



AAFP

# 2021 Consent Calendar for the Reference Committee on Practice Enhancement

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National Conference of Constituency Leaders

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. An item or items**  
4 **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: “Developing Telehealth Continuing Medical  
10 Education” in lieu of Resolution No. 5001.

11  
12 **Item 2:** Adopt Substitute Resolution No. 5002: “Identifying Advanced Practice Providers by  
13 Specialty in Medicare Data” in lieu of Resolution No. 5002.

14  
15 **Item 3:** Adopt Resolution No. 5003: “Family Medicine Friendly Work Environments.”

16  
17 **Item 4:** Adopt Resolution No. 5004: “Coercive Contracting Practices.”

18  
19 **Item 5:** Adopt Substitute Resolution No. 5005: “The Reality of Telehealth” in lieu of Resolution No.  
20 5005.

21  
22 **Item 6:** Adopt Substitute Resolution No. 5006: “AAFP Support for Family Physician-Led Primary  
23 Care” in lieu of Resolution No. 5006.

24  
25 **Item 7:** Adopt Resolution No. 5007: “AAFP Advocate with Society of Hospital Medicine for Family  
26 Medicine-Trained Hospitalists and Disparities.”

27  
28 **Item 8:** Reaffirm Resolution No. 5008: “Challenges of Independent Practices and Barriers.”



# 2021 Report of the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

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: DEVELOPING TELEHEALTH CONTINUING MEDICAL**  
8 **EDUCATION**

9  
10 RESOLVED, That the American Academy of Family Physicians expand on existing telehealth  
11 education resources to develop continuing medical education courses on safe, effective, high  
12 quality telehealth care.

13  
14 The reference committee heard testimony all in support of the resolution. Testimony stressed the  
15 importance of continuing medical education (CME) highlighting best practices in telemedicine. In  
16 addition, testimony reflected the challenges presented in providing care to diverse communities,  
17 including populations lacking safe and private space to access care or limited access to broadband  
18 for video services. The reference committee considered the testimony, along with the current and  
19 planned CME course offerings from the AAFP and recommended a substitute resolution  
20 acknowledging the current CME sessions and the need to ensure access for diverse patient  
21 populations.

22  
23 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
24 **5001 which reads as follows be adopted in lieu of Resolution No. 5001:**

25  
26 **RESOLVED, That the American Academy of Family Physicians continue to develop**  
27 **telehealth education resources and continuing medical education courses on safe,**  
28 **effective, high quality telehealth care across diverse communities.**

29  
30 **ITEM NO. 2: RESOLUTION NO. 5002: IDENTIFYING ADVANCED PRACTICE PROVIDERS BY**  
31 **SPECIALTY IN MEDICARE DATA**

32  
33 RESOLVED, That the American Academy of Family Physicians write a letter to the Centers  
34 for Medicare and Medicaid Services urging them to accurately identify and monitor all billing  
35 healthcare providers, including advance practice providers, by their specialty to support  
36 accurate data collection and enhance the ability to monitor healthcare costs, trends, access,  
37 and workforce.

1 The reference committee heard testimony in support of the resolution. Testimony focused on the  
2 difficulties created by the lack of data on the specialty of non-physician practitioners (NPP)  
3 included in Medicare data. This information is important to research on quality, cost, access, and  
4 work force. One of the authors offered substitute language to ensure the terminology for NPPs  
5 aligned with the language used by Medicare. The reference committee agreed with the testimony  
6 and the substitute language offered by the co-author.  
7

8 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
9 **5002 which reads as follows be adopted in lieu of Resolution No. 5002:**

10  
11 **RESOLVED, That the American Academy of Family Physicians write a letter to the**  
12 **Centers for Medicare and Medicaid Services urging them to accurately identify and**  
13 **monitor all billing healthcare providers, including non-physician practitioners (NPP),**  
14 **by their specialty to support accurate data collection and enhance the ability to**  
15 **monitor healthcare costs, trends, access, and workforce.**  
16

17 **ITEM NO. 3: RESOLUTION NO. 5003: FAMILY MEDICINE FRIENDLY WORK ENVIRONMENTS**

18  
19 RESOLVED, That the American Academy of Family Physicians develop and make  
20 available to practices a set of general criteria by which a practice can be evaluated for its  
21 support of the comprehensive practice of family medicine, and be it further  
22

23 RESOLVED, That the American Academy of Family Physicians assign a commission to  
24 assess the feasibility of establishing a database where information entered by practices on  
25 certain attributes can be easily accessed and compared by family physician applicants, not  
26 unlike the FREIDA™ Residency Program database by the American Medical Association.  
27

28 The reference committee heard testimony all in support of the resolution. Members expressed  
29 concerns surrounding a lack of knowledge in work environments prior to accepting a job. The  
30 reference committee discussed commercial websites currently exist, however, these websites do  
31 not always clarify whether the job supports the comprehensive practice of family medicine. The  
32 reference committee acknowledged a database may be difficult to develop and maintain and they  
33 agreed that assigning it to a commission to access feasibility is the best approach.  
34

35 **RECOMMENDATION: The reference committee recommends that Resolution No. 5003 be**  
36 **adopted**

37  
38 **ITEM NO. 4: RESOLUTION NO. 5004: COERCIVE CONTRACTING PRACTICES**

39  
40 RESOLVED, That the American Academy of Family Physicians develop policy against forced  
41 arbitration clauses, class action waivers, non-disclosure agreements and non-compete  
42 clauses, including for its own employees, and be it further  
43

44 RESOLVED, That the American Academy of Family Physicians (AAFP) survey all  
45 organizations who wish to present at any AAFP job fair on the presence of forced arbitration  
46 clauses, class action waiver, and non-disclosure agreements and share the results with  
47 attendees of the job fair, and be it further  
48

49 RESOLVED, That the American Academy of Family Physicians advocate against arbitration  
50 clauses, class action waivers and non-disclosure agreements and support legislation that  
51 ends these practices at the state and federal level, and be it further  
52

1 RESOLVED, That the American Academy of Family Physicians develop a position paper and  
2 guidelines of expectations for reasonable non-compete agreements that ensures family  
3 physicians and their patients are not unduly burdened or left without proper medical care.  
4

5 The reference committee heard testimony in support of the resolution. Testimony highlighted role  
6 discrimination in employment contracts, the damage caused by restrictive covenants, and the  
7 difficulty caused by arbitration clauses. The reference committee reviewed background provided by  
8 staff, considered current policy, and discussed feasibility of each resolved clause. The reference  
9 committee acknowledged this is an emotional issue for many members and that part of the first  
10 resolved clause is current policy. However, current policy does not go as far as what is stated in  
11 the resolved clauses.  
12

13 **RECOMMENDATION: The reference committee recommends that Resolution No. 5004 be**  
14 **adopted.**  
15

16 **ITEM NO. 5: RESOLUTION NO. 5005: THE REALITY OF TELEHEALTH**  
17

18 RESOLVED, That the American Academy of Family Physicians actively study the role of  
19 barriers in preventing telehealth from becoming a mainstay in the repertoire of family  
20 physician practice settings across diverse communities, and be it further  
21

22 RESOLVED, That the American Academy of Family Physicians collaborate with other  
23 entities to mitigate the identified factors in an effort to enable telehealth access for patients  
24 as part of the broader idea of healthcare for all.  
25

26 The reference committee heard testimony all in support of the resolution. The sole member in  
27 opposition agreed with the spirit of the resolution yet questioned if the resolved clauses outlined  
28 the best approach. The reference committee received information from staff about a telehealth  
29 work group of the Commission on Quality and Practice. The reference committee offered a  
30 substitute resolution to clarify language and acknowledge the needs of diverse communities.  
31

32 **RECOMMENDATION: RECOMMENDATION: The reference committee recommends that**  
33 **Substitute Resolution No. 5005 which reads as follows be adopted in lieu of Resolution No.**  
34 **5005:**  
35

36 **RESOLVED, That the American Academy of Family Physicians study the barriers in**  
37 **preventing telehealth from becoming a mainstay in the repertoire of family physician**  
38 **practice settings across diverse communities and collaborate with other entities to**  
39 **mitigate the identified factors in an effort to enable telehealth access for patients as**  
40 **part of the broader idea of healthcare for all.**  
41

42 **ITEM NO. 6: RESOLUTION NO. 5006: AAFP SUPPORT FOR FAMILY PHYSICIAN-LED**  
43 **PRIMARY CARE**  
44

45 RESOLVED, That the American Academy of Family Physicians affirm its support for family  
46 Physician-led primary care teams, and be it further  
47

48 RESOLVED, That the American Academy of Family Physicians recognize the contributions  
49 of non-physicians while emphasizing that the training and education of a family physician is  
50 unmatched and that every American deserves a family physician as their primary care doctor,  
51 and be it further  
52

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

3  
4 RESOLVED, That the American Academy of Family Physicians support standardization of  
5 non-physician education and appropriate physician oversight for non-physicians.  
6

7 The reference committee heard testimony in support of the resolution, stressing a physician-led  
8 practice model is the most successful and helps with physician satisfaction. The reference  
9 committee recognized that the first three resolved clauses are addressed by the following AAFP  
10 policies: "Team Based Care", "Nurse Practitioners", "Physician Assistants", and "Guidelines on the  
11 Supervision of Certified Nurse Midwives, Nurse Practitioners, and Physician Assistants." The  
12 reference committee believed the AAFP should support standardization of all on non-physician  
13 education and non-physician oversight.  
14

15 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
16 **5006 which reads as follows be adopted in lieu of Resolution No. 5006:**

17  
18 **RESOLVED, That the American Academy of Family Physicians support**  
19 **standardization of non-physician education and appropriate physician oversight for**  
20 **non-physicians.**  
21

22 **ITEM NO. 7: RESOLUTION NO. 5007: AAFP ADVOCATE WITH SOCIETY OF HOSPITAL**  
23 **MEDICINE FOR FAMILY MEDICINE-TRAINED HOSPITALISTS AND DISPARITIES**

24  
25 RESOLVED, That the American Academy of Family Physicians advocate for the recognition  
26 of family medicine-trained hospitalists by the Society of Hospital Medicine as equally qualified  
27 as their internal medicine counterparts to minimize employment bias.  
28

29 The reference committee heard testimony all in support of the resolution and acknowledged that  
30 the AAFP policy, "AAFP -SHM Joint Statement on Hospitalists Trained in Family Medicine,"  
31 addresses the intent of the resolution.  
32

33 **RECOMMENDATION: The reference committee recommends that Resolution No. 5007 be**  
34 **adopted.**  
35

36 **ITEM NO. 8: RESOLUTION NO. 5008: CHALLENGES OF INDEPENDENT PRACTICES AND**  
37 **BARRIERS**

38  
39 RESOLVED, That the American Academy of Family Physicians support the financial viability  
40 of solo practices struggling to compete with larger physician groups/hospitals through  
41 advocacy efforts, including but not limited to, equal reimbursement rates and streamlining  
42 prior authorization processes for solo practices with minimal bandwidth.  
43

44 Testimony heard by the reference committee supported the resolution and acknowledged that the  
45 resolution is reflected in current AAFP policy. It was suggested that current AAFP policy could be  
46 strengthened by specifically referencing "solo practices" in the policies. Additional testimony  
47 recognized the AAFP's strong support of independent practices and noted that the resolution could  
48 encourage the AAFP to improve upon current efforts  
49

50 **RECOMMENDATION: The reference committee recommends that Resolution No. 5008 be**  
51 **reaffirmed.**  
52

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

1 Respectfully Submitted,  
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6 Alan-Michael Vargas, MD – Chair  
7

8 Avinash Mantha, MD– IMG

9 Samuel Eli Mathis, MD, FAAFP – New Physicians

10 Joshua St. Louis, MD – LGBT

11 Gail Del Carmen Guerrero-Tucker, MD, MPH, FAAFP – Minority

12 Tabatha Selina Wells, MD, FAAFP – Women  
13