



## 2014 Agenda for the Reference Committee on Practice Enhancement

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National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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<b><u>Item No.</u></b>	<b><u>Resolution Title</u></b>
1. Resolution No. 5008	Increasing Access to Physicians for Medicaid Recipients
2. Resolution No. 5009	Identification of Patients Who Opt Out of Quality Metrics
3. Resolution No. 5010	Healthcare Information Exchange: Advocating for Enhanced Electronic Health Record Interoperability
4. Resolution No. 5011	Implementation of Health Insurance Portability and Accountability Act Confidential Communications Provision
5. Resolution No. 5007	AAFP Support of Part-Time Physicians
6. Resolution No. 5001	Standardization of Performance Metrics
7. Resolution No. 5002	Patients Before Paperwork
8. Resolution No. 5003	Not Everyone Needs a Brace
9. Resolution No. 5004	Socioeconomic-Based Risk Adjustment of Performance Measures
10. Resolution No. 5005	Uniform Quality Measure Panels
11. Resolution No. 5006	Proposal for Further Research into the Relationship between Patient Experience Surveys and Physician Quality Metrics



## Resolution No. 5008

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1 Increasing Access to Physicians for Medicaid Recipients

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3 Submitted by: Tess Garcia, MD, GLBT  
4 Ravi Grivois-Shah, MD, FAAFP, GLBT

5  
6 WHEREAS, Millions of patients nationwide have been added to the Medicaid rolls by the  
7 Affordable Care Act, and

8  
9 WHEREAS, the number of physicians presently accepting Medicaid-insured patients is not  
10 sufficient to meet the needs of patients already insured by Medicaid, and

11  
12 WHEREAS, many physicians cite low payments and other disincentives as reasons not to  
13 provide services to Medicaid patients, now, therefore, be it

14  
15 RESOLVED, That the American Academy of Family Physicians advocate federally to make  
16 permanent the Medicaid – Medicare payment parity that is scheduled to end at the end of 2014,  
17 and be it further

18  
19 RESOLVED, That the American Academy of Family Physicians advocate federally for incentive  
20 programs to increase the number of primary care and sub-specialty physicians providing care to  
21 Medicaid-insured patients, and be it further

22  
23 RESOLVED, That the American Academy of Family Physicians provide resources and support  
24 for state chapters to advocate on the state level for incentives and other programs to increase  
25 the number of primary care and sub-specialty physicians providing care to Medicaid-insured  
26 patients.



## Resolution No. 5009

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1 Identification of Patients Who Opt Out of Quality Metrics

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Submitted by: Rachelle Brilliant, DO, GLBT

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Susan P. Osborne, DO, GLBT

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Cathleen London, MD, Womens

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WHEREAS, Family doctors are being assessed for quality metrics in the performance of tests and the administration of vaccines, and

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10 WHEREAS, patients may choose not to follow recommendations despite counseling, and

11

12

WHEREAS, the quality metrics are being used for both payment and patient choice of primary care physician through publication of statistics, and

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WHEREAS, these metrics may lead to denial of care for patients who refuse these preventative measures for physician fear of retribution for poor compliance, now, therefore, be it

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17

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RESOLVED, That the American Academy of Family Physicians (AAFP) encourage private and public insurances to explore methods to identify patients who opt-out of quality metrics and remove them for purposes of calculations.

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## Resolution No. 5010

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1 Healthcare Information Exchange: Advocating for Enhanced Electronic Health Record  
2 Interoperability  
3  
4 Submitted by: James Elly, MD, FAAFP, GLBT  
5 Samuel V. Hanson Willis, MD, GLBT  
6  
7 WHEREAS, The American Academy of Family Physicians already has a policy on Information  
8 Technology Used in Health Care that supports “private sector efforts to apply broad computer  
9 and communications standards for portability and interoperability to health information  
10 exchange,” and  
11  
12 WHEREAS, the Office of the National Coordinator describes the following benefits of electronic  
13 Health Information Exchange:  
14  
15 “Electronic health information systems can help prevent errors by ensuring that everyone  
16 involved in a patient’s care—whether in a primary care setting, a specialists’ office or  
17 emergency department—has access to the same information. Health Information Exchanges  
18 also encourages efficient care by enabling automatic appointment reminders or follow-up  
19 instructions to be sent directly to patients, and prescriptions directly to pharmacies. Health  
20 Information Exchanges reduces the amount of time patients spend filling out paperwork and  
21 briefing their providers on their medical history, allowing more time for discussions about health  
22 concerns and treatments. And by saving time for patients and providers along the entire  
23 continuum of health care delivery, Health Information Exchanges has the potential to both  
24 reduce costs and improve health outcomes.” and  
25  
26 WHEREAS, Accountable Care Organizations help with data sharing within a health system,  
27 emergency care may occur outside the Accountable Care Organizations and electronic Health  
28 Information Exchanges allow for prompt access to that care in follow-up visits with the Primary  
29 Patient Centered Medical Home, and  
30  
31 WHEREAS, patients may transfer healthcare systems with changes in employment/insurance  
32 coverage and ability to promptly share information across electronic health records enhances  
33 care, and  
34  
35 WHEREAS, small practices may not be able to afford the accountable care organizations  
36 electronic health records, but still need to be able to exchange information with the hospital/  
37 accountable care organizations, now, therefore, be it  
38  
39 RESOLVED, That the American Academy of Family Physicians engage in discussions with  
40 Accountable Care Organizations health systems and electronic health record companies to  
41 further the creation of robust interoperability between electronic health record companies  
42 across the nation.



## Resolution No. 5011

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1 Implementation of Health Insurance Portability and Accountability Act Confidential  
2 Communications Provision

3  
4 Submitted by: Alan Schwartzstein, MD, FAAFP, General Registrant  
5 Kelly Meehan-de la cruz, MD, GLBT  
6 Kevin Wang, MD, GLBT  
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8 WHEREAS, Current insurance standards create an explanation of benefit (EOB) form that is  
9 mailed to the insurance policy holder, and  
10

11 WHEREAS, under the Health Insurance Portability and Accountability Act (HIPAA) privacy rule,  
12 "health plans must permit individuals to request, and must accommodate reasonable requests  
13 by individuals to receive communications of the individual's protected health information from  
14 the health plan by alternative means or at alternative locations, if the individual clearly states  
15 that the disclosure of the information could endanger the individual", and  
16

17 WHEREAS, endangered patients may include minors, spouses, victims of domestic violence  
18 and others, and  
19

20 WHEREAS, many individuals who may consider themselves at danger are not aware of this  
21 provision and/or not know how to use it to protect themselves, and  
22

23 WHEREAS, many family physicians are also unaware of this provision which helps protect their  
24 patients, and  
25

26 WHEREAS, we are working toward a health care system that is patient centered, now,  
27 therefore, be it  
28

29 RESOLVED, That the American Academy of Family Physicians advocate through its resources,  
30 including government advocacy, corporate relations or other means, to work toward the  
31 elimination of expiration dates of previously approved authorizations of maintenance  
32 medications, and be it further  
33

34 RESOLVED, That the American Academy of Family Physicians create a legally appropriate and  
35 Health Insurance Portability and Accountability Act (HIPAA) compliant confidential  
36 communications request form in print and electronic form that is accessible from the AAFP  
37 website, and be it further  
38

39 RESOLVED, That the American Academy of Family Physicians distribute information regarding  
40 this privacy provision and compliant confidential communications request (CCR) form to its  
41 members, and also distribute this information and CCR form to chapter leadership for education  
42 of its members and access to the form on the chapters' websites, and be it further  
43

44 RESOLVED, That the American Academy of Family Physicians and its constituent chapters  
45 encourage members to provide assistance to the patient in completing this form when the  
46 patient is unable to do so.



# Resolution No. 5007

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1 AAFP Support of Part-Time Physicians  
2  
3 Submitted by: Lacey Cavanaugh, MD, Women  
4 Lee Bar-Eli, MD, Women  
5  
6 WHEREAS, Nearly a quarter of family physicians have reported practicing part-time at some  
7 point in their careers, and  
8  
9 WHEREAS, finding acceptance and support of part-time practice is not easy, and  
10  
11 WHEREAS, physicians in part-time practice face significant challenges in finding workplaces  
12 that are willing to work with part-time physicians, and  
13  
14 WHEREAS, physicians in part-time practice face significant financial challenges, and  
15  
16 WHEREAS, physicians in part-time practice face challenges in helping coworkers, patients, and  
17 hospital systems understand the benefits of part-time practice and develop appropriate  
18 compensation models, and  
19  
20 WHEREAS, the most recent information from the American Academy of Family Physicians  
21 about part-time practice is over 10 years old and there are no other resources designated to this  
22 topic, now, therefore, be it  
23  
24 RESOLVED, That the American Academy of Family Physicians creates resources dedicated to  
25 part-time physician practice, such as but not limited to educational articles about the logistics of  
26 part-time practice, an online community of support for physicians in part-time practice to connect  
27 with each other, and information about negotiating contracts for part-time physicians.



## Resolution No. 5001

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1 Standardization of Performance Metrics

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3 Submitted by: Avani Sheth, MD, New Physicians  
4 Ekram Smith, MD, New Physicians

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6 WHEREAS, Performance measurement has become one of the foundation of current efforts to  
7 provide high quality care and improve health outcomes, and

8

9 WHEREAS, family physicians are increasingly required to submit performance measures to  
10 multiple different entities including health care systems, public and private payors, accreditation  
11 organizations, and certification boards, and

12

13 WHEREAS, the lack of standardization of performance measures and input from family  
14 physicians leads to an increase in administrative burden and can impede provider buy-in, now,  
15 therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) establish a policy that  
18 performance measures be standardized across regulatory organizations and certification  
19 boards, and be it further

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21 RESOLVED, That the American Academy of Family Physicians (AAFP) work with the  
22 appropriate regulatory organizations to standardize performance measures in primary care with  
23 the involvement of AAFP family physicians.





## Resolution No. 5002

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1 Patients Before Paperwork  
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3 Submitted by: Jessica Triche, MD, New Physicians  
4 Sara Leonard, MD, New Physicians  
5 Jason Fuqua, MD, New Physicians  
6 Brent Smith, MD, New Physicians  
7  
8 WHEREAS, Third-party request forms including, but not limited to, prior authorization requests  
9 and formulary changes negatively impact the quality of patient care by compromising efficient  
10 disease management and patient safety, and  
11  
12 WHEREAS, the time requirement to evaluate and respond to these forms detracts from time  
13 spent providing direct patient care, and  
14  
15 WHEREAS, the increased administrative burden associated with these forms contributes to  
16 physician and patient dissatisfaction, as well as physician fatigue and burnout, and  
17  
18 WHEREAS, these requests limit a family physician's ability to autonomously practice evidence-  
19 based medicine and make medical decisions that are in the best interests of the patient, now,  
20 therefore, be it  
21  
22 RESOLVED, That the American Academy of Family Physicians (AAFP) formulate a set of  
23 standardized tools, such as form letters or other electronic resources, that can be readily  
24 accessed and utilized to help physicians effectively and efficiently respond to third-party request  
25 forms including, but not limited to, prior authorization requests and formulary changes.



# Resolution No. 5003

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Not Everyone Needs a Brace

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3 Submitted by: Brent Smith, MD, New Physicians  
4 Jessica Triche, MD, New Physicians  
5 Jason Fuqua, MD, New Physicians  
6 Sara Leonard, MD, New Physicians

7

8 WHEREAS, Medicare patients are a vulnerable population due to socioeconomic status, age,  
9 health literacy and fixed income, and

10

11 WHEREAS, these patients are targeted by third-party companies for direct marketing of durable  
12 medical equipment (DME), and

13

14 WHEREAS, the evidence supporting the use of many of these DME supplies is not supported  
15 for such widespread distribution, and

16

17 WHEREAS, this creates an administrative burden on the physician and an unnecessary  
18 increase in healthcare costs, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) study the issue of  
21 durable medical equipment (DME) further in collaboration with the Centers for Medicaid and  
22 Medicare Services (CMSS) in an effort to reduce inappropriate and wasteful distribution of DME.



## Resolution No. 5004

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Socioeconomic-Based Risk Adjustment of Performance Measures

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3 Submitted by: Avanti Sheth, MD, New Physicians  
4 Ekram Smith, MD, New Physicians

5  
6 WHEREAS, Performance measurement has become one of the foundations of current efforts to  
7 provide high quality care and improve health outcomes, and

8  
9 WHEREAS, the National Quality Forum-endorsed measures are used by regulatory  
10 organizations to implement performance measures, and

11  
12 WHEREAS, the National Quality Forum recommends adjusting some performance measures  
13 for clinical factors that can influence outcomes such as severity of illness and comorbidities;  
14 however, in their recent draft policy statement, they recommended against adjusting for  
15 socioeconomic factors, and

16  
17 WHEREAS, there is established evidence that socioeconomic factors such as race, income,  
18 housing, and education influence health outcomes regardless of care provided, and

19  
20 WHEREAS, providers serving a more disadvantaged patient population will face more  
21 challenges in meeting quality standards, now, therefore, be it

22  
23 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the  
24 appropriateness of incorporating socioeconomic-based risk adjustment in performance  
25 measures and act accordingly with advocacy efforts.



## Resolution No. 5005

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- 1 Uniform Quality Measure Panels  
2  
3 Submitted by: Sri Reddy, MD, International Medical Graduate  
4 Brian Bachelder, MD, International Medical Graduate  
5  
6 WHEREAS, Various accountable care organizations, federal agencies, insurers, and patient-  
7 centered medical home models use primary care quality measures that are conflicting,  
8 inconsistent, and outdated, and  
9  
10 WHEREAS duplicate efforts decrease quality of patient care, cost efficiency, and increase  
11 workload, now, therefore, be it  
12  
13 RESOLVED, That the American Academy of Family Physicians (AAFP) should develop a set of  
14 uniform quality measures, and be it further,  
15  
16 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage various  
17 federal, state, and private agencies to adopt our uniform primary care quality measure panels.



## Resolution No. 5006

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1 Proposal for Further Research into the Relationship between Patient Experience Surveys and  
2 Physician Quality Metrics

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4 Submitted by: Casey Rodriguez, MD, International Medical Graduates  
5 Biplav Yadav, MD, International Medical Graduates  
6 Jayashree Paknikar, MD, International Medical Graduates  
7 Mary Moon, MD, International Medical Graduates  
8 Sudeep Ross, MD, International Medical Graduates  
9 Adanna Juliet Amechi-Obigwe, MD, International Medical Graduates  
10 David Perez, MD, International Medical Graduates  
11  
12

13 WHEREAS, The AAFP recognizes that patient experience is a critical component of medical  
14 care, and

15  
16 WHEREAS, patient experience surveys are effectively patient satisfaction surveys, and,

17  
18 WHEREAS, patient satisfaction does not necessarily reflect the quality of clinical care provided,  
19 and

20  
21 WHEREAS, research has shown that demographic factors, social factors and health literacy can  
22 affect patient responses in patient experience surveys, and

23  
24 WHEREAS, there has been sparse research on physician treatment choices and patient  
25 outcomes in response to these surveys, and

26  
27 WHEREAS, we need more research such as the article in the Journal of the American Medical  
28 Association entitled "The Cost of Satisfaction," now, therefore, be it

29  
30 RESOLVED, That the American Academy of Family Physicians advocate for research towards  
31 a more detailed and nuanced examination of factors affecting patient experience before it is  
32 linked to reimbursement and the public reporting of physician performance on these surveys.