RES 4
C-3/21

SUBJECT: Revisions to Sunsetting ACOFP Position Statements of the American College of Osteopathic Family Physicians (ACOFP)

SUBMITTED BY: ACOFP Constitution & Bylaws/Policy & Organization Review Committee

REFERRED TO: 2021 American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates *(submitted in 2020)*

RESOLUTION NO. 4

RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians approves the reaffirmation of the ACOFP Position Statements as recommended and submitted by the ACOFP Constitution & Bylaws/Policy & Organization Review Committee.

1. LEGISLATION/REGULATION

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

2. **Center for Medicine and Medicare Services (CMS)** C/16, 11, 06

The ACOFP opposes Medicare fraud and abuse. The ACOFP encourages CMS to simplify Medicare rules and regulations as a positive approach to reducing fraud.

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

3. **Continuing Patient Access to Osteopathic Physicians** C/16, 11

The ACOFP and the AOA continue to work together through their respective Washington offices to educate the United States Congress about the distinctiveness of osteopathic medicine and advocate for patient access to osteopathic medical care.

The ACOFP Constitution and Bylaws Committee recommends the following policy be editorially amended and reaffirmed.

4. **Payment for Physician Services** C/16, 11, 06, 01

The ACOFP shall work to educate insurance and managed care plans on the ability of family physicians to provide comprehensive care to patients and assist its members to resolve payment problems with specific payers.

The ACOFP shall take whatever steps are necessary to ensure that osteopathic family physicians are fairly compensated for all services rendered.

The ACOFP and AOA shall work with third-party payers to eliminate the practice of withholding payment for current services rendered on the basis of past disputed services, and, that appropriate peer physician associations become involved in this decision process. The ACOFP encourages legislation that requires managed care companies and all third party payors to pay for appropriate on-site testing at a rate equal to the highest rate paid for the same service to off-site providers.

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

5. **Physician Compensation** C/16, 11, 06

The ACOFP supports the adoption of national legislation which enables the osteopathic family physician to perform and be compensated for CLIA-certified, in-office laboratory tests. The ACOFP supports the adoption of national legislation that enables the osteopathic family physician to perform and be compensated for medically-indicated, on-site diagnostic procedures.

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

6. **Retail Health Clinics – Quality & Patient Safety** C/16, 11, 06

The proliferation of retail facilities in the United States offering in-store medical clinics with a rapidly expanding list of health care services requires a renewed examination of legislation and regulation governing quality and patient safety.

Lost in the shift toward retail health clinics is the fact that the retail consumer becomes a patient, necessitating that the quality and safety required in a traditional physician's office take priority over convenience and low cost that draw consumers to retail facilities.

Threats to Quality and Patient Safety

The patchwork of state legislation and regulation governing health care services offered in retail settings raises legitimate questions regarding standards for quality and safety, especially whether the retail clinics are being held to the same requirements deemed necessary in a medical office.

a. Are OSHA regulations for safety and health being met in a retail health clinic? Many retail clinics do not have separate bathroom facilities for specimen collection.

b. Are adequate waiting room options or separate entrances available to prevent shopper exposure to sick patients and transmission of communicable disease? Actively ill individuals will be left to roam and shop the store, potentially exposing other shoppers unnecessarily.

c. Are the non-physician providers (physician assistants or nurse practitioners) adequately supervised by physicians?

d. The ACOFP maintains that on-site supervision by a licensed DO or MD provides the necessary level of quality and patient safety. Current state regulations present a wide range for the number of non-physician providers who may be supervised by one physician at a remote site. The ACOFP questions the ability of a physician to adequately supervise multiple retail clinics.

e. Are patients being adequately informed about the educational credentials and expertise of the person providing the diagnosis and care? Perhaps they are led to believe that they are being treated by a physician when they are actually being cared for by a physician assistant or nurse practitioner who does not have the educational training to offer unlimited, comprehensive medical care.

f. Are retail clinics able to respond to someone seeking treatment for what they perceive to be a minor medical condition when it may actually be a significant medical complication? For example, a patient thinking he has indigestion could actually be experiencing a heart attack.

g. Who will the patient contact should medications cause an adverse reaction? Physicians in medical offices maintain 24-hour coverage for their patients. True medical emergencies are best handled through Emergency Departments.

h. Without a documented patient history, how can retail clinics adequately determine an appropriate course of treatment? By their nature, retail clinics cannot provide the continuity of care that characterizes the establish physician-patient relationship, which includes a medical history of the patient's allergies, a complete list of which medications the patient is currently taking, and a family history.

i. How will the storage of confidential medical records be kept to prevent identity theft in a retail store, with different employees exposed throughout the day – what safeguards will be in place?

The ACOFP supports the role of primary care physicians as the appropriate "point-of-entry" for patients to enter the health care system, leading a "team approach" to patient care.

Furthermore, the ACOFP believes that the most effective way to improve patient health is through an established, long-term relationship with a primary care physician who is the one qualified to provide unlimited, comprehensive medical care.

Concern over Economic Conflicts of Interest

A traditional medical practice does not have the same economic objectives of a retail

business venture. While current laws do not restrict where a prescription or over-the-counter medication can be obtained, the economic incentives of these for profit business ventures should be closely monitored. The close proximity of a pharmacy or over-the-counter medications maximizes the likelihood that the patient will not leave the store to obtain their prescribed medications, creating the potential conflict of interest whereby the retail facility financially benefits from treatment recommendations made in the clinic.

In many states physicians are restricted from both writing and filling prescriptions in their offices, yet a double standard exists when a patient can walk through the store to fill a prescription given at the in-store clinic.

Conclusion

The American College of Osteopathic Family Physicians questions both the advisability and the need for facilities known as retail or "in-store" clinics. Although such facilities are heavily promoted by their corporate owners as "quick and convenient," we question the real cost of circumventing the quality and continuity of care inherent in the primary care physician-patient relationship.

Osteopathic family physicians have always been required to maintain complete, 24-hour coverage for their patients, either through answering services, on-call covering physicians, or extended and flexible hours. True medical emergencies are best handled through emergency departments, while other urgent situations are properly handled through the patient's family physician. We should not support the fracturing of patient care by encouraging the use of these facilities.

2. CERTIFICATION

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

1. **Specialty Certification of Chairpersons** C/16, 11, 06

The ACOFP recommends that the Commission on Osteopathic College Accreditation (COCA) and AOA amend the accreditation requirements for colleges of osteopathic medicine to state that chairs of the departments of family medicine at colleges of osteopathic medicine be certified in family medicine by the AOA through the American Osteopathic Board of Family Physicians (AOBFP).

3. EDUCATION

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

1. **Continuing Medical Education** C/16, 11, 06

   The ACOFP shall recommend to the AOA Board of Trustees and AOA House of Delegates that Category 1 allopathic CME programs remain and continue to be considered as Category 2 A for AOA CME accreditation in accordance with the current AOA CME guide and standards.

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

2. **Disclosures Relevant to Potential Commercial Bias** C/16, 11

   The ACOFP requires that persons planning and speaking at Continuing Medical Education (CME) events disclose any relationships that may cause, or appear to cause, a conflict of interest.

   All Program Committee members, teachers, presenters, editors, authors and staff must complete the ACOFP Full Disclosure for CME Activities form, indicating any relevant financial relationships. A relevant financial relationship is defined as a financial relationship in any amount occurring in the past 12 months that creates a conflict of interest.

   Completed disclosure forms must be received in sufficient time to be reviewed by the ACOFP Program Committee, which monitors potential conflicts of interest. Planners, speakers, authors and staff will be notified that failure to return the form in a timely manner may result in disqualification from participation in the CME activity. Those failing or refusing to complete the disclosure form in sufficient time for Program Committee review shall be disqualified from participation. Individuals who fail or refuse to disclose their relevant financial relationship(s) will be prohibited from participation in the planning, presentation, or evaluation of a CME activity.

   All disclosure information will be provided to learners prior to the beginning of the educational activity. The information from the Full Disclosure Form for CME Activities form will be presented in writing in activity materials. The source and nature of all support from commercial interests will be disclosed to learners in writing in all promotional and activity materials. The following information regarding relevant financial relationship(s) of all individuals in a position to control CME content will be disclosed to learners: a.) The name of the individual; b.) The name of the commercial interest(s) with which the relationship exists; c.) The nature of the relationship that the individual has with each commercial interest.

The source of all support from commercial interests will be disclosed to learners. When commercial support is "in kind", the nature of the support must be disclosed to learners. Disclosure must never include the use of a trade name or a product group message.

If disclosure information is not submitted prior to the deadline for printed activity materials, that information must be disclosed verbally at the live activity prior to the presentation. An ACOFP staff member must witness the communication of the information and must complete the Verification of Verbal Disclosure Form.

For an individual with no relevant financial relationship(s) the learners will be informed that no relevant financial relationship(s) exist.

The ACOFP Constitution and Bylaws Committee recommends the following policy be editorially amended and reaffirmed.

3. **Physician Payment** C/16, 11, 06

The ACOFP supports the current AOA policy on Physician Payment in Federal Programs.

Explanatory Statement: Updated to conform with the AOA Current Policy as follows: Physician Payment in Federal Programs - The American Osteopathic Association recommends that educational programs for osteopathic medical students, interns, residents and practicing physicians should include utilization management and cost-effectiveness in the curricula; recommends that the osteopathic staff members of health care institutions should continue to improve utilization review programs for all patients, consistent with quality assurance and sound osteopathic medical practice; and if states adopt managed care for capitated payment systems for Medicaid, that they contain a provision to ensure the fullest participation of all physicians, ensuring best patient care and adequate compensation to all parties concerned, while preserving referral patterns as established by the osteopathic profession.

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

4. **Pre- and Post-Doctoral Education** C/16, 11, 06

The ACOFP encourages the development of core curriculum guidelines in cultural diversity to address the issue of cultural competency and healthcare disparities throughout the lifelong continuum of osteopathic medical education, and that these guidelines should be included in the Basic Standards for Residency Training and be forwarded to the AOA for

referral to appropriate committees for inclusion into the Basic Standards of Pre-Doctoral and Post-Doctoral Training.

Explanatory Statement: Although the single accreditation system becomes effective on July 1 2020, there will be AOA residency programs that did not seek ACGME accreditation or were unable to successfully achieve Initial or Full Accreditation. Those programs that have trainees will function under AOA accreditation guidelines and will continue to utilize the AOA Basic Standards for Residency Training. Until those programs have trained out their residents, this position statement remains relevant.

4. OSTEOPATHIC MEDICINE

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

1. **Osteopathic Oath** C/16, 11, 06

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it may be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

2. **Research** C/16, 11, 06

The ACOFP encourages the AOA to identify additional funding sources and increase internal funding for research identifying the therapeutic value of OMT and then continue to study the application and usefulness of OMT in maintaining health and treating diseases.

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

3. **Osteopathic Identity** C/16, 11, 06

The colleges of osteopathic medicine and osteopathic professional organizations are strongly encouraged to use the word osteopathic on all their signage, letterhead, marketing and public relations material. The ACOFP supports the clear identification of these as osteopathic entities.

5. PATIENT EDUCATION

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

1. **Patient Advertising** C/16, 11, 06

The ACOFP supports the AOA policy on Prescription drugs – Direct Consumer Advertising.

6. PRACTICE MANAGEMENT

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

1. **Practice Guidelines** C/16, 11, 06

The ACOFP endorses practice guidelines whose conclusions are based on quality osteopathic data that has adequate osteopathic input and research.

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

2. **Practice Management** C/16, 11, 06

The ACOFP shall encourage and promote unity and the practice rights of osteopathic family physicians, by continuing to support periodic practice management seminars to: a.) Educate physicians as to the importance of compliance risk management, billing and coding, documentation, and fraud and abuse issues; b.) Assist in the establishment of guidelines to enhance these practice rights and safety in the areas of compliance, risk management, billing and coding documentation, in fraud and abuse issues; c.) Identify~~,~~ supportive agencies, liability insurance companies, attorneys, and physicians with expertise in these issues; d.) Encourage government and insurance agencies to utilize only expert witness who are osteopathic family physicians in peer review, fraud and abuse, civil and criminal cases

involving osteopathic family physicians; e.) Develop and advise the leadership and affiliate societies of the needs, trends, and issues of concern that will encourage unity, ensure a safe practice environment, and enhance the practice rights of ACOFP members.

8. RESIDENCY PROGRAMS

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

1. **Residency Training Programs** C/16, 11, 06

ACOFP policy and relevant communication stipulate that each specialty residency training programs certified by the AOA should continue to be inspected by physicians approved by the specialty college of that discipline.

The statement is presented to clarify the position of the ACOFP on the osteopathic family medicine residency training program.

The cornerstone in osteopathic healthcare has always been the family physician. Osteopathic family physicians are physicians oriented to delivery of healthcare to the family. They commonly use more than one of the traditional specialty fields of medicine providing the necessary training, and they are trained to coordinate the care required by reference to other physicians and allied health personnel. Training equips them to assume the responsibility for the patient's comprehensive and continuing health care, serving the family unit with skill and understanding.

Historically, the osteopathic family physicians who have completed their year of rotating internship have attained this level of competence.

However, medicine is a dynamic art and science, and the accumulation of knowledge cannot stop after internship. Family physicians are morally obligated to pursue their own area of specialty to excellence, and then to maintain this expertise for the duration of their careers in medicine.

One of the important measures of academic excellence in the specialty of family medicine is certification. Residency training represents the avenue of preparation to attain this specific body of knowledge characteristic of a certified osteopathic family physician. It enables the resident to accumulate those skills and competencies which ordinarily require long years of practice exposure. It accelerates the usual process of specialty attainment. It develops in the family medicine resident an appreciation of the need for a life-long process of learning

and encourages mastery of those disciplined habits which result in continuous scholastic development.

The osteopathic family medicine residency provides that body of knowledge which identifies the primary care most commonly required in practice. Moreover, it intensifies the understanding of both the shared-care and supportive-care roles exemplified by this responsible coordinator of the health care team.

With the increasing complexities of medical knowledge, the following characteristics emphasize some of the most important facets in the osteopathic family medicine residency training programs: a.) Emphasis on formalized outpatient and inpatient longitudinal primary care, including curriculum specific to training year and clinical service; b.) Further emphasis and integration of the practical application of osteopathic principles and practices in an ambulatory setting; c.) Encouragement of cooperation with other osteopathic specialists to accomplish osteopathic medicine's distinctive approach to patient care; d.) Expansion of humanistic or behavioral science training, e.g. family dynamics, family counseling, care for the dying patient and his family, etc.; e.) Development of competency in the art of "problem solving" as in undifferentiated or multiple-complaint illness; f.) Teaching the strategies of interdisciplinary team approach in providing comprehensive health care; g.) Improvement of interviewing and communication skills; h.) Initiation in utilization of communication medical resources; i.) Commitment to the importance of preventive medicine in patient care; j.) Provision for the necessary training in the mechanics of office management and the economics of practice; k.) Exposure to the patient/physician responsibility of third-party medicine; l.) Development of proper office and hospital recordkeeping systems; m.) Recognition of the personal and professional needs of physicians and their families; n.) Association with the proper role model who encourages behavioral adjustments that result in the resident emulating the characteristics of the certified osteopathic family physician; o.) Provide mandatory, ongoing and timely faculty development training for all faculty in family medicine residency training programs.

The residency program addresses the needs stated above. It provides the osteopathic family physician with the special skills and competencies necessary to provide primary, continuing, comprehensive healthcare to all members of the family, regardless of age, sex, or type of medical problem.

The osteopathic family medicine residency program reinforces what has already been taught: that the osteopathic family physician is in charge of the patient's health needs and is

the primary coordinator of the entire health care team, both in an ambulatory and in an institutional setting.

In summary, the osteopathic family physician is the solidifying agent who captains, guides, and encourages the total care which is the keystone of osteopathic medicine. To address this on-going educational responsibility, the ACOFP shall continue to improve, develop, and encourage the residency training program in osteopathic family medicine.

Explanatory Statement: Similarly, to what was stated previously, until all AOA family medicine programs without ACGME initial or full certification have trained out their residents past July 1 2020, the position statement remains relevant. As there are some off cycle residents, when the last resident of an AOA certified residency program completes their training, this entire section *8. Residency Programs 1. Residency Training Program* will sunset. (lines 287 to 362)

10. SUPPORT RESOLUTIONS

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

1. **Support Resolutions** C/16, 11, 06

AOA Policy (ACOFP Reaffirmed)

a. ACOFP supports AOA policy to maintain osteopathic medicine as a separate and distinct school of medicine.

b. ACOFP supports the AOA policy to attempt to reduce healthcare costs.

11. SPORTS MEDICINE

The ACOFP Constitution and Bylaws Committee recommends the following policy be reaffirmed.

1. **Sports Medicine – Team Physician Consensus Statement** C/16, 11, 06

A team physician shall be a DO or MD in good standing with an unrestricted license to practice medicine.

FINAL ACTION: APPROVED as of MARCH 10, 2021