



2014 Consent Calendar for the Reference Committee on Organization & Finance

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

1 **The Reference Committee on Organization & Finance recommends the following consent**
2 **calendar for adoption (page numbers indicate page in reference committee report):**

3
4 **RECOMMENDATION: The Reference Committee on Organization & Finance recommends**
5 **the following consent calendar for adoption:**

6
7 **Item 1:** Adopt Substitute Resolution No. 4002 “Resolution to Improve Payment Equity for
8 Family Physicians” in lieu of Resolution No. 4002 (pp. 1-2).

9
10 **Item 2:** Adopt Substitute Resolution No. 4006 “The Importance of Advocates for Physicians
11 with Disabilities” in lieu of Resolution No. 4006 (p. 2).

12
13 **Item 3:** Adopt Resolution No. 4005 “Increasing Awareness and Interest in Family Medicine as a
14 Specialty Amongst International Medical Graduates Through National Conference of Family
15 Medicine Residents and Medical Students” (pp. 2-3).

16
17 **Item 4:** Not Adopt Resolution No. 4003 “The Formation of a Family Physician Compensation
18 Database” (p. 3).

19
20 **Item 5:** Adopt Substitute Resolution No. 4001 “Gender Equity in Health Care” in lieu of
21 Resolution No. 4001 (pp. 3-4).

22
23 **Item 6:** Adopt Resolution No. 4008 and refer to the Board of Directors Resolution No. 4008
24 “Acknowledging Religious Diversity” (p. 4.).

25
26 **Reaffirmation Calendar:** Reaffirmation of Items A and B under the Reaffirmation Calendar (pp.
27 4-5).



2014 Report of the Reference Committee on Organization & Finance

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

1 **The Reference Committee on Organization & Finance has considered each of the items**
2 **referred to it and submits the following report. The committee's recommendations will be**
3 **submitted as a consent calendar and voted on in one vote. Any item or items may be**
4 **extracted for debate.**

5
6 **ITEM NO. 1: RESOLUTION NO. 4002: RESOLUTION TO IMPROVE PAYMENT EQUITY FOR**
7 **FAMILY PHYSICIANS**

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend to
10 state chapters via existing methods (e.g., chapter executive listserv) to assist members
11 in identifying employment contract negotiating specialists and additional resources in
12 their state, and be it further

13
14 RESOLVED, That the American Academy of Family Physicians (AAFP) identify
15 resources to assist members in establishing the value of family physicians at the local
16 level (e.g., a compensation database).

17
18 The reference committee heard testimony on the challenges members face when negotiating
19 contracts with employers. It was stated that new physicians do not believe they receive
20 sufficient education during residency training regarding contract negotiations. In addition,
21 physicians who have been in practice for some time experience challenges with finding
22 available resources. While existing contract negotiation resources are available on the AAFP
23 website, the reference committee agreed that it is important for the AAFP to encourage state
24 chapters to identify local resources for employment contract negotiation and make them
25 available to members.

26
27 The reference committee recognized that a large amount of survey data would need to be
28 collected from AAFP members to be able to provide compensation data at the local level,
29 making this request particularly difficult. Concern was expressed that not all members may be
30 willing to share that information with the AAFP. Compensation data is currently available
31 through Merritt Hawkins and Associates and the Medical Group Management Association
32 (MGMA). The reference committee acknowledged that the compensation data available through
33 those entities could be potentially damaging during contract negotiation discussions because
34 the data indicates that family physicians are paid less overall than their counterparts in other
35 medical specialties. It was noted that the AAFP and MGMA would be posting a joint statement
36 online in June, 2014 speaking out against the misuse of MGMA's data to discourage employers
37 from using that data against family physicians during salary/employment contract negotiations.

38
39 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
40 **No. 4002, which reads as follows, be adopted in lieu of Resolution No. 4002:**

1 **RESOLVED, That the American Academy of Family Physicians encourage chapters**
2 **to identify local resources for employment contract negotiation and make them**
3 **available to members.**
4

5 **ITEM NO. 2: RESOLUTION NO. 4006: THE IMPORTANCE OF ADVOCATES FOR**
6 **PHYSICIANS WITH DISABILITIES**
7

8 RESOLVED, That the American Academy of Family Physicians direct the Commission
9 on Membership and Member Services to use a cost effective method to gather
10 membership data regarding physicians who self-identify as disabled, and be it further
11

12 RESOLVED, That the American Academy of Family Physicians solicit participants for
13 Physicians with Disabilities interest group which includes said physicians and their allies.
14

15 The reference committee heard testimony regarding the need for physicians with disabilities to
16 have the opportunity to participate in an interest group with other physicians who have self-
17 identified as disabled. Additional testimony suggested that the primary purpose of this resolution
18 is to gather data within the membership to assess the opportunity, then to determine if a group
19 should be formed.
20

21 The reference committee discussed that a new protocol for creating member interest groups
22 was just approved by the AAFP Board of Directors and that this should fall within the scope of
23 that process. The committee also acknowledged that there is a need to know what the potential
24 size of this group might be and asked that additional information be gathered for members who
25 self-identify as disabled. This information may also be useful to understand the practice
26 arrangement of physicians, in particular those who may be part-time as a result of a disability.
27

28 The reference committee suggested the exploration of cost-effective methods to gather member
29 data regarding physicians who self-identify as disabled. They also recognized that the new
30 process for member interest groups be used to gather participants.
31

32 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
33 **No. 4006, which reads as follows, be adopted in lieu of Resolution No. 4006:**
34

35 **RESOLVED, That the American Academy of Family Physicians direct the**
36 **Commission on Membership and Member Services to explore a cost-effective**
37 **method to gather membership data regarding physicians who self-identify as**
38 **disabled.**
39

40 **ITEM NO. 3: RESOLUTION NO. 4005: INCREASING AWARENESS AND INTEREST IN**
41 **FAMILY MEDICINE AS A SPECIALTY AMONGST INTERNATIONAL MEDICAL**
42 **GRADUATES THROUGH NATIONAL CONFERENCE OF FAMILY MEDICINE RESIDENTS**
43 **AND MEDICAL STUDENTS**
44

45 RESOLVED, That the American Academy of Family Physicians offer a networking
46 session for International Medical Graduates at National Conference of Family Medicine
47 Residents and Medical Students.
48

49 The reference committee heard testimony that many international medical graduates (IMGs) are
50 not aware of the full scope of family medicine. While attending the National Conference of
51 Family Medicine Residents and Medical Students, IMGs would benefit from the opportunity to

1 network with and mentor other IMGs and educate them about family medicine and the available
2 resources to support them while they apply for a family medicine residency. The reference
3 committee reviewed data on the number of medical students, residents, and other attendees at
4 the 2013 National Conference who were either attending international medical schools at the
5 time or graduates of international medical schools. The data is as follows:
6

- 7 • Students - 137
- 8 • Residents - 29
- 9 • Other - 30

10
11 The reference committee supported adding a networking session at the National Conference.

12
13 **RECOMMENDATION: The reference committee recommends that Resolution No. 4005 be**
14 **adopted.**

15
16 **ITEM NO. 4: RESOLUTION NO. 4003: THE FORMATION OF A FAMILY PHYSICIAN**
17 **COMPENSATION DATABASE**

18
19 RESOLVED, That the American Academy of Family Physicians (AAFP) add questions to
20 the practice profile survey that is sent to all members on an annual basis, and develop a
21 database of regional family physician compensation that is updated annually and
22 presented to the AAFP Congress of Delegates on an annual basis, and be it further
23

24 RESOLVED, That the American Academy of Family Physicians should offer instruction
25 on contract negotiation at live continuing medical education events and improve access
26 to existing resources for contract negotiations.

27
28 Testimony was heard from the author that the intent of the resolution was to make it easier for
29 family physicians to have access to concrete compensation data when negotiating employment
30 contracts. The reference committee noted that the AAFP's Practice Profile survey is sent to a
31 sample size of 5,000 active members who are representative of the AAFP's overall active
32 membership rather than all members. While a question related to individual income was
33 included on the 2013 survey, the current sample size is not large enough to get to the granular
34 level of providing compensation data for family physicians by region. With regard to offering
35 education on contract negotiation, the reference committee noted that there are educational
36 offerings at the AAFP Assembly directly related to contract negotiation.

37
38 **RECOMMENDATION: The reference committee recommends that Resolution No. 4003 not**
39 **be adopted.**

40
41 **ITEM NO. 5: RESOLUTION NO. 4001: GENDER EQUITY IN HEALTH CARE**

42
43 RESOLVED, That the American Academy of Family Physicians "Gender Equity on
44 Prescription Drug and Diagnostic Testing Coverage" policy be amended by adding at the
45 end of the first statement, "d) medically indicated surgical procedures."

46
47 The reference committee heard testimony from the author in favor of updating the existing
48 AAFP policy, "Gender Equity on Prescription Drug and Diagnostic Testing Coverage". The
49 current policy refers to benefits provided to patients irrespective of gender, including prescription
50 drugs and devices, elective sterilization procedures, and diagnostic testing. The resolution

1 seeks to include medically indicated surgical procedures specifically needed for transgender
2 patients.

3
4 The reference committee supported the amendment to this policy and suggested that the entire
5 policy should be included in the resolution in order to provide context for the amendment.
6

7 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
8 **No. 4001, which reads as follows, be adopted in lieu of Resolution No. 4001:**
9

10 **RESOVLED, That the American Academy of Family Physicians policy, “Gender**
11 **Equity on Prescription Drug and Diagnostic Testing Coverage”, be amended to**
12 **say: Employers and health plans should not discriminate by actual or perceived**
13 **gender in the provision of health care benefits including a) prescription drugs and**
14 **devices, b) elective sterilization procedures and c) diagnostic testing, and d)**
15 **medically indicated surgical procedures. These benefits should be covered under**
16 **the same terms and conditions as other prescription drugs, devices, elective**
17 **surgeries, and diagnostic testing, and medically indicated surgical procedures.**
18 **(2002) (2011 COD)**
19

20 **ITEM NO. 6: RESOLUTION NO. 4008: ACKNOWLEDGING RELIGIOUS DIVERSITY**
21

22 RESOLVED, That the American Academy of Family Physicians does not conduct
23 organized, sectarian prayers or invocations during its public meetings.
24

25 Testimony was provided by the author that the opening of the AAFP Congress of Delegates
26 includes a military color guard, the national anthem, and a prayer, and that a sectarian prayer is
27 not appropriate in a secular organization. Additional testimony was provided to suggest that
28 other models of invocations could be explored which are non-sectarian.
29

30 The reference committee acknowledged that the AAFP is a secular organization with a diverse
31 membership and varied belief structures that should be respected. The invocation is typically
32 given by a local spiritual leader and efforts are made to ensure that it is ecumenical. After a
33 lengthy discussion, the reference committee recommended referral to the Board of Directors.
34

35 **RECOMMENDATION: The reference committee recommends that Resolution No. 4008 be**
36 **adopted and referred to the Board of Directors.**
37

38
39 **REAFFIRMATION CALENDAR**
40

41 **The following items A and B are presented by the reference committee as items for**
42 **reaffirmation. Testimony in the reference committee hearing and discussion by the**
43 **reference committee in executive session concurred that the resolutions presented in**
44 **items A and B are current policy or are already addressed in current projects. At the**
45 **request of the NCSC, any item may be taken from this section for an individual vote on**
46 **that item. Otherwise, the reference committee will request approval of the “Items for**
47 **Reaffirmation” in a single vote.**

1
2 (A) Resolution No. 4004: Developing Patient Centered Medical Home Leadership
3 Skills for Physicians, the resolved portion of which reads as printed below:
4

5 RESOLVED, That the American Academy of Family Physicians and its
6 subsidiaries (including TransforMED) will explore and develop online, interactive
7 tools as well as live continuing medical education courses to promote and
8 facilitate family physicians in leadership positions within the patient centered
9 medical home.
10

11 Testimony was heard in favor of the resolution. While the AAFP's curriculum guidelines outline
12 the importance of leadership training in residency, including the skills of effective negotiations,
13 leadership of care teams, and leadership in health organizations, the guidelines are
14 implemented sporadically in residency programs. Members would benefit from having access to
15 additional on-line, interactive tools and continuing medical education resources to support them
16 becoming leaders of patient-centered medical homes (PCMH).
17

18 The reference committee acknowledged that existing resources are available to members,
19 including Delta Exchange, a service of TransforMED, which is an on-line network dedicated to
20 physicians, clinical staff, office staff, and primary care-focused residency programs committed to
21 the PCMH. Through this free tool, members can share best practices and access PCMH
22 resources including on-line seminars, ask an expert feature, practice tools, PCMH recognition
23 and events, and residency program support. The AAFP also offers a PCMH Planner that
24 provides members with step-by-step instructions for constructing a PCMH. It was noted that the
25 AAFP will be launching a next generation practice improvement continuing medical education
26 program in October, 2015 that addresses several of the issues mentioned in the resolution,
27 including leadership development, leadership skills, maintenance of certification, etc. The
28 reference committee also recognized that other quality resources exist for family physicians,
29 including the leadership courses offered by the American College of Physician Executives.
30

31 (B) Resolution No. 4007: Family Physicians Know You Are More Than Your Vagina,
32 the resolved portion of which reads as printed below:
33

34 RESOLVED, That the American Academy of Family Physicians incorporate into
35 existing campaigns actions to educate patients and communities that family
36 physicians provide comprehensive women's health care.
37

38 The reference committee heard testimony supporting an increase in awareness of the scope of
39 practice of family medicine, specifically in the area of women's health care. It was stated that it
40 would be a benefit to family physicians, as well as patients, to inform patients of the
41 comprehensive care their family physician can provide. Patients seeking care with a specialist
42 are not screened for all issues as they would with a family physician.
43

44 The reference committee noted that the Future of Family Medicine 2.0 project is expected to
45 include a communications plan and that this would be the appropriate messaging for the
46 specialty.
47

48 **RECOMMENDATION: The reference committee recommends that items A and B above be**
49 **approved 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**
2 **and the reference committee members for their invaluable assistance. I also wish to**
3 **commend the AAFP staff for their help in the preparation of this report.**

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Respectfully Submitted,



Amy McIntyre, MD, MPH, CHAIR

- Adnan Ahmed, MD – Minority
- Tess Garcia, MD – GLBT
- Asim Jaffer, MD, FAAFP – IMG
- Sara Leonard, MD – New Physicians
- Teresa Lovins, MD, FAAFP – Women
- Avani Sheth, MD (Observer) – New Physicians