

Reference Committee on Practice Enhancement

**2015 Congress of Delegates of the American Academy of Family Physicians
Denver, CO**

Alternate Delegate, Mary Cullen, D.O.

Resolutions No. 301 and 302, both titled “Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period”

The testimony highlighted that long-acting reversible contraceptives (LARCs) provided postpartum, before hospital discharge, were cost-effective in high-risk, vulnerable populations. However, some public and private insurers have acted to bundle payment for LARCs with the fees paid for global maternity care in such a way that the global maternity care fees do not cover the cost of the LARCs and their placement.

Outcome: ADOPTED Substitute Resolution

- That American Academy of Family Physicians support a policy that long-acting reversible contraceptive methods be a recommended option for postpartum women prior to hospital discharge
- That the American Academy of Family Physicians support a policy assuring coverage and appropriate payment of long-acting reversible contraceptive devices and placement separate from the global fee, prior to hospital discharge for all women who select these methods.

Resolutions No. 303 and 304, both titled “Access to All FDA-Approved Contraceptive Methods for Medicare Patients”

All of the testimony was in support and noted that many Medicare beneficiaries who are entitled on the basis of disability are of child-bearing age and deserving of contraceptive coverage just like non-Medicare patients.

Outcome: ADOPTED Substitute resolution

- That the American Academy of Family Physicians support Medicare coverage for all FDA-approved methods of contraception
- That the American Academy of Family Physicians write a letter to the Centers for Medicare and Medicaid Services advocating for full coverage of all contraceptive options for men and women of reproductive age.

Resolution No. 305 “Medicare Advantage Plans”

Testimony highlighted that Medicare Advantage plans are covering an increasing part of the Medicare population. However, these plans often do not operate under the same rules as traditional Medicare. The reference committee agreed that the AAFP and its members would benefit from additional information and education about Medicare Advantage plans and how they operate.

Outcome: ADOPTED

- That the American Academy of Family Physicians seek to understand the issues related to and educate physicians about Medicare Advantage Plans and the cost-shifting that may affect patients.

Resolution No. 306 “Electronic Health Records Designation as Medical Devices”

This resolution asked the AAFP to investigate the possibility of designating electronic health records (EHR’s) as medical devices so they would be regulated by the Food and Drug Administration (FDA). Most testimony was opposed to this resolution and addressed issues with the FDA becoming involved in the business of EHR’s and the unintended consequences that might result, such as a slowing of innovation and subjecting EHR’s to medical device tax. Further, it was noted that, in the past the FDA looked at making the EHR a durable medical device, and they decided this was not an avenue they wished to pursue. The reference committee recommended to not adopt, but the Congress ultimately decided to refer the issue to the Board.

Outcome: REFERRED to the Board of Directors

Resolution No. 309 “Determining the Cost to a Clinic of Patient-Centered Medical Home Innovations”

There was mixed testimony on this resolution. The reference committee noted the diversity of practice types, sizes, and locations making it difficult to quantify costs with so many variables. There was also note of how payers are moving away from NCQA recognition. The reference committee believed members need the information requested in the resolution, but the complex, evolving environment mandates further study by the board.

Outcome: REFERRED to the Board of Directors

Resolution No. 310 “Remedy the Exclusion of Generic Medications from Pharmacy Benefit Plans”

This resolution asked the AAFP to work with the Centers for Medicare and Medicaid Services (CMS) and private insurers to include as "covered" greater than 75% of available generic drugs in each therapeutic category and support policy that commonly prescribed generic medications be provided at minimal co-payment amounts. It also asked the AAFP to encourage the Federal Trade Commission to investigate and pursue remedies for gouging and price-fixing in the generic medication market. The committee noted that this is a complex issue and changes in the environment continue to worsen the issue and recommended referral to the Board.

Outcome: REFERRED to the Board of Directors

Resolution No. 311 “Patient Satisfaction Measurement”

Testimony was positive. Some noted that physicians need to be able to trust the data and they cannot do this with instruments that have not been validated for measuring the patient experience of care. Others noted that there has also been an over-emphasis on percentiles, rather than scores. The reference committee recommended adopting a substitute resolution.

Outcome: ADOPTED Substitute Resolution

- That the American Academy of Family Physicians advocate for legislation and/or changes to the Centers for Medicare and Medicaid Services rules that would require standardized, and clinically validated instruments of patient engagement, focused on

measurement of the patient experience of care and the Triple Aim goal of improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care.

- That the American Academy of Family Physicians advocate for legislation and/or changes to regulatory rules that require payers to adopt standardized, and clinically validated instruments of patient engagement, focused on measurement of the patient experience of care and the Triple Aim goal.
- That the American Academy of Family Physicians advocate that patient satisfaction measures be 1) used as incentives, not penalties; 2) applied in a way which distinguish clinically significant differences in scores from purely statistical differences; and 3) cost effective for physicians in a small practice.

Resolution No. 312 “Telemedicine as a Reimbursed Component of an Established Patient and Physician Relationship”

This resolution asked the AAFP to assert that telemedicine and mHealth (mobile health) be utilized only as part of an established patient/physician relationship in any specialty with recent face-to-face encounters or as a subspecialty consultation as part of an ongoing and established primary care relationship. Concerns were voiced that this would limit the scope of telehealth services to patients that are established within a practice. Also, differences in telehealth laws state to-state raised concern and illustrated the complexities of the issue. The reference committee discussed issues including the definition of the physician/patient relationship, the effect of telehealth on quality of care, and the positive effect that telehealth can have on access and affordability. The committee noted the ongoing work of the telemedicine workgroup of the Commission on Quality and Practice and the Telehealth Member Interest Group. Currently, they are working to revise AAFP policies on telemedicine and telehealth.

Outcome: REFERRED to the Board of Directors

Resolution No. 313 “Assisting Family Physicians in Eliminating Hurdles to Appropriate Medications for Medicare Patients”

This resolution called upon the AAFP to work with CMS to modify Medicare Part D plans to cover a broader choice of affordable medications, with less paperwork and fewer hindrances. Testimony also suggested requiring more timely responses to requests for prior authorizations.

Outcome: ADOPTED Substitute Resolution

- That the American Academy of Family Physicians advocate for the Centers for Medicare and Medicaid Services (CMS) to modify the Medicare Part D plans, so patients have adequate and affordable choices for their physicians to treat their chronic conditions.
- That the American Academy of Family Physicians advocate for the Centers for Medicare and Medicaid Services (CMS) to have Medicare Part D plans cover a broader choice of medications with less paperwork and fewer hindrances that can delay the provision of timely, quality medical care .

Resolution No. 314 “PCMH, CPCI, and Other Bad Acronyms”

This resolution asked that the AAFP create a less burdensome practice transformation model which will require less redesign and documentation than the current National Committee

for Quality Assurance (NCQA) and the Comprehensive Primary Care Initiative (CPCI) models, and that the AAFP strongly and actively advocate for their new transformation model and assist members and their practices to become involved in this prospective new model. There was mixed testimony. Those in favor cited the burdensome recognition standards of NCQA. Those who opposed did not think it was an appropriate role for the AAFP to create and advocate for a new medical home model. The board representative testified that the AAFP is working to disassociate NCQA and Patient-Centered Medical Home (PCMH) and, at the same time, to improve NCQA's current recognition program to make it less burdensome and more meaningful. In addition, the AAFP has been supportive of the Comprehensive Primary Care Initiative care delivery functions. The reference committee felt that the difficulty and expense of the AAFP creating a new program was not warranted and that the AAFP should continue to advocate for improvements that will decrease the burden of existing programs.

Outcome: NOT ADOPTED

Resolution No. 315 “Release of Transitions of Care Information from Hospitals”

This resolution called upon the AAFP to deal with barriers to the timely release of patient hospital records to primary care physicians in time for the transition of care office visit. Testimony also noted similar issues with transition of care from many other healthcare facilities and providers. The reference committee agreed and added language to broaden the resolution to include a broader range of healthcare entities.

Outcome: ADOPTED Substitute Resolution

- That the American Academy of Family Physicians investigate a method in which the rules governing the release of information from hospitals, other health care facilities, and providers to the primary care physicians be clarified and enforced, so necessary records are made available in time for the transition of care visit with primary care providers throughout the country.

Resolution No. 316 “Support and Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) for All Women as Contraceptive Devices and for Regulation of Dysfunctional Uterine Bleeding”

Testimony was all in support and highlighted that LARCs are cost-effective both as a means of contraception and as a treatment for regulation of dysfunctional uterine bleeding. However, some public and private insurers are not covering LARCs or are paying for them and their placement at such a low rate that only large medical groups can afford to provide them to their patients.

Outcome: ADOPTED

- That the American Academy of Family Physicians support a policy of adequate payment for Long-Acting Reversible Contraceptives (LARC) for all women, both as a contraceptive option and as a treatment for dysfunctional bleeding.