# 2016 Agenda for the Reference Committee on Practice Enhancement

**National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

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| 4. Resolution No. 5004 | End of Life Care Discussions: Educating Family Physicians |
| 5. Resolution No. 5005 | The Use of LC-MS Screening Tools to Evaluate Patients for Polypharmacy and Medication Compliance |
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| 10. Resolution No. 5010 | Updating the Prerequisites for “Recognition of Focused Practice in Hospital Medicine Exam” |
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# Resolution No. 5001

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Supporting Nationwide Adoption of Physician Orders for Life-Sustaining Treatment (POLST)

Submitted by: Karla Booker, MD, FAAFP, Women
Monica Parker, MD, Women
Elizabeth Cozine, MD, Women
Lisa Fleischer, MD, FAAFP, Women

WHEREAS, The percentage of the population over age 65 is increasing, and

WHEREAS, by 2030, more than 20% of United States residents are predicted to be older than 65, compared to 13% in 2010 and 9.8% in 1970, and

WHEREAS, Physician Orders for Life-Sustaining Treatment (POLST) was developed to improve the quality of patient care and reduce medical errors by creating a system that identifies patient wishes regarding medical treatment and communicates and respects them by creating a portable order, and

WHEREAS, POLST is a document prepared using shared decision-making with patients and providers that outlines patient wishes, values, beliefs, and goals of care; specifically, POLST can outline code status, wish for home-based versus hospital-based care, and wishes regarding feeding (e.g., feeding tube), and

WHEREAS, only 17 of 50 states have POLST laws, which are not necessarily valid from state to state, and

WHEREAS, Advance Directive is not a physician order and is thereby not durable in emergent patient care settings, and

WHEREAS, confusion exists regarding validity of Advance Directive, Do Not Resuscitate, and Health Care Power of Attorney orders, POLST is able to clearly delineate patient wishes in a single document, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation to bring Physician Orders for Life-Sustaining (POLST) to all 50 states.

# Resolution No. 5002

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Expanding Patient-Centered Education Materials

Submitted by: Anita Ravi, MD, MPH, New Physicians
Stella King, MD, MHA, FAAFP, Minority
Eddie Richardson, Jr., MD, FAAFP, Minority
Sneha Chacko, MD, Minority

WHEREAS, Family physicians also serve patients whose primary language is not English or Spanish, and

WHEREAS, family physicians also serve patients who are unable to read, and

WHEREAS, studies have shown that adding pictures to patient education material can increase comprehension and adherence, especially for patients with low literacy skills, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) expand the available languages of patient education materials beyond English and Spanish, including on FamilyDoctor.org, and be it further,

RESOLVED, That the American Academy of Family Physicians (AAFP) increase the use of pictoral information for patient education material, including on FamilyDoctor.org.

# Resolution No. 5003

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Physician Management of Patient Reviews on Social Media

Submitted by: MiLinda Zabramba, MD, New Physician
Leanne Swiderski, MD, New Physician
Nardin Khalil, MD, New Physician
Alberto Marcelin, MD, New Physician
Megan Adamson, MD, New Physician
Jessica Triche, MD, Women Physician
Mitzi Rubin, MD, New Physician
Tobe Momah, MD, Minority Physician

WHEREAS, Striving for high patient satisfaction can become a barrier to physicians providing quality evidence-based health care, especially in the cases of patients requesting medications or services that are not indicated, and

WHEREAS, studies have shown that patients who are prescribed persistent opioid medications for chronic pain are more likely to be highly satisfied with all health care services and patients in practices with frugal antibiotic prescribing were less satisfied with their health care, and

WHEREAS, 2014 data showed that 1.9 million Americans had a substance use disorder involving prescription pain relievers, and

WHEREAS, in 2010-2011, an estimated 506 antibiotic prescriptions per 1,000 patients were written annually, but only 353 of these antibiotic prescriptions were estimated to be appropriately prescribed, and

WHEREAS, poor public reviews on social media can be detrimental to a physician's reputation and relationship with other patients in his or her practice, and

WHEREAS, the unintended consequences of patient satisfaction scores have contributed to physician burnout with 78% of physicians reporting that patient satisfaction surveys moderately or severely affected their job satisfaction, and 28% of physicians reported that the scores made them consider quitting, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) research the impact of social media physician reviews on the practices of family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational resources for family physicians to better manage their online identity specifically with regard to online patient reviews, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) send letters to websites that post reviews about physicians encouraging them to inform the physicians when a review is posted about them, and that they allow physician offices an opportunity to provide a general response that is compliant with the Health Insurance Portability and Accountability Act.

# Resolution No. 5004

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

End of Life Care Discussions: Educating Family Physicians

Submitted by: Karla Booker, MD, FAAFP, Women
Monica Parker, MD, Women
Elizabeth Cozine, MD, Women
Lisa Fleischer, MD, FAAFP, Women

WHEREAS, Many physicians report being unsure how to discuss end-of-life care, and

WHEREAS, in a 2016 survey, 46% of physicians feel unsure of what to say, and 29% report they have had no formal training on initiating the conversation, and

WHEREAS, 89% of patients surveyed report doctors should discuss end-of-life issues with their physicians; however, only 17% of patients have had such conversations with their physicians, and

WHEREAS, the World Health Organization states, “All people have a right to receive high quality care during serious illness and to a dignified death, free of overwhelming pain, and in line with their spiritual and religious beliefs,” and

WHEREAS, Centers for Medicare and Medicaid Services estimates that between 2002 and 2010, per capita spending for patients 65-85 years old increased 36% from $11,692 to $15,857. During that same time period, per capita spending for patients over 85 increased 38% from $25,192 to $34,783, and

WHEREAS, hospice care saves Medicare an average of $2,309 per hospice user, and

WHEREAS, Advance Care Planning is now a reimbursable Medicare benefit, and

WHEREAS, family physicians are uniquely suited to facilitating these conversations given the Family Medicine Creed, “You the patient are my first professional responsibility, whether man, woman or child, ill or well, seeking care, healing, or knowledge,” now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) prioritize education to its membership regarding initiating conversations about goals of care and end-of-life planning, the spectrum of Palliative Care and Hospice benefits, and the utility of Advance Directive and Physician Orders for Life-Sustaining Treatments (POLST) documentation.

# Resolution No. 5005

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

The Use of LC-MS Screening Tools to Evaluate Patients for Polypharmacy and Medication Compliance

Submitted by: Khalil Alleyne, MD, Minority
Kevin Wong, MD, Minority
Tobe Momah, MD, New Physicians
Alberto Marcelin, MD, New Physicians
Venis Wilder, MD, GLBT
Monica Parker, MD, Women

WHEREAS, There are over 100,000 deaths per year related to drug interactions, polypharmacy and/or medication misuse, making this issue the fourth to sixth leading cause of death in the United States, and

WHEREAS, nearly one-third of Americans ages 57 to 85 take at least five prescription drugs and over 50% of Americans take over-the-counter supplements, and

WHEREAS, the current methods of medication reconciliation is subjective (i.e. having the patients bring their medications in and assuming because they have the bottle they are taking them), and

WHEREAS, Liquid Chromatography–Mass Spectrometry (LC-MS) technology is the standard for confirmation of controlled and illicit drug use, and

WHEREAS, tests like the Bennett Polypharmacy Profile (BPP) is a urinalysis screening tool for detecting the top 100 most prescribed medications used in primary care using LC-MS technology, and

WHEREAS, over 30,000 BPP polypharmacy screens have been done to date, with results of patient non-compliance greater than 80%; (i.e., over 80% of results showed medications that were prescribed but not present, or medications that were not prescribed but were present in a patient's system), and

WHEREAS, the BPP is reimbursed by Medicare, Medicaid and most major insurances, and

WHEREAS, according to the Annuals of Internal Medicine April 2014, nearly one-third of patients fail to fill first-time prescriptions, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) recommend screening tools, such as the Bennett Polypharmacy Profile, as a resource for patient medication reconciliation and compliance.

# Resolution No. 5006

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Direct-to-Consumer Advertising

Submitted by: Cathleen London, MD, Women
Robert Sedlacek, MD, New Physicians
Rachel Franklin, MD, Women
Karla Booker, MD, Women

WHEREAS, The American Medical Association has policy condemning direct-to consumer advertising of pharmaceuticals, and

WHEREAS, only the United States and New Zealand allow direct-to-consumer advertising, and

WHEREAS, drug companies know that for every $1,000 spent on a television advertisement will result in 24 new patient customers for them, and

WHEREAS, drug company profits are at a record high, and

WHEREAS, drug companies spend 19 times more on marketing than research, and

WHEREAS, every other country has decided these advertisements are not in the people's best interest and have made them illegal, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) condemn direct-to-consumer advertising, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) create a public campaign to educate the public on the dangers of direct-to-consumer advertising.

# Resolution No. 5007

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Physicians Are Not Credit Cards

Submitted by: Lisa Casey, MD, Women
Madalyn Schaefgen, MD, FAAFP, Women
Laurel Dallmeyer, MD, FAAFP, General Registrant
Jaividhya Dasarathy, MD, FAAFP, IMG

WHEREAS, Insurers are ranking physicians according to pay-for-performance measures that are not under the control of the physician, such as access to care, patient compliance, socioeconomic status, and

WHEREAS, patients who are part of the above groups are being dismissed from physician practices in attempt to meet these quality measures, and

WHEREAS, physicians have been limited in their ability to practice medicine secondary to the insurer practice of ranking physicians, and

WHEREAS, physicians are being removed from insurance panels secondary to not meeting these performance measures, which is also reportable for licensure, and

WHEREAS, the measures are retrieved by insurance companies via inaccurate and inconsistent methods, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians enact a policy statement disallowing pay-for-performance measures to be collected by insurance companies for the purpose of ranking physicians or removing them from insurance panels, and be it further

RESOLVED, That the American Academy of Family Physicians strongly advise insurance companies to cease ranking physicians and/or removing them from insurance panels based on pay for performance measures.

# Resolution No. 5008

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Improving Patient Satisfaction Through Autonomy and Shared Decision Making Through Continuing Medical Education

Submitted by: Sharif Latif, MD, IMG
Jorge Plasencia, MD, FAAFP, IMG

WHEREAS, The health care environment is emphasizing the patient care experience through patient satisfaction scores, and

WHEREAS, the physician reimbursement is correlated with patient satisfaction scores, and

WHEREAS, physician rapport is correlated with patient adherence to treatment, and

WHEREAS, active patient involvement in their health care results in adherence to treatment, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) consider inclusion of continuing medical education (CME) addressing patient satisfaction through autonomy and shared decision making through CME at the AAFP Family Medicine Experience (FMX).

# Resolution No. 5009

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Social and Behavioral Domains and Measures for Electronic Health Records

Submitted by: Tobie Smith, MD, Women
Sarah Olsasky, DO, Women

WHEREAS, There is abundant research that identifies that the social determinants of health affect patient outcomes impacting morbidity and mortality, and

WHEREAS, physician payment is currently affected by patient outcomes which are not currently stratified by the social determinants of health partially due to lack of collection of this data at the patient level, and

WHEREAS, nearly 80% of office based family physicians used electronic health records and there is currently no validated electronic health record collection tool to obtain information on patient social determinants, and

WHEREAS, the American Association of Medical Colleges, Institute of Medicine, and National Association of Community Health Centers are currently conducting individual research or pilot studies to identify domains and measures that capture the social determinants of health and identify which measures should be identified in the electronic health record and the obstacles to including the measures in the electronic health record, now, therefore be it

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the current research that identifies the current domains and measures that capture the social determinants of health to inform the development of electronic health record templates, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate developing a tool of domains and measures to capture the social determinants of health in the electronic health record that members can use, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to electronic health record vendors to incorporate domains and measures to capture the social determinants of health in the electronic health record, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) educate members regarding validated tools or templates that members can use to capture the social determinants of health into the patient's medical record, such as by creating mock-ups of electronic health record templates and examples of ways to incorporate this data into daily workflow, among other potential resources.

# Resolution No. 5010

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Updating the Prerequisites for "Recognition of Focused Practice in Hospital Medicine Exam"

Submitted by: Suhail Shaikh, MD, FAAFP, Minority
Javaid Saleem, MD, FAAFP, IMG
Rebecca Lundh, MD, Women

WHEREAS, The American Board of Family Medicine (ABFM) in conjunction with the American Board of Internal Medicine (ABIM) now offers Recognition of Focused Practice in Hospital Medicine (RFPHM) program, and

WHEREAS, this program has been developed in response to the growing number of ABFM-certified family physicians who are primarily caring for the patients in the hospital setting, and

WHEREAS, one of the current requirements is the verification of at least three years of unsupervised hospital medicine practice experience in the United States or Canada that fully meets the requirements of either the direct patient care pathway or the clinical/systems pathways, and

WHEREAS, the physicians who are spending a year of training in hospital medicine fellowship are rather getting delayed to fulfill the above-mentioned requirements, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an additional pathway for the individuals who have successfully completed the fellowship in hospital medicine to be eligible for the "Recognition of Focused Practice in Hospital Medicine."

# Resolution No. 5011

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Increase Point of Care Ultrasound (POCUS) Education in Family Medicine

Submitted by: Sarah McNeil, MD, Women
Santina Wheat, MD, New Physicians
Shannon Connolly, MD, Women
Bhavik Kumar, MD, New Physicians
Jessica Guh, MD, Minority
Miranda Balkin, MD, GLBT

WHEREAS, A large body of evidence demonstrates that ultrasound improves clinical outcomes, facilitates more rapid diagnoses, shortens times to definitive treatment, reduces failure and complication rates during procedures, and improves patient satisfaction, and

WHEREAS, point of care ultrasound (POCUS) is a cost-effective, evidence-based, and straight-forward medical procedure that meets the triple aim of care, health, and cost by increasing access and decreasing referrals (and therefore cost), and

WHEREAS, according to the Family Physician Workforce Reform "family physicians…will fill critical roles in the health care marketplace. Current recommendations are intended to support efforts to ensure health care access for all in America and to meet the needs of underserved rural and urban populations," and

WHEREAS, the American Academy of Family Physicians (AAFP) has long recognized the importance of supporting family medicine's broad scope of practice, and

WHEREAS, POCUS is easy to do and teach in resource-poor settings (Partners in Health, American Institute for Ultrasound Medicine), and

WHEREAS, family doctors staff FQHCs across the country and this population can benefit from increased POCUS, and

WHEREAS, the Journal of Residency Education published a required list of procedural training in 2008 that includes ultrasound, and

WHEREAS, in a recent survey of internal medicine residents 100% desired more formal ultrasound training, and

WHEREAS, according to one 2015 AAFP survey only 7.4% of family doctors do OB ultrasound and 7.4% do non-OB ultrasound, and

WHEREAS, the Association of Family Medicine Residency Directors requires family medicine residencies to teach basic POCUS including prenatal (amniotic fluid index, fetal presentation,

placental localization) and guidance for central vascular access, paracentesis, thoracentesis, MSK injections), and

WHEREAS, a recent survey of family medicine residency directors showed that only 2.2% of programs currently have a POCUS curriculum, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage every U.S. family medicine residency program to include point of care ultrasound (POCUS) training, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) increase continuing professional development opportunities regarding point of care ultrasound (POCUS) [for example, at its scientific meetings and Continuing Medical Education (CME) courses].

# Resolution No. 5012

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

To Promote the Mission of The American Academy of Family Physicians by Limiting Pay for Performance Parameters to Those Reasonably Under the Control of the Physician

Submitted by: Laurel A. Dallmeyer, MD, FAAFP, Women
Lisa Casey, MD, Women
Gail Guerrero Tucker, MD, FAAFP, Women
Jaividhya Dasarathy, MD, IMG
Preston Thomas, MD, Minority

WHEREAS, An increasing percentage of physician reimbursement is tied to "pay for performance," in which the percent of patients meeting clinical benchmarks is used to both judge and pay physicians, and

WHEREAS, while measures such as access to appointments, generic fill rate, and provision of education at office visits are reasonably under the control of the physician, measures such as glycosylated hemoglobin level and blood pressure at office visits are not, and are more closely tied to patient socioeconomic status than the actions and ability of the physician, and

WHEREAS, the socioeconomic status of patients is strongly correlated with overall health, ability to comply with medication regimens, and ability to engage in health care, and

WHEREAS, the constant onslaught of reports criticizing physicians for patient benchmarks not under the direct control of the physician is both demeaning and discouraging, and contributes to physician burnout, and

WHEREAS, financially penalizing physicians who care for difficult patients can lead to withdrawal of care for patients who need care most, and further promote health disparities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) enact a policy statement that patient controlled quality measures and benchmarks such as lab values and medication fill rates be removed from pay-for-performance arrangements, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) lobby legislatures and insurance companies to remove patient-controlled quality measures from pay for performance arrangements, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) enact a policy statement discouraging insurance companies from rating or ranking physicians based on patient-controlled quality measures and benchmarks.

# Resolution No. 5013

**2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center**

Systemic Solutions to Physician Burnout

Submitted by: Meghan Velonek, MD, New Physicians
Melissa Hemphill, MD, New Physicians
Kyle Bradfor Jones, MD, New Physicians
Jessica Richmond, MD, New Physicians
Miguel Concepcion, MD, New Physicians
Collyn Steele, MD, New Physicians

WHEREAS, Maslach Burnout Inventory showed 54.4% of physicians reported at least one symptom of burnout in 2014, and

WHEREAS, family physicians where among the top four specialties experiencing burnout, and

WHEREAS, physician burnout is significantly higher than in other professional careers, and

WHEREAS, the American Academy of Family Physicians (AAFP) has identified that physician burnout is a system problem in its position statement for physician burnout, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for use by health organization leaders to provide screening and supportive resources for physician burnout.