Council on Medical Practice

April 4, 2025
2:30 – 4:30 p.m.
Location: Zambezi
Zoom connection information:
Meeting ID: 837 9219 0021
Passcode: 488344
https://us02web.zoom.us/j/83792190021?pwd=fiFt4Mqk8JQZ9GCaomsifAeaiDV4zI.1

AGENDA

1. Call to order by Triwanna Fisher-Wikoff, MD, chair (David Vaughan, MD, vice chair)
2. Introductions
3. Approval of report – November 7, 2024
4. Current business
    a. Discuss TAFP managed care advocacy work during the 89th Texas Legislature
    b. Discuss problems with patient attribution
        i. Update on Resolution 306 to the 2024 AAFP Congress of Delegates on patient attribution improvements in health plans
        ii. Further discussion of the issue and possible next steps for TAFP
    c. Discuss most useful add-on codes and other coding hacks, and consider how TAFP can help members learn how and when to use them appropriately.
    d. Review TAFP Strategic Objective No. 1.3 -- Champion a physician-led, team-based approach to patient care -- and discuss ideas for future action.
        i. Review the details of the objective and discuss what they mean in practice.
        ii. Consider how TAFP can act to realize these goals.
    e. Review AAFP/Rock Health AI survey and discuss developments in use of AI.
5. Other business
6. Adjourn

Jonathan Nelson and Heather Osborne are the staff liaisons for this council.

COUNCIL ON MEDICAL PRACTICE REPORT

Author: Jonathan Nelson
Meeting date: November 7, 2024
Meeting Location: The Woodlands Waterway Hotel

The following members attended the meeting in person: Tina Philip, Nimat Alam, Lara Gaines, Oscar Garza, Jennifer Greenblatt, Serene Selli, David Vaughan, Richard Young, Farron Hunt

The following members attended the meeting virtually: Nicole Lopez, Katia Jean Baptiste, Jennifer Liedtke, Puja Sehgal, Elena Zamora, Vicki Bakhos Webb

The following members attended the meeting as guests: Grant Fowler, Emily Briggs, Lane Aiena, Brian Hull, Sandra George, Elizabeth Hill, Mariam Hussain, Kahn Truong, Pauline Roxas

This council is staffed by Heather Osborne and Jonathan Nelson.

MINUTES

1. The meeting was called to order by Tina Philip, DO, chair at 2:35 p.m.
2. The council report from April 12, 2024, was approved.
3. The council received an update on resolution to the AAFP Congress of Delegates asking for further advocacy and resources to address problems related to patient attribution. The COD adopted the resolution and referred it to the AAFP Committee on Quality and Practice for consideration of the next steps.
4. The council received an update on action to request that the TAFP CME Planning Committee develop CME focused on best practices to reduce administrative burden when using electronic health records. Education planning is currently underway for future conferences and the keynote address for Annual Session 2024 included a focus on the topic.
5. The council discussed the objectives and initiatives outlined in the Academy's current strategic plan that fall under the purview of the council.
    a. Reducing administrative burden remains a top priority.
    b. Council members talked about the need for more education and assistance in knowing how and when to code appropriately, when to use add-on codes, for instance.
6. Tom Banning gave the council a presentation on market challenges at the national and state levels after the presidential election and in advance of the upcoming legislative session.
7. The council discussed use of AI in practice and in training, and what potential dangers should the Academy be watching for. This discussion will continue in the future.
8. The meeting was adjourned at 4:27 p.m.

SUPPORT SB 1014 (SPARKS) & HB 2254 (HULL)

Support Texas Legislation to Expand Value-Based Primary Care Models

Outdated Texas insurance laws block advancements in health insurance benefits that reward value-driven care. Innovative health care options like direct and advanced primary care are growing in popularity, but Texas law prevents more employer health insurance plans from offering these benefits.

SHIFTING TOWARDS VALUE

Employer health plans are increasingly looking to innovate their use of primary care to drive savings and value. Voluntary risk-sharing arrangements incentivize and reward primary care that achieves better patient outcomes than the antiquated "fee for service" model.

- **80% of employees** say they would sign up for an all-inclusive direct primary care plan.
- **44% of employers** have shifted to or are considering high-quality primary care models like advanced and direct primary care.

WHAT'S THE PROBLEM?

As health care delivery transitions towards value-based payments, outdated Texas law limits these payment innovations in insurance benefit design.

- Most employer-based health insurance plans (PPOs) can't legally partner with doctors through advanced monthly payments and other risk-sharing arrangements.
- Meanwhile, self-funded employer health plans (ERISA), Medicaid, and Medicare, already routinely use these payment models.
- Outdated primary care payment models contribute to Texas' primary care shortage.

WHY IT MATTERS

Value-based care prioritizes better quality over the quantity of services provided—and helps stabilize and strengthen primary care.

- These models can reduce hospital admissions by 20–30% and lead to significant savings on chronic disease management.
- By focusing on outcomes, doctors can spend more time addressing patient concerns and less time on administrative tasks, reducing burnout and improving care.

THE BOTTOM LINE

Texas needs legislation to clarify that employers can design their health insurance benefits to include voluntary, value-based payment arrangements with primary care doctors, like direct and advanced primary care.

TEXAS ACADEMY OF FAMILY PHYSICIANS

TAHP
The Texas Association of Health Plans

TCCRI

TEXAS ASSOCIATION OF BUSINESS
The Texas State Chamber

AFP TEXAS

TEXAS PRIMARY CARE CONSORTIUM

National Association of Benefits and Insurance Professionals
Texas Chapter
NABIP

AARP Texas

TEXAS BUSINESS LEADERSHIP COUNCIL

Texas Association of Benefit Administrators
TABA

Date: January 25, 2024
To: Commission on Federal and State Policy and
Commission on Quality and Practice
From: Erin Solis and Government Relations Staff
Subject: 2024 Congress of Delegates (COD) Resolution No. 306 (Referred)
Status: Action Required

RECOMMENDATION: That the AAFP accept for implementation the 2024 COD Referred Resolution No. 306, "Patient Attribution Improvement in Health Plans" as follows:

That the AAFP advocate at its annual meetings with the largest private payers with whom the AAFP has a relationship for improved patient attribution methodologies.

That the AAFP revise its policy "Establishing Accountability in Value-based Payment Models for Primary Care (Position Paper)" to reflect that payers should provide formal mechanisms to allow physicians to verify and correct attribution data, as necessary, as follows in Attachment 1.

That the AAFP provide resources that help members address attribution problems in their practices.

Background

The 2024 COD referred Resolution No. 306, "Patient Attribution Improvement in Health Plans." The Board of Directors referred the resolution to the Commission on Quality and Practice. A copy of the complete resolution is included as Attachment 2. The resolved clauses sate:

RESOLVED, That the American Academy of Family Physicians advocate for standardized guidelines and requirements for health plans to improve the accuracy, transparency, timeliness, and fairness of patient attribution processes and methodologies that emphasize voluntary agreements between patients and physicians, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for formal mechanisms to allow physicians to verify and correct attribution data as necessary, and be it further

RESOLVED, That the American Academy of Family Physicians provide resources for members to help them address patient attribution problems in their practices.

The reference committee received a modest amount of testimony, all in support of the resolution. The testimony highlighted the need for improvement in patient attribution, especially given that attribution of patients to a physician, a practice, or an accountable care organization is one of the largest barriers to wide adoption of value-based care. The testimony also observed that the current patient attribution methods employed by many health plans often lack transparency, consistency and reliability, leading to frequent misattributions that create confusion for patients and physicians and can have severe, negative consequences.

The first resolved clause asks the AAFP to advocate for standardized guidelines and requirements for health plans to improve the accuracy, transparency, timeliness, and fairness of patient attribution processes and methodologies that emphasize voluntary agreements between patients and physicians. The AAFP holds annual meetings with the largest national payers. The AAFP regularly advocates for alignment with AAFP policies. As it relates to improved accuracy of attribution methodologies, the AAFP has two relevant policies that it uses in its advocacy efforts with payers. The first is the Guiding Principles for Value-Based Payment, which states at a high level "Methodologies used to determine the patients for which physicians and care teams are held accountable must prioritize existing patient-physician relationships over less reliable claims or geographic methods while ensuring physicians and primary care teams have reliable, timely information about the patients for whom they are held accountable." This policy is central to the first resolved clause's call for reliable information, including for which patients a family physician is accountable in value-based arrangements.

The AAFP's Establishing Accountability in Value-based Payment Models for Primary Care (Position Paper) includes several key recommendations relevant to the first resolved clause, including:

- Prioritize patient selection whenever identifying an individual's ongoing source of primary care consistent with the HCP-LAN recommendation
- Include a patient-verification step when historical claims data are used for attribution to ensure the methodology has produced the correct result from the patient's perspective
- Prioritize prospective and timely attribution where physicians are informed in advance of the performance year of the patients they are to be held accountable for and notified of changes regularly and in real-time

The second resolved clause asks the AAFP to advocate for formal mechanisms to allow physicians to verify and correct attribution data as necessary. The AAFP does not have explicit policy to address this resolved clause. To implement the second resolved clause, staff has drafted a recommended revision to the policy "Establishing Accountability in Value-based Payment Models in Primary Care (Position Paper)".

The third resolved clause asks the AAFP to provide resources for members to help them address patient attribution problems in their practices. As the AAFP currently does not have resources related to this issue new resources will need to be created.

AAFP Staff effort
125 hours (Attachment 3)

Fiscal Impact
$18,750 in staff hours (Attachment 3)

Action Needed

1. Review Resolution No. 306
2. Determine what action the AAFP should take in response to the resolution.

The commission's options for COD Adopted (or substitute adopted) Resolutions are:

1. **Accept as Current Policy** indicating the Commission recommends taking no further action on the resolution as current AAFP policy adequately addresses the resolution. The Commission must include an explanation as to which AAFP policies address the resolution. For COD resolutions, this action requires Board Chair or Board approval.

2. **Refer to Another Commission** indicating that another commission should address the resolution. This recommendation requires Board Chair approval. Commission staff should consult with the “new” Commission prior to recommending the lateral referral.
3. **Accept for Implementation** via a recommendation to the Board of Directors or Board Chair prior to any work being started on the implementation. If the recommendation to Accept for Implementation is approved, work will be added to the Operational Plan for the next fiscal year.

Strategic Initiatives Related to Key Strategies

Support the Family Physicians of Texas and Their Practices

1. **Reduce administrative burdens imposed on physicians by public and private payers so physicians can spend more time caring for patients.**

    - ADVOCATE – Support federal and state legislation to reduce administrative burdens throughout the documentation, compliance, claims and billing processes.
    - CONNECT – Create opportunities for family physicians to connect, network, share experiences, and learn best practices in addressing administrative burdens.
    - EDUCATE – Conduct workshops and training sessions to educate physicians and staff on identifying and addressing practice efficiencies that reduce administrative burdens.

2. **Promote innovative compensation models for family physicians and their care teams that recognize and reward the services they provide, while minimizing uncompensated administrative tasks.**

    - ADVOCATE – Increase the availability of and participation in value-based care and other alternative payment models, including subscription-based primary care.
    - CONNECT – Strengthen and promote TAFP's Partners in Health program that fosters partnerships with organizations helping family physicians succeed in value-based care.
    - EDUCATE – Increase member communication and education on value-based care and other alternative payment models, including subscription-based primary care.

3. **Champion a physician-led, team-based approach to patient care, enhancing efficiency and delivering comprehensive care.**

    - ADVOCATE – Support policy and payment models that recognize and incentivize team-based care to ensure that the contributions of all team members are recognized and valued, reinforcing the importance of every role within the care team.
    - CONNECT – Partner with other health care professional organizations to create opportunities for family physicians and non-physician care team members to connect, share experiences, and learn about best practices in team-based care from each other.
    - EDUCATE – Promote the effectiveness and cost-efficiency of physician-led, team-based care with policy makers and other stakeholders.

4. **Position family physicians to succeed in the ever-changing health care marketplace.**

    - ADVOCATE – Ensure family physicians are appropriately compensated for all services provided within the current fee-for-service system and advocate for greater investment in primary care by public and private payers.
    - CONNECT – Utilize TAFP's various communication channels to profile innovative member practices that are delivering high-quality, cost-effective care.
    - EDUCATE – Develop and disseminate case studies to policy makers and business leaders, illustrating the comprehensive and cost-effective care provided by family physicians.

How to Use Advanced Team-based Care in Family Medicine

https://www.aafp.org/family-physician/practice-and-career/managing-your-practice/advanced-team-based-care-family-medicine.html

Steps for expanding into advanced team-based care

Step 1. Think about the needs of your practice and patient population.

If meeting those needs will require more staff, some of the roles you might want to explore adding are:

- A generalist, such as a nurse or medical assistant, who can support the practice in a variety of ways. Often, this is the best role to hire before considering more specific roles.
- An RN care coordinator, who can be a point of contact for patients or even help you jump-start a care management program, if your practice has a large population of patients with multiple conditions.
- A population health navigator, social worker, clinical pharmacist, behavioral health specialist, nurse practitioner, or physician assistant, who can answer a specific clinical or patient support need you've identified in your practice.

Step 2. Redesign or try innovative workflows.

Workflows you might want to add or modify include:

- Team huddles, which can improve communication and help the day run smoothly. Limit them to 10 minutes maximum, and make sure there's a shared purpose and agenda. Keep in mind that allowing team members interested in taking on a leadership role to do so is an effective growth opportunity.
- Panel management meetings, which are longer than a huddle and allow time for the team to review care for certain groups of patients and develop action steps.
- Reimagined Medicare annual wellness visits (AWV)s that give the physician more time to focus on what's important to the patient.

- Pre-visit planning, which creates an opportunity to identify care gaps before an appointment.

Step 3. Leverage team members to take the lead in completing specific tasks associated with a comprehensive care service, such as the AWV.

In such a scenario, for example:

- Licensed nonphysician health care professionals, such as nurses and health educators, can perform the AWV under the direct supervision of a physician.
- A nurse or other staff member can complete much of the data collection and documentation required for the AWV during a separate patient encounter.
- Registries can be used to proactively identify patients who have not been scheduled for an AWV or who need to reestablish care.

Looking for More Team-based Care Support?

Billing for Non-physician Clinician Services

Advanced Team-based Care Tips

Survey Topics

KEY TOPICS EXPLORED

Use of Consumer Technology and Digital Health
Degree to which primary care clinicians leverage digital technologies in their personal and professional lives in the current state

Perceptions of AI Solutions
Primary care clinician needs and preferences related to the procurement and use of AI and digital health tools in primary care practice management and care delivery

Desired Resources & Support
Key ways in which primary care clinicians would like support from AAFP as it relates to AI and digital health (e.g., CME)

Use of Artificial Intelligence (AI)
Degree to which primary care clinicians understand and leverage AI-based technologies in their personal and professional lives in the current state

Burning Problems & Challenges
Operational, clinical, and information management challenges facing primary care clinicians today that digital health and AI could help solve

ROCK HEALTH

Key Survey Findings

CONTEXT AND OBJECTIVES

- AAFP and Rock Health surveyed **primary care physicians and clinicians** on their use and perceptions of digital health and AI tools in practice management and care delivery
- **Key topics explored included**: Use of consumer technology, digital health, and AI in primary care; perceptions of AI solutions; burning challenges AI could solve; and desired resources and support for leveraging AI in practice

RESPONDENT SNAPSHOT

1,267
survey respondents

74%
AAFP members

34%
non-white respondents

56%
female respondents

KEY INSIGHT #1

Most primary care clinicians actively use novel consumer technologies in their personal lives, including generative AI

62% have used generative AI

69% are likely or very likely to adopt novel consumer technologies

KEY INSIGHT #2

Primary care providers use a variety of digital health tools on a regular basis

Percent of primary care clinicians using select digital health tools daily or weekly:

92%	83%	74%	66%	56%
EHRs	clinical decision support	patient engagement	telemedicine	wearables and connected devices

KEY INSIGHT #3

Interest in AI solutions for primary care is high—despite relatively low uptake to-date

<30% percent using AI daily or weekly for 6 surveyed primary care use cases[1]

>60% percent interested in using AI for 6 surveyed primary care use cases[1]

KEY INSIGHT #4

Primary care clinicians expect AI to improve clinical outcomes and clinician burden, but are skeptical of its impact on job security and patient relationships

Anticipated "positive" or "very positive" impact of AI on select elements of primary care delivery:

73%	70%	66%	45%	30%
Time to diagnosis	Clinician well-being	diagnostic accuracy	clinician-patient relationships	clinician job security

KEY INSIGHT #5

EHR charting and portal message management are highly acute challenges that AI could help address

55% percent that say EHR documentation is their top administrative challenge

33% percent that say portal messaging is their top info management challenge

- Source: AAFP and Rock Health's Use of Digital Health and AI in Primary Care Survey (n=1,267)
  Notes: Survey was administered via web-based platform between September 18 and November 4, 2024; n-sizes vary by question; full survey results and additional methodology notes can be found here