



2014 Consent Calendar for the Reference Committee on Practice Enhancement

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

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

3
4 **RECOMMENDATION: The Reference Committee on Practice Enhancement recommends**
5 **the following consent calendar for adoption:**

6
7 **Item 1: Adopt Substitute Resolution No. 5008 “Increasing Access to Physicians for Medicaid**
8 **Recipients in lieu of Resolution No. 5008 (p. 1).**

9
10 **Item 2: Not adopt Resolution No. 5009 “Identification Of Patients Who Opt Out Of Quality**
11 **Metrics” (p. 2).**

12
13 **Item 3: Adopt Resolution No. 5011 “Implementation of Health Insurance Portability and**
14 **Accountability Act Confidential Communications Provision” (p. 2).**

15
16 **Item 4: Adopt Resolution No. 5007 “AAFP Support of Part-Time Physicians” (p. 3).**

17
18 **Item 5: Adopt Resolution No. 5002 “Patients Before Paperwork” (p. 3).**

19
20 **Item 6: Not Adopt Resolution No. 5003 “Not Everyone Needs A Brace” (pp. 3-4).**

21
22 **Item 7: Not Adopt Resolution No. 5005 “Uniform Quality Measure Panels” (p. 4).**

23
24 **Item 8: Adopt Substitute Resolution No. 5006 “Proposal For Further Research Into The**
25 **Relationship Between Patient Experience Surveys And Physician Quality Metrics” in lieu of**
26 **Resolution No. 5006 (pp. 4-5).**

27
28 **Reaffirmation Calendar: Reaffirmation of Items A through C under the Reaffirmation**
29 **Calendar (pp. 5-6).**



2014 Report of the Reference Committee on Practice Enhancement

National Conference of Special Constituencies—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 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. 5008: INCREASING ACCESS TO PHYSICIANS FOR**
7 **MEDICAID RECIPIENTS**

8
9 RESOLVED, That the American Academy of Family Physicians advocate federally to
10 make permanent the Medicaid – Medicare payment parity that is scheduled to end at the
11 end of 2014, and be it further

12
13 RESOLVED, That the American Academy of Family Physicians advocate federally for
14 incentive programs to increase the number of primary care and sub-specialty physicians
15 providing care to Medicaid-insured patients, and be it further

16
17 RESOLVED, That the American Academy of Family Physicians provide resources and
18 support for state chapters to advocate on the state level for incentives and other
19 programs to increase the number of primary care and sub-specialty physicians providing
20 care to Medicaid-insured patients.

21
22 The reference committee heard favorable testimony for the American Academy of Family
23 Physicians (AAFP) continued support of the Medicaid-Medicare parity. Testimony also reflected
24 the frustration that family physicians have in finding other medical specialists to provide care for
25 the increasing number of Medicaid patients. The reference committee indicated that the AAFP's
26 continued support of Medicaid - Medicare parity would be the most effective approach to
27 increase the number of primary care and other specialists who provide care to Medicaid-insured
28 patients.

29
30 The reference committee removed the second and third resolved clauses in the substitute
31 resolution since AAFP advocacy for increased incentives to other specialists might jeopardize
32 payments for primary care.

33
34 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
35 **No. 5008, which reads as follows, be adopted in lieu of Resolution No. 5008:**

36
37 **RESOLVED, That the American Academy of Family Physicians advocate federally**
38 **to make permanent the Medicaid – Medicare payment parity that is scheduled to**
39 **end at the end of 2014.**
40

1 **ITEM NO. 2: RESOLUTION NO. 5009: IDENTIFICATION OF PATIENTS WHO OPT OUT OF**
2 **QUALITY METRICS**

3
4 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
5 private and public insurances to explore methods to identify patients who opt-out of
6 quality metrics and remove them for purposes of calculations.
7

8 The reference committee heard testimony in favor of and opposition to this resolution. While the
9 reference committee recognizes the frustration that occurs when patients do not complete the
10 treatments recommended by their provider, they also realize that quality metric benchmarks are
11 not set at one hundred percent. Some of the testimony included a statement about the
12 measurement of quality including how good family physicians are at convincing patients to get
13 the services that are recommended. Further, opposition to this resolution included the wording
14 "opt out of quality metrics". The reference committee recognized that patients opt out of quality
15 care rather than opting out of metrics.
16

17 **RECOMMENDATION: The reference committee recommends that Resolution No. 5009 not**
18 **be adopted.**

19
20 **ITEM NO. 3: RESOLUTION NO. 5011: IMPLEMENTATION OF HEALTH INSURANCE**
21 **PORTABILITY AND ACCOUNTABILITY ACT CONFIDENTIAL COMMUNICATIONS**
22 **PROVISION**

23
24 RESOLVED, That the American Academy of Family Physicians create a legally
25 appropriate and Health Insurance Portability and Accountability Act (HIPAA) compliant
26 confidential communications request form in print and electronic form that is accessible
27 from the AAFP website, and be it further
28

29 RESOLVED, That the American Academy of Family Physicians distribute information
30 regarding this privacy provision and compliant confidential communications request
31 (CCR) form to its members, and also distribute this information and CCR form to chapter
32 leadership for education of its members and access to the form on the chapters'
33 websites, and be it further
34

35 RESOLVED, That the American Academy of Family Physicians and its constituent
36 chapters encourage members to provide assistance to the patient in completing this
37 form when the patient is unable to do so.
38

39 The reference committee heard favorable testimony for this resolution. Testimony reflected that
40 issues may occur when endangered patients (minors, spouses, victims of domestic abuse, and
41 others) receive care and then insurance Explanation of Benefits (EOB) paperwork is sent to the
42 insurance policy holder. Testimony indicated that this issue may cause some endangered
43 patients to avoid receiving appropriate care or put them at additional risk. The reference
44 committee recognized the benefit of providing a Health Insurance Patient and Portability Act
45 (HIPPA) compliant form that would allow patients to request that individual protected health
46 information EOB paperwork be sent by an alternative means or to an alternative location. The
47 resolution also supports education and access to the form for members.
48

49 **RECOMMENDATION: The reference committee recommends that Resolution No. 5011 be**
50 **adopted.**
51

1 **ITEM NO. 4: RESOLUTION NO. 5007: AAFP SUPPORT OF PART-TIME PHYSICIANS**

2
3 RESOLVED, That the American Academy of Family Physicians creates resources
4 dedicated to part-time physician practice, such as but not limited to educational articles
5 about the logistics of part-time practice, an online community of support for physicians in
6 part-time practice to connect with each other, and information about negotiating
7 contracts for part-time physicians.
8

9 The reference committee heard testimony in favor of this resolution. Testimony referenced
10 statements by Douglas E. Henley, MD, FFAFP, EVP/CEO of the American Academy of Family
11 Physicians, regarding support of our members in the way they choose to practice medicine.
12 While the reference committee had no specific recommendations on what tools need to be
13 developed, they are supportive of developing these resources.
14

15 **RECOMMENDATION: The reference committee recommends that Resolution No. 5007 be**
16 **adopted.**

17
18 **ITEM NO. 5: RESOLUTION NO. 5002: PATIENTS BEFORE PAPERWORK**

19
20 RESOLVED, That the American Academy of Family Physicians (AAFP) formulate a set
21 of standardized tools, such as form letters or other electronic resources, that can be
22 readily accessed and utilized to help physicians effectively and efficiently respond to
23 third-party request forms including, but not limited to, prior authorization requests and
24 formulary changes.
25

26 The reference committee heard testimony in favor of this resolution. One of the authors spoke of
27 her continued frustration with the large number of faxes and letters she receives concerning the
28 need for prior authorization and formulary changes. She has developed a template to quickly
29 respond to this administrative burden and expressed importance for the American Academy of
30 Family Physicians to support members with similar resources. The reference committee
31 supports development of these member resources so that providers can spend more time with
32 patients and less time with paperwork.
33

34 **RECOMMENDATION: The reference committee recommends that Resolution No. 5002 be**
35 **adopted.**

36
37 **ITEM NO. 6: RESOLUTION NO. 5003: NOT EVERYONE NEEDS A BRACE**

38
39 RESOLVED, That the American Academy of Family Physicians (AAFP) study the issue
40 of durable medical equipment (DME) further in collaboration with the Centers for
41 Medicaid and Medicare Services (CMS) in an effort to reduce inappropriate and wasteful
42 distribution of DME.
43

44 The reference committee heard testimony from the author in favor of this resolution. Testimony
45 reflected the concern he has about the inappropriate and wasteful distribution of Durable
46 Medical Equipment (DME) and the administrative burden it has for his practice. The reference
47 committee raised concern that the intent of the resolved clause was not clearly defined and a
48 study would take the American Academy of Family Physicians resources away from other
49 projects and activities that are of a higher priority for our members.
50

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 5003 not**
2 **be adopted.**

3
4 **ITEM NO. 7: RESOLUTION NO.5005: UNIFORM QUALITY MEASURE PANELS**

5
6 RESOLVED, That the American Academy of Family Physicians (AAFP) should develop
7 a set of uniform quality measures, and be it further,

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
10 various federal, state, and private agencies to adopt our uniform primary care quality
11 measure panels.

12
13 The reference committee heard testimony from the authors in support of this resolution, while
14 others spoke in opposition. The reference committee recognizes that there is a significant fiscal
15 note associated with development and maintenance of measures. The reference committee was
16 pleased to hear that the American Academy of Family Physicians (AAFP) meets with the five
17 largest national payers twice yearly to discuss issues regarding payment, amongst other things.
18 At those meetings, issues concerning measure harmonization are addressed. The reference
19 committee reasoned that it was redundant for the AAFP to develop a measure set. In addition,
20 the reference committee felt that a measure set might be too prescriptive for all family
21 physicians and that development of such a measure set would consume too many staff and
22 financial resources.

23
24 **RECOMMENDATION: The reference committee recommends that Resolution No. 5005 not**
25 **be adopted.**

26
27 **ITEM NO. 8: RESOLUTION NO.5006: PROPOSAL FOR FURTHER RESEARCH INTO THE**
28 **RELATIONSHIP BETWEEN PATIENT EXPERIENCE SURVEYS AND PHYSICIAN QUALITY**
29 **METRICS**

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

35
36 The reference committee heard testimony in favor of this resolution. However, the testimony
37 heard referencing the *Journal of the American Medical Association (JAMA)* article in the
38 resolution had research regarding patient satisfaction surveys and not patient experience
39 surveys. The reference committee recognized the need for consistency between the research
40 and the resolved clause; therefore, they recommended a rewording to include "satisfaction" in
41 the resolved. The reference committee also recognized that more information linking to the
42 quality of care and patient satisfaction is needed before satisfaction surveys should be used for
43 public reporting or payment.

44
45 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
46 **No. 5006, which reads as follows, be adopted in lieu of Resolution No. 5006:**

47
48 **RESOLVED, That the American Academy of Family Physicians advocate for**
49 **research that would identify the correlation between the quality of care and patient**

1 satisfaction and experience before it is linked to reimbursement and the public
2 reporting of physician performance on these surveys.

3
4 **REAFFIRMATION CALENDAR**

5
6 **The following items A through C are presented by the reference committee as items for**
7 **reaffirmation. Testimony in the reference committee hearing and discussion by the**
8 **reference committee in executive session concurred that the resolutions presented in**
9 **items A through C are current policy or are already addressed in current projects. At the**
10 **request of the NCSC, any item may be taken from this section for an individual vote on**
11 **that item. Otherwise, the reference committee will request approval of the “Items for**
12 **Reaffirmation” in a single vote.**

13
14 (A) Resolution No. 5010 entitled, “Healthcare Information Exchange: Advocating For
15 Enhanced Electronic Health Record Interoperability,” the resolved portion of which
16 reads as printed below:

17
18 RESOLVED, That the American Academy of Family Physicians engage in
19 discussions with Accountable Care Organizations health systems and electronic
20 health record companies to further the creation of robust interoperability between
21 electronic health record companies across the nation.

22
23 The reference committee heard favorable testimony for this resolution. Those voicing support
24 expressed frustration related to lack of interoperability and data sharing between electronic
25 health records and the potential impact of care. Staff informed the reference committee that the
26 American Academy of Family Physicians sent a letter to the Office of the National Coordinator
27 on April 18, 2013, on the topic of advancing interoperability and health information exchange.
28 The letter contained specific input on a series of potential policy and programmatic changes that
29 would help to accelerate electronic health information exchange across providers.

30
31 (B) Resolution No. 5001 entitled, “Standardization Of Performance Metrics,” the resolved
32 portion of which reads as printed below:

33
34 RESOLVED, That the American Academy of Family Physicians (AAFP) establish a
35 policy that performance measures be standardized across regulatory organizations
36 and certification boards, and be it further

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) work with
39 the appropriate regulatory organizations to standardize performance measures in
40 primary care with the involvement of AAFP family physicians.

41
42 The reference committee heard testimony only from the author in support of this resolution.
43 There was no testimony in opposition. The reference committee recognizes the burden
44 generated by the duplicity of measures that must be reported to various entities. The reference
45 committee also recognizes that there would be significant cost attached to measure
46 development and maintenance. The reference committee appreciated being informed of the
47 work that the American Academy of Family Physicians is doing not only through the National

1 Quality Forum, but also with advocacy efforts with national payers, in an attempt to harmonize
2 measure sets.


3
4 (C) Resolution No. 5004 entitled, "Socioeconomic-Based Risk Adjustment Of
5 Performance Measures," the resolved portion of which reads as printed below:

6
7 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate
8 the appropriateness of incorporating socioeconomic-based risk adjustment in
9 performance measures and act accordingly with advocacy efforts.

10
11 The reference committee heard testimony mostly in favor of this resolution and only one person
12 had a "slight concern" regarding this resolution. The reference committee was pleased to hear
13 that the American Academy of Family Physicians has recently been asked to comment on the
14 National Quality Forum's new initiative to investigate social determinates of health and how they
15 may affect quality measures. The comments to the National Quality Forum included the concern
16 that providers might be dis-incentivized to care for patients who do not have access to
17 resources needed to adequately care for their disease without a correction for social
18 determinants of health.

19
20 **RECOMMENDATION: The reference committee recommends that items A through C**
21 **above be approved as current policy or as already being addressed in current projects.**

22
23 **I wish to thank those who appeared before the reference committee to give testimony**
24 **and the reference committee members for their invaluable assistance. I also wish to**
25 **commend the AAFP staff for their help in the preparation of this report.**

1 Respectfully Submitted,
2
3 
4 _____
5 Rosita Miranda, MD, MS Chair
6
7 David Hoelting, MD, GLBT
8 Regina Kim, MD, Women
9 Christina Kimbrough, MD, Minority
10 Sarah Marks, MD, New Physicians
11 Biplav Yadav, MD, IMG
12 Gail Guerrero Tucker, MD (Observer)