



AAFP

2016 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. 5002: “Expanding Patient-Centered Education Materials” (p. 1).
10

11 **Item 2:** Adopt Substitute Resolution No. 5003: “Physician Management of Patient Reviews on
12 Social Media” in lieu of Resolution No. 5003 (pp.1-2).
13

14 **Item 3:** Adopt Resolution No. 5004: “End Of Life Care Discussions: Educating Family Physicians”
15 (p. 2).
16

17 **Item 4:** Not Adopt Resolution No. 5005: “The Use Of LC-MS Screening Tools To Evaluate Patients
18 For Polypharmacy and Medication Compliance” (p. 2).
19

20 **Item 5:** Adopt Substitute Resolution No. 5006: “Direct-To-Consumer Advertising” in lieu of
21 Resolution No. 5006 (p. 3).
22

23 **Item 6:** Adopt Substitute Resolution No. 5007: “End Ranking by Performance” in lieu of Resolution
24 No. 5007 (p. 3).
25

26 **Item 7:** Not Adopt Resolution No. 5008: “Improving Patient Satisfaction Through Autonomy and
27 Shared Decision Making through Continuing Medical Education” (p. 4).
28

29 **Item 8:** Adopt Resolution No. 5009: “Social and Behavioral Domains and Measures for Electronic
30 Health Records” (p. 4).
31

32 **Item 9:** Not Adopt Resolution No. 5010: Updating the Prerequisites for “Recognition of Focused
33 Practice In Hospital Medicine Exam” (pp. 4-5).
34

35 **Item 10:** Adopt Substitute Resolution No. 5011: “Increase Point of Care Ultrasound (POCUS)
36 Education in Family Medicine” in lieu of Resolution No. 5011 (p. 5).
37

38 **Item 11:** Adopt Substitute Resolution No. 5012: “To Promote The Mission of the American
39 Academy Of Family Physicians by Limiting Pay for Performance Parameters to those Reasonably
40 Under The Control Of The Physician” in lieu of Resolution No. 5012 (pp. 5-6).
41

- 42 **Item 12:** Adopt Resolution No. 5013: "Systemic Solutions to Physician Burnout" (p. 6).
43
44 **Reaffirmation Calendar:** Reaffirmation of Item A under Reaffirmation Calendar (p. 6)



2016 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. 5002: EXPANDING PATIENT-CENTERED EDUCATION**
7 **MATERIALS**

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) expand the
10 available languages of patient education materials beyond English and Spanish, including
11 on FamilyDoctor.org, and be it further,

12
13 RESOLVED, That the American Academy of Family Physicians (AAFP) increase the use of
14 pictorial information for patient education material, including on FamilyDoctor.org.

15
16 The reference committee heard favorable testimony regarding the need for patient education in a
17 variety of languages and in pictorial format for patients with low literacy levels. The reference
18 committee recognized the importance of this issue, however viewed the resolved clauses as too
19 broad, providing no direction on specific languages needed or topics to be covered. The reference
20 committee also noted the need for a fiscal note to implement the resolution.

21
22 **RECOMMENDATION: The reference committee recommends that Resolution No. 5002 not**
23 **be adopted.**

24
25 **ITEM NO. 2: RESOLUTION NO. 5003: PHYSICIAN MANAGEMENT OF PATIENT REVIEWS ON**
26 **SOCIAL MEDIA**

27
28 RESOLVED, That the American Academy of Family Physicians (AAFP) research the
29 impact of social media physician reviews on the practices of family physicians, and be it
30 further

31
32 RESOLVED, That the American Academy of Family Physicians (AAFP) develop
33 educational resources for family physicians to better manage their online identity
34 specifically with regard to online patient reviews, and be it further

35
36 RESOLVED, That the American Academy of Family Physicians (AAFP) send letters to
37 websites that post reviews about physicians encouraging them to inform the physicians
38 when a review is posted about them, and that they allow physician offices an opportunity to

1 provide a general response that is compliant with the Health Insurance Portability and
2 Accountability Act.

3
4 The reference committee heard positive testimony on the resolution. The reference committee
5 recognized research on this topic would need a fiscal note, but felt it was an important topic for the
6 AAFP to explore. Due to lack of clarity of the educational resources, the second and third resolved
7 clauses were removed.

8
9 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
10 **5003, which reads as follows, be adopted in lieu of Resolution No. 5003:**

11
12 **RESOLVED, That the American Academy of Family Physicians (AAFP) research the**
13 **impact of social media physician reviews on the practices of family physicians.**

14
15 **ITEM NO. 3: RESOLUTION NO. 5004: END OF LIFE CARE DISCUSSIONS: EDUCATING**
16 **FAMILY PHYSICIANS**

17
18 RESOLVED, That the American Academy of Family Physicians (AAFP) prioritize education
19 to its membership regarding initiating conversations about goals of care and end-of-life
20 planning, the spectrum of Palliative Care and Hospice benefits, and the utility of Advance
21 Directive and Physician Orders for Life-Sustaining Treatments (POLST) documentation.

22
23 The reference committee heard only positive testimony in support of education on conversations
24 related to end of life care. The author submitted substitute resolution language, specifically
25 requesting education through a formal, annual Family Medicine Experience (FMX) lecture series.
26 The reference committee recognized the importance and need for education on the topic and felt
27 the original resolution language was preferable. In addition, testimony was heard on problems with
28 coding and documentation requirements, however the reference committee noted this was not
29 related to the resolved clause.

30
31 **RECOMMENDATION: The reference committee recommends that Resolution No. 5004 be**
32 **adopted.**

33
34 **ITEM NO. 4: RESOLUTION NO. 5005: THE USE OF LC-MS SCREENING TOOLS TO**
35 **EVALUATE PATIENTS FOR POLYPHARMACY AND MEDICATION COMPLIANCE**

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend
38 screening tools, such as the Bennett Polypharmacy Profile, as a resource for patient
39 medication reconciliation and compliance.

40
41 The reference committee heard mixed testimony regarding the resolution. The authors spoke in
42 support of the resolution detailing how this tool would help address patient medication
43 reconciliation and compliance using already available technology. Counter-testimony noted the
44 potential impact to patients if this data was available, such as removal from provider panels or loss
45 of insurance coverage. The reference committee chose to not adopt this resolution due to the
46 potential impacts on patients and that the AAFP does not endorse specific products.

47
48 **RECOMMENDATION: The reference committee recommends that Resolution No. 5005 not**
49 **be adopted.**

1 **ITEM NO. 5: RESOLUTION NO. 5006: DIRECT-TO-CONSUMER ADVERTISING**

2
3 RESOLVED, That the American Academy of Family Physicians (AAFP) condemn direct-to-
4 consumer advertising, and be it further

5
6 RESOLVED, That the American Academy of Family Physicians (AAFP) create a public
7 campaign to educate the public on the dangers of direct-to-consumer advertising.
8

9 The reference committee heard testimony in support of the intent of the resolution. The reference
10 committee reviewed current AAFP policy on this topic titled "Direct-to-Consumer Advertising of
11 Prescription Pharmaceuticals, Nonprescription Medications, Health Care Devices, and Health-
12 Related Products and Services" and found the first resolved clause disagreed with current policy.
13 Recognizing that this policy was recently adopted in December 2015 and clearly outlined the AAFP
14 position, the reference committee felt there was no need to revise current policy or adopt a new
15 position on this issue. The reference committee felt the second resolved clause could be
16 implemented, based on current policy, but noted that it will require a significant fiscal note.
17

18 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
19 **5006, which reads as follows, be adopted in lieu of Resolution No. 5006:**

20
21 **RESOLVED, That the American Academy of Family Physicians (AAFP) create a**
22 **public campaign to educate the public on the dangers of direct-to-consumer**
23 **advertising.**
24

25 **ITEM NO. 6: RESOLUTION NO. 5007: PHYSICIANS ARE NOT CREDIT CARDS**

26
27 RESOLVED, That the American Academy of Family Physicians enact a policy statement
28 disallowing pay-for-performance measures to be collected by insurance companies for the
29 purpose of ranking physicians or removing them from insurance panels, and be it further
30

31 RESOLVED, That the American Academy of Family Physicians strongly advise insurance
32 companies to cease ranking physicians and/or removing them from insurance panels based
33 on pay for performance measures.
34

35 The reference committee heard largely favorable testimony in support of the resolution. Opposition
36 noted that physicians should collect their own metrics in order to avoid inaccurate performance
37 metrics gathered by insurance companies. The reference committee felt the first resolved clause
38 was outside of the scope of the AAFP. The reference committee also changed the title to better
39 reflect the intent of resolution.
40

41 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
42 **5007, which reads as follows, be adopted in lieu of Resolution No. 5007:**

43
44 **End Ranking by Performance**

45
46 **RESOLVED, That the American Academy of Family Physicians (AAFP) strongly**
47 **advise insurance companies to cease ranking physicians and/or removing them from**
48 **insurance panels based on pay for performance measures.**
49

1 **ITEM NO. 7: RESOLUTION NO. 5008: IMPROVING PATIENT SATISFACTION THROUGH**
2 **AUTONOMY AND SHARED DECISION MAKING THROUGH CONTINUING MEDICAL**
3 **EDUCATION**
4

5 RESOLVED, That the American Academy of Family Physicians (AAFP) consider inclusion
6 of continuing medical education (CME) addressing patient satisfaction through autonomy
7 and shared decision making through CME at the AAFP Family Medicine Experience (FMX).
8

9 The reference committee heard mixed testimony on the resolution. Positive testimony came solely
10 from the authors. Those speaking in opposition stated that the resolution was confusing and too
11 vaguely worded. The reference committee agreed with those who spoke against the resolution due
12 to the vagueness of the resolved clause.
13

14 **RECOMMENDATION: The reference committee recommends that Resolution No. 5008 not**
15 **be adopted.**
16

17 **ITEM NO. 8: RESOLUTION NO. 5009: SOCIAL AND BEHAVIORAL DOMAINS AND**
18 **MEASURES FOR ELECTRONIC HEALTH RECORDS**
19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the
21 current research that identifies the current domains and measures that capture the social
22 determinants of health to inform the development of electronic health record templates, and
23 be it further
24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate
26 developing a tool of domains and measures to capture the social determinants of health in
27 the electronic health record that members can use, and be it further
28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to
30 electronic health record vendors to incorporate domains and measures to capture the social
31 determinants of health in the electronic health record, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians (AAFP) educate members
34 regarding validated tools or templates that members can use to capture the social
35 determinants of health into the patient's medical record, such as by creating mock-ups of
36 electronic health record templates and examples of ways to incorporate this data into daily
37 workflow, among other potential resources.
38

39 The reference committee heard positive testimony in the resolution. The reference committee felt
40 the resolution was within the scope of the AAFP but recognized parts would require a fiscal note.
41

42 **RECOMMENDATION: The reference committee recommends that Resolution No. 5009 be**
43 **adopted.**
44

45 **ITEM NO. 9: RESOLUTION NO. 5010: UPDATING THE PREREQUISITES FOR "RECOGNITION**
46 **OF FOCUSED PRACTICE IN HOSPITAL MEDICINE EXAM"**
47

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

1 The reference committee heard testimony in support of the resolution from the author and one
2 other delegate who provided cautionary support. The reference committee felt that the issue did
3 not seem important to a large portion of membership and encourages the author to bring the
4 resolution to the Hospital Medicine Member Interest Group to further refine and submit as a
5 recommendation.

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

9
10 **ITEM NO. 10: RESOLUTION NO. 5011: INCREASE POINT OF CARE ULTRASOUND (POCUS)**
11 **EDUCATION IN FAMILY MEDICINE**

12
13 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage every
14 U.S. family medicine residency program to include point of care ultrasound (POCUS)
15 training, and be it further

16
17 RESOLVED, That the American Academy of Family Physicians (AAFP) increase continuing
18 professional development opportunities regarding point of care ultrasound (POCUS) [for
19 example, at its scientific meetings and Continuing Medical Education (CME) courses].

20
21 The reference committee heard positive testimony for this resolution. The recommendation was to
22 remove the second resolved clause due to the actions being outside the scope of the AAFP. The
23 reference committee suggested a post soon-to-come Point-of-Care Ultrasound Member Interest
24 Group community with the first resolved clause.

25
26 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
27 **5011, which reads as follows, be adopted in lieu of Resolution No. 5011:**

28
29 **RESOLVED, That the American Academy of Family Physicians (AAFP) increase**
30 **continuing professional development opportunities regarding point of care**
31 **ultrasound (POCUS) [for example, at its scientific meetings and continuing medical**
32 **education (CME) courses].**

33
34 **ITEM NO. 11: RESOLUTION NO. 5012: TO PROMOTE THE MISSION OF THE AMERICAN**
35 **ACADEMY OF FAMILY PHYSICIANS BY LIMITING PAY FOR PERFORMANCE PARAMETERS**
36 **TO THOSE REASONABLY UNDER THE CONTROL OF THE PHYSICIAN**

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) enact a policy
39 statement that patient controlled quality measures and benchmarks such as lab values and
40 medication fill rates be removed from pay-for-performance arrangements, and be it further

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) supports legislation
43 lobby legislatures and insurance companies that removes patient-controlled quality
44 measures from pay for performance arrangements, and be it further

45
46 RESOLVED, That the American Academy of Family Physicians (AAFP) enact a policy
47 statement discouraging insurance companies from rating or ranking physicians based on
48 patient-controlled quality measures and benchmarks.

49
50 The reference committee heard testimony in support of the intent of the resolution. Recognizing
51 current AAFP policy titled "Pay-For-Performance", they chose to edit the first resolved clause to
52 reflect changes needed in the current policy. The committee chose to edit the second resolved to

1 better reflect the actions sought by the resolution. The reference committee chose to strike the
2 third resolved clause as it was already addressed in Resolution No. 5007.

3
4 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
5 **5012, which reads as follows, be adopted in lieu of Resolution No. 5012:**

6
7 **RESOLVED, That the American Academy of Family Physicians (AAFP) amend its**
8 **current policy titled “Pay-for-Performance” to state that patient controlled quality**
9 **measures and benchmarks such as lab values and medication fill rates be removed**
10 **from pay-for-performance arrangements, and be it further**

11
12 **RESOLVED, That the American Academy of Family Physicians (AAFP) support**
13 **legislation that removes patient-controlled quality measures from pay for**
14 **performance arrangements.**

15
16 **ITEM NO. 12: RESOLUTION NO. 5013: SYSTEMIC SOLUTIONS TO PHYSICIAN BURNOUT**

17
18 RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for
19 use by health organization leaders to provide screening and supportive resources for
20 physician burnout.

21
22 The reference committee only heard positive testimony regarding this issue. The reference
23 committee appreciates the increased attention by the AAFP on this issue and felt that this was an
24 appropriate approach to address the issue. The reference committee recognized that a possible
25 implementation barrier of this toolkit would be outreach to organizational leaders that are not
26 members.

27
28 **RECOMMENDATION: The reference committee recommends that Resolution No. 5013 be**
29 **adopted.**

30
31 **REAFFIRMATION CALENDAR**

32
33 **The following item A is presented by the reference committee as an Item for Reaffirmation.**
34 **Testimony in the reference committee hearing and discussion by Executive Session**
35 **concurred that the resolution presented in item A is current policy or is already addressed**
36 **in current projects. At the request of the National Conference of Constituency Leaders, any**
37 **item may be taken from this section for an individual vote on that item. Otherwise, the**
38 **reference committee will request approval of the “Item for Reaffirmation” in a single vote.**

39 Resolution No. 5001: Supporting Nationwide Adoption of Physician Orders For Life-Sustaining
40 Treatment (POLST),” the resolved portion of which reads as printed below:

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation
43 to bring Physician Orders for Life-Sustaining (POLST) to all 50 states.

44
45 The reference committee heard positive testimony on the resolution. The reference committee felt
46 the resolution was being addressed by the current AAFP policy titled “Ethics and Advance
47 Planning for End-of-Life Care”.

48
49 **RECOMMENDATION: The reference committee recommends that Item A above be approved**
50 **as current policy or as already being addressed in current projects.**

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

4
5 Respectfully Submitted,

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7
8
9

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- 10 Shani Muhammad, MD – CHAIR
11
12 Wayne Forde, MD, FAAFP – Minority
13 Anna Francisco, MD – IMG
14 Katherine Homrok, MD – GLBT
15 Sarah Marks, MD – New Physician
16 Sarah Olsasky, DO – Women
17 Kevin Wang, MD, FAAFP (Observer)