



Commission on Quality and Practice (CQP) 2018 Annual Report

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The Commission of Quality and Practice (CQP) supports family physicians in the greater practice environment focusing on components such as payment models, quality improvement, practice management, and information technology. It is made up of a variety of family physicians from different geographical areas and practice settings. As residents and students, we predominantly learn about physical exam techniques, lab tests, and pharmacology. Few of us receive any education or insight on aspects of the business management side of medicine. Therefore, serving on this commission was initially a steep learning curve for each of us but one that provided a tremendous educational experience, mentorship, and a unique voice of change for our patients, especially in our ever-changing medical and political landscape. We had two meetings with the commission at AAFP's Winter and Summer Clusters in addition to work throughout the year through online forums and workgroups. Our topics focused on areas that are sources of burnout, frustration, and poor compensation for family physicians from across the country.

Our initial task was reviewing and acting upon resolutions from last year's Congress of Delegates. These resolutions covered areas such as durable medical equipment, Medicare Annual Wellness Visits, and multiple topics through Centers for Medicare and Medicaid Services (CMS). It was insightful to see how resolutions begin at a grassroots level and travel through our commission for action. In the reverse direction, we also had frequent discussion about returning pertinent information and updates to our members. We each were able to specifically weigh in on this from a trainee perspective as most medical education system do not provide any teaching on these topics and the potential for AAFP to provide information to its youngest members is significant. It was rewarding to see the AAFP staff include us and reach out to us to notify us of their educational resources and consider ways to further benefit residents and medical students in the future. While our body of members is large, our connections are strong, and our actions were carried out with all members in mind.

A primary focus of our commission was payment reform and physician reimbursement. One of the most exciting advances is the AAFP's Advanced Alternative Payment Model. This model benefits physicians from a variety of practice settings and seeks to adequately compensate primary care physicians. This was sent to the HHS Secretary for approval for further testing and implementation. It was also helpful to hear about AAFP representation within CMS, the Current Procedural Terminology (CPT) Editorial Panel, and the Relative Value Scale Update Committee (RUC). Through these powerful groups, decisions such as billing codes, values for services, and delivery models are made with AAFP members and staff involved. Lastly, the commission spent time trying to understand the intricacies and updates of MACRA and MIPS. These both are undergoing constant changes. After a current update from AAFP staff for commission members, we considered the best way to deliver this information to our large body of members and goals for these areas moving forward. Specifically, it was important for us to focus on dissemination to our fellow residents

and medical students. Our academy has created tremendous resources to educate and keep its members updated and we hope to see increased utilization of these among our fellow resident and student members. Outside of payment models and political happenings, our commission looked to the future with a focus on technology. This is an exciting area within primary care that is evolving quickly. It is difficult for busy physicians to maintain awareness of these innovations and it can also be a barrier to implement these changes into their practices. Telemedicine specifically holds tremendous potential for primary care patients. The AAFP has partnered with Zipnosis to create a telehealth platform available for members. This is a useful development that is feasible for physicians from a variety of practice settings and also a prime example of the AAFP continually listening to and working for the benefit of its members. Our commission continues to follow along with the success of the launch of this product and will provide feedback to optimize this tool. Also within the technology sector, EHR usability was frequently addressed. This is a significant cause of physician burnout and a great time constraint. The commission looked at documentation burden, strategized areas for problem-solving, and evaluated the way billing and coding further worsen this issue. While it is a difficult problem to fix, this is one the AAFP continues to have as a priority for its members.

Student Reflection

Working on this commission has been eye-opening for me. This has been an experience that none of my medical training or extracurricular activities have provided thus far. Medical school focuses on the intricacies of patient care, but often fails to teach students the basics of the health care landscape in which we will soon practice. As the student commission on this committee, I have had the opportunity to see how medicine works in the real world, not just in the classroom. This commission is filled with a diverse group of physicians that were open, welcoming, and unphased by my medical student type questions. These physicians have donated their time and expertise to help shape policies for the AAFP. For any student who is interested payment, practice, or how we measure our progress and quality as physicians, I would highly encourage you to apply for this position.

Resident Reflection

It has been an honor for me to represent my fellow residents of the AAFP and serve in this challenging position. Medical students and residents receive very little background education in the areas this commission focused on. Therefore, I was grateful for the way my fellow commission members and AAFP staff guided and mentored me this past year. Throughout my term, my knowledge level grew immensely. Not only could I consider the resident viewpoint on all of these topics, I was able to take what valuable information I gained back to my home residency program and my state association. The opportunity of seeing the way our AAFP staff work tirelessly to address our members' concerns made me proud to be in family medicine. I am also inspired by the talent, knowledge, and dedication my fellow AAFP members on this commission possess. Thank you to the AAFP for allowing me the opportunity to grow and serve in this role and I have no doubt both my current and future patients will benefit from this experience. I would like to encourage any current or future residents to strongly consider applying for this opportunity and know that there is much to gain from this rewarding position.

Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit aafp.org.