disability**
41 **insurance for its physician members.**
42

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

1 Respectfully Submitted,

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5

6

Kathleen Meehan-de la Cruz, MD – Chair

7

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