



AAFP

2017 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:** Adopt Substitute Resolution No. 5001: “Revise the Allotment of Payment for the
10 Performance and Interpretation of Radiologic Services” (p.1).

11
12 **Item 2:** Adopt Substitute Resolution No. 5002: “Encouraging Insurances to Adopt Core Measure
13 Sets” in lieu of “Encouraging Blue Cross Insurances to Adopt Core Measure Sets” (p. 2).

14
15 **Item 3:** Not Adopt Resolution No. 5003: “Opposition to Tiered Payment Structures that Negatively
16 Impact the Health of Special Populations” (p. 2).

17
18 **Item 4:** Adopt Resolution No. 5004: “Operative Delivery Privileges” (pp. 2-3).

19
20 **Item 5:** Adopt Resolution No. 5005: “Increasing the Number of Family Physicians Providing
21 Operative Obstetrics” (p. 3).

22
23 **Item 6:** Adopt Substitute Resolution No. 5006: “Coverage of Assisted Reproductive Technologies”
24 (p. 3).

25
26 **Item 7:** Adopt Substitute Resolution No. 5007: “Support Income Transparency to Achieve
27 Equitable Pay Among Family Physicians” (pp. 3-4).

28
29 **Item 8:** Not Adopt Resolution No. 5008: “Creating a Legal Opinion for Family Physicians to
30 Practice in the Emergency Department” (p. 4).

31
32 **Item 9:** Adopt Resolution No. 5009: “Private Practice Startup Resources” (p. 4).

33
34 **Item 10:** Adopt Substitute Resolution No. 5010: “Physician Procedure Network” (p. 5).

35
36 **Item 11:** Adopt Resolution No. 5011: “Advocate for Creation of a Data Interface to Support
37 Accountable Health Communities” (p. 5).

38
39 **Item 12:** Not Adopt Resolution No. 5012: “Opposition to Payment-Based on Compliance with
40 Reporting Non-Evidence-Based Health Data to Payor Sources” (p. 5).



2017 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
7 **ITEM NO. 1: RESOLUTION NO. 5001: REVISE THE ALLOTMENT OF PAYMENT FOR THE**
8 **PERFORMANCE AND INTERPRETATION OF RADIOLOGIC SERVICES**

9
10 RESOLVED, That the American Academy of Family Physicians create a subcommittee or
11 work group to investigate the current allocation of radiologic relative value units (RVUs) to
12 include a substantial component for the ordering, clinically correlated interpretation, and
13 explanation of results to the patient, and, be it further

14
15 RESOLVED, That the American Academy of Family Physicians advocate that the current
16 payment model which undervalues the cost and time involved in the ordering, clinically
17 correlated interpretation, and explanation of results to the patient cease, and that an
18 adjustment allocating those funds to the physician providing those services be made.

19
20 The reference committee heard positive testimony on the resolution. The reference committee
21 recognized that the AAFP is currently represented on the Relative Value System Update
22 Committee (RUC) panel and actively investigates these issues as they arise. The reference
23 committee felt it was important for the AAFP to investigate the allocation of radiologic relative value
24 units (RVUs) but did not want to limit implementation to a workgroup or subcommittee. The
25 reference committee agreed that the second resolved clause was already current policy and a top
26 priority of the AAFP, so it was removed.

27
28 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
29 **5001, which reads as follows, be adopted in lieu of Resolutions No. 5001:**

30
31 **RESOLVED, That the American Academy of Family Physicians investigate the**
32 **current allocation of radiologic relative value units (RVUs) to include a substantial**
33 **component for the ordering, clinically correlated interpretation, and explanation of**
34 **results to the patient.**

1 **ITEM NO. 2: RESOLUTION NO. 5002: ENCOURAGING BLUE CROSS INSURANCES TO**
2 **ADOPT CORE MEASURE SETS**

3
4 RESOLVED, The American Academy of Family Physicians reach out to each of the Blue
5 Cross Insurances urging acceptance and implementation of the core measures sets as
6 decided upon by the Core Quality Measures Collaborative.
7

8 The reference committee heard unanimous testimony in support of adoption of core measure sets
9 across Blue Cross Insurance. The reference committee recognized the importance of this issue;
10 however, noted the resolved clause should cover all national payors not just Blue Cross.
11

12 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
13 **5002, which reads as follows, be adopted in lieu of Resolution No. 5002:**

14
15 **RESOLVED, That the American Academy of Family Physicians reach out to each of**
16 **the national payor organizations urging acceptance and implementation of the core**
17 **measure sets as decided upon by the Core Quality Measures Collaborative.**
18

19 **ITEM NO. 3: RESOLUTION NO. 5003: OPPOSITION TO TIERED PAYMENT STRUCTURES**
20 **THAT NEGATIVELY IMPACT THE HEALTH OF SPECIAL POPULATIONS**

21
22 RESOLVED, That the American Academy of Family Physicians oppose payment structures
23 using inappropriate guidelines that are not adjusted for the health of special populations.
24

25 The reference committee heard testimony in support of the intent of the resolution. The reference
26 committee did not feel there was enough background or clarification on the issue to substantiate
27 the resolved clause. The reference committee recognized that there are multiple factors involved
28 with payment structures from various agencies, which makes the issue complicated to address or
29 implement.
30

31 **RECOMMENDATION: The reference committee recommends that Resolution No. 5003 not**
32 **be adopted.**
33

34 **ITEM NO. 4: RESOLUTION NO. 5004: OPERATIVE DELIVERY PRIVILEGES**

35
36 RESOLVED, That the American Academy of Family Physicians (AAFP) create, make
37 available on the AAFP website, and publicize a toolkit for use by family physicians seeking
38 to become credentialed in the provision of maternity care, including high-risk and operative
39 obstetrics, and be it further
40

41 RESOLVED, That the American Academy of Family Physicians maternity credentialing
42 toolkit include resources specifically outlining the general credentialing processes within
43 hospital systems and provision of model language designed to assist family physicians in
44 achieving requirements for such credentialing processes.
45

46 The reference committee only heard positive testimony on the resolution. Testimony included the
47 need for current AAFP materials on this issue to be consolidated in a one stop, easy to use,
48 location on the website. Maternity care is a core aspect of family medicine practice. The reference
49 committee recognized the importance of creating a maternity credentialing toolkit designed to
50 assist family physicians to achieve requirements and provisions of maternity care including high
51 risk and operative obstetrics.

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 5004 be**
2 **adopted.**

3
4 **ITEM NO. 5: RESOLUTION NO. 5005: INCREASING THE NUMBER OF FAMILY PHYSICIANS**
5 **PROVIDING OPERATIVE OBSTETRICS**

6
7 RESOLVED, That the American Academy of Family Physicians perform further
8 investigation into continued barriers posed to the provision of maternity care, including high-
9 risk and surgical obstetrics, by family physicians, and be it further

10
11 RESOLVED, That the American Academy of Family Physicians actively work to eliminate
12 barriers posed to the provision of maternity care, including high-risk and surgical obstetrics,
13 by family physicians.

14
15 The reference committee heard significant testimony exclusively in support of the resolution. The
16 authors noted that they had considered combining this resolution with Resolution No. 5004 but felt
17 this resolution addressed the future while the former addressed current credentialing issues. The
18 reference committee agreed that this is an important issue to preserve the training of full scope
19 family medicine as the numbers of family medicine physicians credentialed in operative deliveries
20 continues to decline.

21
22 **RECOMMENDATION: The reference committee recommends that Resolution No. 5005 be**
23 **adopted.**

24
25 **ITEM NO. 6: RESOLUTION NO. 5006: COVERAGE OF ASSISTED REPRODUCTIVE**
26 **TECHNOLOGIES**

27
28 RESOLVED, That the American Academy of Family Physicians issue a statement
29 encouraging insurance providers to cover evidenced-based assisted reproductive
30 technologies for all individuals and couples suffering from infertility regardless of marital
31 status, sexual orientation.

32
33 The reference committee heard positive testimony in support of the resolution. The resolution
34 aligns with the AAFP policy "Discrimination, Patient." The reference committee felt the deletion of
35 the word "all" in the resolved clause would remove ambiguity.

36
37 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
38 **5006, which reads as follows, be adopted in lieu of Resolution No. 5006:**

39
40 **RESOLVED, That the American Academy of Family Physicians issue a statement**
41 **encouraging insurance providers to cover evidenced-based assisted reproductive**
42 **technologies for individuals and couples suffering from infertility regardless of**
43 **marital status, sexual orientation, or gender identity.**

44
45 **ITEM NO. 7: RESOLUTION NO. 5007: SUPPORT INCOME TRANSPARENCY TO ACHIEVE**
46 **EQUITABLE PAY AMONG FAMILY PHYSICIANS**

47
48 RESOLVED, That the American Academy of Family Physicians create a policy statement
49 supporting removal of nondisclosure clauses from contracts in order to increase
50 transparency and decrease wage gaps based on gender, gender identity, sexual
51 orientation, and race/ethnicity, and be it further

1 RESOLVED, That the American Academy of Family Physicians develop a policy statement
2 for healthcare organizations, insurance companies, and any other payors, to provide
3 equitable family physician pay.
4

5 The reference committee heard significant testimony in favor of the resolution. Testimony stressed
6 the need for such a policy as discrimination is not just occurring between men and women but
7 among minority peers as well. The reference committee acknowledged the importance of such a
8 policy. The reference committee chose to strike the second resolve clause since the policy would
9 apply to all organizations, not just the ones addressed in the resolved clause.
10

11 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
12 **5007, which reads as follows, be adopted in lieu of Resolution No. 5007:**
13

14 **RESOLVED, That the American Academy of Family Physicians create a policy**
15 **statement supporting increasing transparency, such as removal of non-disclosure**
16 **clauses from contracts, and decrease wage gaps based on gender, gender identity,**
17 **sexual orientation, and race/ethnicity.**
18

19 **ITEM NO. 8: RESOLUTION NO. 5008: CREATING A LEGAL OPINION FOR FAMILY**
20 **PHYSICIANS TO PRACTICE IN THE EMERGENCY DEPARTMENT**
21

22 RESOLVED, That American Academy of Family Physicians further prevent the restraint of
23 trade of family physicians by providing a sample legal opinion in favor of family physicians
24 practicing within emergency departments.
25

26 The reference committee heard positive testimony in support of the resolution. The reference
27 committee felt further clarification from the author was necessary as a “sample legal opinion in
28 favor of family physicians practicing within emergency departments,” is unrealistic.
29

30 **RECOMMENDATION: The reference committee recommends that Resolution No. 5008 not**
31 **be adopted.**
32

33 **ITEM NO. 9: RESOLUTION NO. 5009: PRIVATE PRACTICE STARTUP RESOURCES**
34

35 RESOLVED, That the American Academy of Family Physicians develop a “Private Practice
36 Startup Toolkit” to prepare family physicians interested in beginning a private practice, and
37 be it further
38

39 RESOLVED, That the American Academy of Family Physicians sponsor a live workshop at
40 a national conference on starting a private practice for members.
41

42 The reference committee heard all favorable testimony in support of the resolution. The reference
43 committee agreed that these resources are crucial to educating medical students and residents on
44 the option of starting their own practice.
45

46 **RECOMMENDATION: The reference committee recommends that Resolution No. 5009 be**
47 **adopted.**

1 **ITEM NO. 10: RESOLUTION NO. 5010: PHYSICIAN PROCEDURE NETWORK**

2
3 RESOLVED, That the American Academy of Family Physicians develop a physician
4 procedure network, where family physicians may link up with other host physicians who will
5 proctor them, and, therefore, be it further
6

7 RESOLVED, That the American Academy of Family Physicians will provide a procedure log
8 toolkit that will better facilitate the increase in family physicians to reacquire privileges.
9

10 The reference committee heard positive testimony in support of the resolution. The AAFP has
11 recently launched Primary + to log procedures and keep up with professional requirements. The
12 reference committee supported the spirit of the resolution but recognized a significant amount of
13 resources and funds are necessary to achieve the proposed outcome.
14

15 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
16 **5010, which reads as follows, be adopted in lieu of Resolution No. 5010:**

17
18 **RESOLVED, That the American Academy of Family Physicians develop a physician**
19 **procedure network, where family physicians may link up with other host physicians**
20 **who will proctor them.**
21

22 **ITEM NO. 11: RESOLUTION NO. 5011: ADVOCATE FOR CREATION OF A DATA INTERFACE**
23 **TO SUPPORT ACCOUNTABLE HEALTH COMMUNITIES**

24
25 RESOLVED, That the American Academy of Family Physicians advocate for development
26 of an electronic data interface that facilitates inter-agency communication and data sharing
27 between members of accountable health communities such as community health centers,
28 the special supplemental nutrition program for Women, Infants and Children (WIC), the
29 Supplemental Nutrition Assistance Program (SNAP), the Department of Human Services
30 (DHS), the Department of Housing and Urban Development (HUD) and others in order to
31 improve individual and community health.
32

33 The reference committee heard testimony solely in support of this resolution. The reference
34 committee discussed the importance of data sharing within these organizations to support social
35 determinants of health. The reference committee recognized the current barriers surrounding
36 interoperability of electronic medical records, but felt data sharing among community resource
37 centers was not currently being addressed by AAFP's advocacy efforts.
38

39 **RECOMMENDATION: The reference committee recommends that Resolution No. 5011 be**
40 **adopted.**
41

42 **ITEM NO. 12: RESOLUTION NO. 5012: OPPOSITION TO PAYMENT-BASED ON COMPLIANCE**
43 **WITH REPORTING NON-EVIDENCE-BASED HEALTH DATA TO PAYOR SOURCES**

44
45 RESOLVED, That the American Academy of Family Physicians oppose requirements of
46 family physicians for collection and reporting of any patient data that is not of evidenced
47 benefit to patients as a requirement for payment.
48

49 The reference committee heard testimony in support of the resolution. The spirit of the resolution
50 is supported; however, the ultimate goal of the resolution needs clarity to fully implement.
51

52 **RECOMMENDATION: The reference committee recommends that Resolution No. 5012 not**
53 **be adopted.**
54

1 Respectfully Submitted,
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Mary Nguyen, MD, FAAFP – Chair
7
8 Omoniyi Adebisi, MD, MBChB – IMG
9 Marie-Elizabeth Ramas, MD, FAAFP – Minority
10 Capt. Sarah Avila, MD – Women
11 Josue Gutierrez, MD – New Physicians
12 Kevin Wang, MD, FAAFP – LGBT
13 Kathleen Meehan-de la Cruz, MD (Observer)
14
15