



2021 Agenda for the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

| <u>Item No.</u> | <u>Resolution Title</u> |
|------------------------|--|
| 1. Resolution No. 5001 | Developing Telehealth Continuing Medical Education |
| 2. Resolution No. 5002 | Identifying Advanced Practice Providers by Specialty in Medicare Data |
| 3. Resolution No. 5003 | Family Medicine Friendly Work Environments |
| 4. Resolution No. 5004 | Coercive Contracting Practices |
| 5. Resolution No. 5005 | The Reality of Telehealth |
| 6. Resolution No. 5006 | AAFP Support for Family Physician-Led Primary Care |
| 7. Resolution No. 5007 | AAFP Advocate with Society of Hospital Medicine for Family Medicine-Trained Hospitalists and Disparities |
| 8. Resolution No. 5008 | Challenges of Independent Practices and Barriers |



Resolution No. 5001

2021 National Conference of Constituency Leaders

1 Developing Telehealth Continuing Medical Education

2

3 Submitted by: Julie Marcinek, DO, FAAFP, New Physician

4 Muhammad Deen, MD, New Physician

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6 WHEREAS, Telehealth practice and payment expansion has offered new opportunities for
7 healthcare access, and

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9 WHEREAS, maintaining quality of care as telehealth capabilities expand and challenge our current
10 healthcare system, and

11

12 WHEREAS, the American Academy of Family Physicians has developed an online toolkit for
13 developing and maintaining a sustainable telehealth practice, now, therefore be it

14

15 RESOLVED, That the American Academy of Family Physicians expand on existing telehealth
16 education resources to develop continuing medical education courses on safe, effective, high
17 quality telehealth care.



Resolution No. 5002

2021 National Conference of Constituency Leaders

1 Identifying Advanced Practice Providers by Specialty in Medicare Data

2

3 Submitted by: Julie Marcinek, DO, FAAFP, New Physician

4 Kyle Leggott, MD, FAAFP, New Physician

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6 WHEREAS, Medicare Part B data is used to study ambulatory healthcare trends, costs, access,
7 and workforce, and

8

9 WHEREAS, all physicians in Medicare Part B data are identified by specialty while nurse
10 practitioners (NPs), physician assistants (PAs), and other advanced practice providers (APPs) are
11 identified only as a NP, PA, etc., and

12

13 WHEREAS, the inability to identify midlevel practitioners by their specialty makes accurate
14 comparisons between physicians' and APPs' practice trends challenging, now, therefore be it

15

16 RESOLVED, That the American Academy of Family Physicians write a letter to the Centers for
17 Medicare and Medicaid Services urging them to accurately identify and monitor all billing
18 healthcare providers, including advance practice providers, by their specialty to support accurate
19 data collection and enhance the ability to monitor healthcare costs, trends, access, and workforce.



Resolution No. 5003

2021 National Conference of Constituency Leaders

1 Family Medicine Friendly Work Environments

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3 Submitted by: Andrew Lutzkanin, MD, FAAFP, New Physician
4 Cybill Oragwu, MD, General Registrant
5 Samuel Mathis, MD, FAAFP, New Physician
6 Jennifer Maxwell, MD, MPH, New Physician
7

8 WHEREAS, Per Merritt Hawkins in 2018, Family Physicians were the most sought-after specialty
9 for recruiters for twelve years in a row, and

10
11 WHEREAS, while the overall outpatient physician turnover rate is less than 7%, over 46% of
12 physicians plan on changing their job in the next year, and

13
14 WHEREAS, graduating family medicine residents are frequently contacted by physician recruiters
15 via phone, mail, and email with lucrative offers, and

16
17 WHEREAS, job offers typically include some general details like salary, paid time off, CME, call
18 schedule, average patients per day, etc. they typically do not represent the entire picture, and

19
20 WHEREAS, the reality of some larger health systems may force new hires into long contracts with
21 unrealistic productivity requirements, limited scope and autonomy, restrictive covenants, and a
22 variety of other factors that may cause a new hire to regret taking the job, and

23
24 WHEREAS, family physicians searching for a new practice would benefit from knowing how well a
25 potential practice supports comprehensive family medicine, and

26
27 WHEREAS, smaller independent practices are not able to offer the same up-front packages and
28 thus, have more difficulty recruiting good candidates to their practices, and

29
30 WHEREAS, smaller independent practices would benefit from having guidance on how to make
31 their practices more supportive of comprehensive family medicine and thus more competitive, and

32
33 WHEREAS, full disclosure by companies have positive influences on key issues like the gender
34 pay gap, and

35
36 WHEREAS, about 20% of the US population—more than 50 million people—live in rural areas, but
37 only 9% of the nation's physicians practice in rural communities, and

38
39 WHEREAS, healthcare shortages of primary care are affected by the uneven distribution of primary
40 care physicians, and

41
42 WHEREAS, practices in Health Professional Shortage Areas could recruit in a more equitable
43 platform, now, therefore be it
44

45 RESOLVED, That the American Academy of Family Physicians develop and make available to
46 practices a set of general criteria by which a practice can be evaluated for its support of the
47 comprehensive practice of family medicine, and be it further
48

49 RESOLVED, That the American Academy of Family Physicians assign a commission to assess the
50 feasibility of establishing a database where information entered by practices on certain attributes
51 can be easily accessed and compared by family physician applicants, not unlike the FREIDA™
52 Residency Program database by the American Medical Association.



Resolution No. 5004

2021 National Conference of Constituency Leaders

1 Coercive Contracting Practices

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3 Submitted by: Samuel Mathis, MD, FAAFP, New Physician
4 Andrew Lutzkanin, MD, FAAFP, New Physician
5 Patricia Chico, MD, General Registrant
6

7 WHEREAS, Coercive contracting practices, including forced arbitration clauses, class action
8 waivers, non-disclosure agreements, and non-compete clauses, prevent workers from enforcing
9 their rights under the law, and
10

11 WHEREAS, more than half of non-union private sector employers have mandatory arbitration
12 procedures and in all but 12 of the largest states by population, over 40 percent of employers have
13 mandatory arbitration policies, and
14

15 WHEREAS, in employers who require mandatory arbitration, 30.1 percent also include class action
16 waivers in their procedures, and
17

18 WHEREAS, mandatory arbitration is more common in industries that are disproportionately
19 composed of women workers, and workers more often lose in forced arbitration than in either
20 federal or state court, and
21

22 WHEREAS, these contracting practices, especially mandatory arbitration, class action waivers and
23 non-disclosure agreements are used to silence victims of harassment, discrimination, and other
24 illegal abuse, and
25

26 WHEREAS, non-compete clauses directly impact the ability of a family physician to provide
27 continuity of care (a hallmark and primary objective in Family Medicine), and
28

29 WHEREAS, the American Academy of Family Physicians supports the role of family physicians in
30 providing continuity of care to their patients in all settings, both directly and by coordination of care
31 with other health professionals, and
32

33 WHEREAS, over 50% of family physicians are employed and a significant number of new family
34 medicine graduates are entering the workforce as employed physicians, and
35

36 RESOLVED, That the American Academy of Family Physicians develop policy against forced
37 arbitration clauses, class action waivers, non-disclosure agreements and non-compete clauses,
38 including for its own employees, and be it further
39

40 RESOLVED, That the American Academy of Family Physicians (AAFP) survey all organizations
41 who wish to present at any AAFP job fair on the presence of forced arbitration clauses, class action
42 waiver, and non-disclosure agreements and share the results with attendees of the job fair, and be
43 it further
44

45 RESOLVED, That the American Academy of Family Physicians advocate against arbitration
46 clauses, class action waivers and non-disclosure agreements and support legislation that ends
47 these practices at the state and federal level, and be it further
48

49 RESOLVED, That the American Academy of Family Physicians develop a position paper and
50 guidelines of expectations for reasonable non-compete agreements that ensures family physicians
51 and their patients are not unduly burdened or left without proper medical care.



Resolution No. 5005

2021 National Conference of Constituency Leaders

1 The Reality of Telehealth

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3 Submitted by: Luz Fernandez, MD, Minority
4 Karen Smith, MD, FAAFP, Minority

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6 WHEREAS, The technology of telehealth provides virtual access, quality, and efficient healthcare
7 for diverse populations cared for by family physicians, and

8
9 WHEREAS, the Coronavirus pandemic revealed multiple shortcomings including inadequate or
10 lack of broadband width necessary to support the physician electronic health records system that
11 offer the integrated telehealth function, wide variations in the telehealth platform features, lack
12 of interconnectivity between existing and new technology platforms, lack of standardized
13 requirements for payor agnostic claims submission, rapid evolution of vendors providing telehealth
14 service with a range of pricing options, and

15
16 WHEREAS, telehealth acceptance by patients and payors was initially slow and while a viable
17 option to remain connected to patients in lieu of the face-to-face visit, the concept may not be
18 permanently adopted as a means for optimal value-based payment services; thus, despite the
19 time, people, and financial investment, telehealth has not earned a permanent place in the patient
20 centered medical home, and

21
22 WHEREAS, telehealth, including televideo and telephonic communications, had a rapid
23 onboarding process by some communities struggling with accessibility for several regions
24 revealing accentuating disparities, as well as gaps, in care due to less engagement
25 with the family physician for primary care services including preventive care necessary to diminish
26 risk of morbidity and mortality, and

27
28 WHEREAS, physicians recognize the importance of telehealth technology necessary for optimal
29 performance in payment reform models due to patient-physician connectivity within the
30 team-based model of care, and

31
32 WHEREAS, the revelation of a multitude of factors inhibiting the success of telehealth by people
33 of all communities suggest the need for family physician organizations to study the barriers for
34 adoption in an in-depth manner as it relates to the specialty, and

35
36 WHEREAS, telehealth is beyond the evolution phase of the "Roadmap to Interoperability," as it is a
37 mainstay in a family physician's ability to practice, now, therefore be it

38
39 RESOLVED, That the American Academy of Family Physicians actively study the role of barriers in
40 preventing telehealth from becoming a mainstay in the repertoire of family physician practice
41 settings across diverse communities, and be it further

42
43 RESOLVED, That the American Academy of Family Physicians collaborate with other entities to
44 mitigate the identified factors in an effort to enable telehealth access for patients as part of the
45 broader idea of healthcare for all.



Resolution No. 5006

2021 National Conference of Constituency Leaders

1 AAFP Support for Family Physician-Led Primary Care

2

3 Submitted by: Avinash Mantha, MD, IMG

4 Krishna Syamala, MD, MBBS, IMG

5

6 WHEREAS, Due to the depth and breadth of their education and experience, family physicians are
7 uniquely qualified to deliver patient-centered, high-quality, cost-effective primary care, and

8

9 WHEREAS, a growing number of states are expanding scope of practice for non-physicians, and

10

11 WHEREAS, many states have approved independent practice for non-physicians without physician
12 oversight, and

13

14 WHEREAS, family physicians complete rigorous training in medical school and in residency that is
15 unmatched by non-physicians, and

16

17 WHEREAS, non-physicians can be an important part of a healthcare team but should not be
18 replacements for family physicians, now, therefore be it

19

20 RESOLVED, That the American Academy of Family Physicians affirm its support for family
21 Physician-led primary care teams, and be it further

22

23 RESOLVED, That the American Academy of Family Physicians recognize the contributions of non-
24 physicians while emphasizing that the training and education of a family physician is unmatched
25 and that every American deserves a family physician as their primary care doctor, and be it further

26

27 RESOLVED, That the American Academy of Family Physicians recognize that non-physicians are
28 not replacements for physicians, and be it further

29

30 RESOLVED, That the American Academy of Family Physicians support standardization of non-
31 physician education and appropriate physician oversight for non-physicians.



Resolution No. 5007

2021 National Conference of Constituency Leaders

1 AAFP Advocate with Society of Hospital Medicine for Family Medicine-Trained Hospitalists and
2 Disparities

3

4 Submitted by: Krishna Syamala MD, MBBS, IMG
5 Rashmi Rode, MD, FAAFP, IMG
6 Avinash Mantha MD, IMG

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8 WHEREAS, Though the American Academy of Family Physicians and Society of Hospital Medicine
9 made a joint statement about the importance of family medicine trained hospitalists in 2015, there
10 is ongoing disparity in hiring, and

11

12 WHEREAS, none of the university-based hospitalist programs/metropolitan-based non-teaching
13 hospitalist programs accept family medicine trained hospitalists, and

14

15 WHEREAS, ten percent of hospitalists are family medicine-trained of which a significant number
16 are International Medical Graduates (IMGs), and

17

18 WHEREAS, IMG family medicine-trained hospitalists are facing difficulty in getting hired as
19 hospitalists in university based/urban-based hospitalist programs, now, therefore be it

20

21 RESOLVED, That the American Academy of Family Physicians advocate for the recognition of
22 family medicine-trained hospitalists by the Society of Hospital Medicine as equally qualified as their
23 internal medicine counterparts to minimize employment bias.



Resolution No. 5008

2021 National Conference of Constituency Leaders

1 Challenges of Independent Practices and Barriers

2

3 Submitted by: Krishna Syamala, MD, MBBS, IMG

4 Rashmi Rode, MD, FAAFP, IMG

5 Avinash Mantha, MD, IMG

6

7 WHEREAS, Large group practices and networks have taken over the health system causing solo
8 practices to slowly disappear, and

9

10 WHEREAS, insurance companies are making it difficult to work with individual practices for
11 Reimbursements, and

12

13 WHEREAS, prior authorizations for medicines, investigations and imaging requires more
14 manpower making it tougher for solo practices to flourish, and

15

16 WHEREAS, there are significant health disparities among different races and ethnic groups, and

17

18 WHEREAS, by providing support for solo practices to thrive (especially in IMGs), the American
19 Academy of Family Physicians can help bridge the gap in healthcare outcomes in different
20 races/ethnicities, and

21

22 WHEREAS, solo practices will provide an opportunity for IMGs to establish themselves in a
23 community and take the time to get to know the patient better, and

24

25 WHEREAS, a significant number of physicians are leaving clinical medicine either due to burnout
26 or moral injury, now, therefore be it

27

28 RESOLVED, That the American Academy of Family Physicians support the financial viability of
29 solo practices struggling to compete with larger physician groups/hospitals through advocacy
30 efforts, including but not limited to, equal reimbursement rates and streamlining prior authorization
31 processes for solo practices with minimal bandwidth.