

Consent Calendar for Reference Committee A

2023 IAFP Congress of Delegates

THIS REPORT IS NOT POLICY AND IT WILL NOT BECOME POLICY UNTIL ACTED UPON BY THE IAFP CONGRESS OF DELEGATES

Mr. Speaker, Reference Committee A has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote. An item or items may be extracted for debate. All page references herein are to the Congress of Delegates' Handbook unless otherwise indicated.

Recommendation: Reference Committee A recommends the following consent calendar for adoption:

Item 1- Adopt Resolution 23-00 on “Chapter Dues Increase”

Item 2- Adopt Substitute Resolution 23-01 on “Compensation for Physician Assistants, Peer to Peer”

Item 3- Adopt Substitute Resolution 23-02 on “Payment for supervising mid-level Providers in Employed Settings”

Item 4- Adopt Substitute Resolution 23-03 on “Primary Communications with hospitals”

Item 5- Adopt Substitute Resolution 23-04 on “Pharmacy Transfers”

Item 6- Not Adopt Resolution 23-05 on “Malpractice Reform - Physician review of cases”

Item 7- Not Adopt Resolution 23-06 on “Malpractice Reform in Indiana”

Item 8- Adopt Substitute Resolution 23-03 in lieu of Resolution 23-07 on “Discharge Information”

Item 9- Adopt Substitute Resolution 23-08 on “Nursing Home Care”

Item 10- File for information the following items:

- Report of the Chairman of the Board
- Report of the President
- Report of the President-Elect
- Report of the AAFP Delegation
- Report of the Treasurer & Financial Statement
- Report of the Speaker of the Congress
- Report of the Nominating Committee
- Report of the IAFP Foundation
- Report of the IAFP Political Action Committee
- Report of the Commission on Education and CME
- Report of the Commission on Health Care Services

- Report of the Commission on Legislation
- Report of the Commission on Membership and Communications
- Report of the Research Day Committee

Item 1 - Mr. Speaker, your reference committee first considered RESOLUTION 23-00 entitled “Chapter Dues Increase”, the resolved portion reading:

RESOLVED, that the Indiana Academy of Family Physicians increase dues in the amount of \$25 beginning with fiscal year 2024, and be it further

RESOLVED, that future dues for the Indiana Academy of Family Physicians increase by \$5 per year for the following billing years dated 2025, 2026, 2027 and 2028; and be it further

RESOLVED, that in 2028 the Indiana Academy of Family Physicians Board of Directors review the need for further dues adjustments and make further recommendations at that time.

Mr. Speaker, testimony was heard clarifying the terms of the resolved clause. A question was asked regarding the justification of raising the dues in small increments, rather than one large increase. There was no testimony against this resolution.

RECOMMENDATION: The reference committee recommends Resolution 23-00 be adopted.

Item 2 - Mr. Speaker, your reference committee next considered RESOLUTION 23-01 entitled “Compensation for Physician Assistants, Peer to Peer”, the resolved portion reading:

RESOLVED, that the Indiana Academy of Family Physicians (IAFP) request the American Academy of Family Physicians (AAFP) to petition the Centers for Medicare and Medicaid Services (CMS) to create a reimbursement mechanism that fairly compensates a physician who has been asked by an insurance entity to participate in a peer to peer or prior authorization.

Mr. Speaker, testimony was given that it should read compensation for physicians assistants in peer to peer. Testimony was given in support of the resolution, with the goal of taking these ideas to other chapters and eventually to the AAFP. No other testimony was heard.

RECOMMENDATION: The reference committee recommends that Substitute Resolution 23-01 be Adopted:

RESOLVED, that the Indiana Academy of Family Physicians (IAFP) request that the AAFP explore viable processes by which a physician may be compensated for participation in the peer to peer or prior authorization process.

Item 3 - Mr. Speaker, your reference committee next considered RESOLUTION 23-02 entitled “Payment for supervising mid-level Providers in Employed Settings”, the resolved portion reading:

~~RESOLVED, that the Indiana Academy of Family Physicians (IAFP) petition state legislators and the Indiana State Medical Association (ISMA) to require that health care systems and physicians who are employed must be allowed to share in the revenue from the supervised mid-level provider.~~

Mr. Speaker, testimony was given explaining the origin of the resolution. Testimony was also heard regarding the management of the resolution (should it be employer to employer, etc). Some testimony was given asking what the academy could do to get involved and whether this is a battle that the Academy needs to fight, as it is such an individual case by case issue. The questions was asked what the goal of the resolved is, and the issue of the wording of the resolved was brought into question. The point was made about using words like "petition" rather than "seek" seems more like a mandate. The suggestion was made to change the word "petition" to "seek." More testimony was given suggesting that we come out in support of the idea, instead of putting up any political capital. No further testimony was heard.

RECOMMENDATION: The reference committee recommends that Substitute Resolution 23-02 be Adopted:

RESOLVED, that the Indiana Academy of Family Physicians (IAFP) support transparent and complete collaborative agreements including financial support for those duties and refer to the Indiana State Medical Association (ISMA).

Item 4 - Mr. Speaker, your reference committee next considered RESOLUTION 23-03 entitled "Primary Communications with Hospitals", the resolved portion reading:

~~RESOLVED, that the Indiana Academy of Family Physicians (IAFP) request that the American Academy of Family Physicians (AAFP) works with the hospital associations and Centers for Medicare and Medicaid Services (CMS) to mandate that all inpatient hospitalized patients are required to have a participating physician or mid-level provider contact the primary care physician and directly discuss the case. In the event that a patient does not have a primary care physician, then it would be required that the discharging physician/team at least attempt to place the patient into a medical home where timely follow up can be obtained.~~

Along with Resolution 23-07 entitled "Discharge Information", the resolved portion reading:

~~RESOLVED, that Indiana Academy of Family Physicians (IAFP) initiate and collaborate with other organizations, associations and agencies to provide a standard model to provide basic printed information on care provided and follow-up directions for in-patients upon discharge or soon thereafter.~~

Mr. Speaker, for resolution 23-03, testimony was given by the author explaining the goal of the resolution, which would be to make a discharge process that includes the primary physician as a point of contact the national standard of care. More testimony was heard in support of the resolution, however the issue was raised regarding the time it would take to communicate over the phone, and it was suggested that some systems may already have things like this in place. The wording was suggested to be changed to include "open communication." Testimony was heard against the idea of direct communication, as sometimes there is no time as an outpatient clinic. Testimony was heard in support of the idea of transition care management rather than

direct communication. More testimony was heard against the idea, as it increases the burden for hospitalists which many of our members are. Support was given for increased communication, but not the idea of a mandate. No further testimony was heard.

Mr. Speaker, for resolution 23-07, testimony was given by the author explaining that the resolution should not be time consuming or costly - just referencing the need to have a model of care to help patients understand the care they receive. It was suggested that this resolution be combined with resolution 23-03, as only one resolution is needed on the topic. It was clarified that the IAFP does not need to be the leader of the charge, but there should be a better standard of care. Further testimony was heard that things could be better but how the Academy could help was questioned. Further discussion was heard that having one standard of care would be difficult to enforce as hospital systems do not use a uniform management system. No further testimony was heard.

RECOMMENDATION: The reference committee recommends that Substitute Resolution 23-03 be adopted in lieu of Resolutions 23-03 and 23-07:

RESOLVED, that Indiana Academy of Family Physicians (IAFP) collaborate with other organizations, associations and agencies to provide a standard process to provide basic printed information on care provided and follow-up directions for in-patients and their primary care provider upon discharge or soon thereafter.

Item 5 - Mr. Speaker, your reference committee next considered RESOLUTION 23-04 entitled "Pharmacy Transfers", the resolved portion reading:

RESOLVED, that the Indiana Academy of Family Physicians (IAFP) send a letter to the Indiana Attorney General's Office requesting that an emergency resolution be requested to allow and mandate that Indiana pharmacies are required to transfer a prescription (including controlled substances) to another pharmacy whenever the prescribed medication is unavailable at the pharmacy.

Mr. Speaker, testimony was given by the author in support of the resolution. Dr. Clutter testified that CVS change the way they handle drug transfers. Federal regulations were brought up regarding the transfer of certain drugs. The federal regulations were clarified during testimony. More testimony was given in support of the resolution, but it was questioned whether the office of the AG would be the right place to send the request. No other testimony was heard.

RECOMMENDATION: The reference committee recommends that Substitute Resolution 23-04 be Adopted:

RESOLVED, that the Indiana Academy of Family Physicians (IAFP) support policy that prevents delay in patient care by allowing the transfer of prescriptions that are not in stock to a pharmacy that has the medication in stock.

Item 6 - Mr. Speaker, your reference committee next considered RESOLUTION 23-05 entitled “Malpractice Reform - Physician Review of cases”, the resolved portion reading:

RESOLVED, that before a medical malpractice case can be filed before the State Attorney General that it must first be reviewed by at least 2 physicians that are Board-certified, residents of Indiana; and furthermore, expenses for obtaining such a review must be provided by the attorney pursuing the possible case.

Mr. Speaker, testimony was given by the author in support of the resolution. Further testimony was given question whether this was a policy statement, or a statement to support legislation. It was clarified that it was meant to support legislation, however the opinion was given that the resolution should be viewed as a policy statement. It was noted that this may open a can of worms that would give more power to the opposite side, and may mess up a good system. It was suggested that the AAFP may be a better place to take concerns about the issue. Further testimony was also heard supporting the Indiana Malpractice Act, and supporting the idea of not opening up something that could make things worse and not better. It was noted that very few organizations would support a resolution like this. No further testimony was heard.

RECOMMENDATION: The reference committee recommends that Resolution 23-05 be NOT ADOPTED.

Item 7 - Mr. Speaker, your reference committee next considered RESOLUTION 23-06 entitled “Malpractice Reform in Indiana”, the resolved portion reading:

RESOLVED, that the Indiana Academy of Family Physicians (IAFP) work with the Indiana Attorney General's Office to mandate that medical malpractice review panels for family physicians are only reviewed by Board-certified and practicing family physicians, and physicians outside of this qualification will be disqualified from participating on a 3-member review panel.

Mr. Speaker, testimony was given by the author in support of the resolution. Further testimony was heard regarding the involvement of the Attorney General. The recommendation was made that this could be a policy statement. Testimony was heard against the resolution, as the scope of practice for family physicians is so broad that it makes the most sense to have individuals with certain specialties on a review board. No further testimony was given.

RECOMMENDATION: The reference committee recommends that Resolution 23-06 be NOT ADOPTED.

Item 9 - Mr. Speaker, your reference committee next considered RESOLUTION 23-08 entitled “Nursing Home Care”, the resolved portion reading:

RESOLVED, that the Indiana Academy of Family Physicians (IAFP) take a leadership role to initiate and collaborate with other agencies, associations and organizations to consider and implement appropriate recommendations and principles, such as published by the National

~~Academies, to improve the quality of care for our patients in Indiana's nursing homes, and be it further,~~

~~RESOLVED, that this resolution be adopted with referral to the Indiana Academy of Family Physicians (IAFP) Board of Directors for implementation and action.~~

Mr. Speaker, testimony was given by the author to drop the second resolved clause. Testimony was given in support of the resolution, as Indiana nursing homes are rated as some of the worst in the country. Further testimony was heard in support of the resolution, with the caveat that the IAFP collaborate with other organizations and not necessarily lead the charge. Further discussion was heard regarding adding a resolved clause about supporting policies to encourage aging at home. It was noted that this is a huge issue with many layers. No further testimony was heard.

RECOMMENDATION: The reference committee recommends that Substitute Resolution 23-08 be Adopted:

RESOLVED, that the Indiana Academy of Family Physicians (IAFP) collaborate with other agencies, associations and organizations to consider appropriate recommendations and principles, such as published by the National Academies, to improve the quality of care for our patients in Indiana's nursing homes.

AND BE IT FURTHER RESOLVED: That the IAFP support policies that encourage aging at home.

Item 10 - RECOMMENDATION: The reference committee recommends that the following items be filed for information:

- Report of the Chairman of the Board
- Report of the President
- Report of the President-Elect
- Report of the AAFP Delegation
- Report of the Treasurer & Financial Statement
- Report of the Speaker of the Congress
- Report of the Nominating Committee
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- Report of the Commission on Legislation
- Report of the Commission on Membership and Communications
- Report of the Research Day Committee

Mr. Speaker, this concludes the Report of Reference Committee A. I wish to thank those who appeared

before the Reference Committee to give testimony. I would also like to thank Drs. Kyle Speakman and Zev Allen for serving on the Committee and assisting with the preparation of this report.

Respectfully Submitted,

Windel Stracener, MD
Reference Committee Chair