



# Commission on Quality and Practice (CQP) 2024 Annual Report

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## **Purpose & Scope of Work**

The Commission on Quality and Practice (CQP) is a dynamic force within family medicine, dedicated to improving the practice environment for physicians. Aligned with key AAFP Strategic Objectives, CQP focuses on enhancing payment structures, promoting comprehensive care, streamlining administrative processes, and leveraging technology to optimize patient care. Through advocacy and strategic initiatives, CQP works to empower physicians and trainees in the advancement of the field of family medicine.

The CQP scope of work includes assessment and development of recommendations, policies, and programs for family medicine in the following areas:

- Administrative Burden
- Emerging Technologies and Health Data Use
- Health Care Delivery Models
- Health Information Technology
- Performance Measurement
- Physician Employment
- Physician Payment
- Practice Environment
- Practice Management
- Practice Transformation
- Private Sector Advocacy
- Quality Improvement
- Scope of Practice and Privileging

CQP oversees the following AAFP member interest groups (MIGs): Direct Primary Care MIG, EMR Optimization MIG, Employed Physician MIG, Home-based Primary Care MIG, Hospital Medicine MIG, Independent Solo/Small Group Practice MIG, and Telehealth MIG.

Commissions receive and process referrals from the AAFP Board of Directors, Congress of Delegates, National Conference of Constituency Leaders (NCCL), National Congress of Family Medicine Residents (NCFMR), and National Congress of Student Members (NCSM). All commissions, including CQP, also review relevant AAFP policies every five years to reaffirm or revise existing policy statements, discuss issues within their scope of work, and deliberate regarding new strategic ideas to generate specific recommendations for action to the board.

Our role on the Commission on Quality and Practice (CQP) for the AAFP is pivotal in shaping the future of family medicine. As resident and student members, we bring a fresh, contemporary perspective to the commission, contributing to the development and evaluation of policies and initiatives that promote high standards of practice and care quality. Our unique insights help bridge the gap between current medical training and evolving healthcare needs, ensuring that the commission's recommendations are relevant and forward-thinking. This involvement not only aids in professional development but also empowers trainees to influence the trajectory of family medicine practice at a national level.

### **Activities & Achievements**

This year, our commission reviewed six resolutions from COD. We recommended “2023 COD Resolution 310: Simplification and Real-Time Adjudication of Claims” and “2023 COD Resolution 309: Support for More Sustainable After-Hours Care Models” be accepted for information. We recommended “2023 COD Resolution 303: Obstetrics in Primary Care” for acceptance as current policy. This reaffirms AAFP’s commitment to advocate for continued inclusion of obstetrics within the scope of family medicine practice, to limit discrimination from hospital credentialing policies that exclude family physicians from obstetrical care.

We recommended the following resolutions be accepted for implementation: 2022 COD Resolution 506: Permanent HIPAA Flexibility to Allow for FaceTime and Other Widely Used Real-Time Audiovisual Technology in America; 2023 COD Resolution 305: Adverse and Positive Childhood Experience Surveys; and 2023 COD Resolution 508: Compensation for Prior Authorizations, Peer to Peer. We discussed how establishment of a business agreement with CMS and other payers to permit HIPAA secure communication platforms would increase access for patients and reduce physician burden.

We recommended for adoption five policies (position papers) that specifically highlight Value-based Care and its implementation as a new health care model: “Value-based Payment Models for Primary Care”; “Establishing Accountability in Value-based Payment Models for Primary Care”; “Financial Benchmarking in Value-based Payment Models for Primary Care”; “Performance Measurement in Value-based Payment Models for Primary Care”; and “Information Sharing in Value-based Payment Models for Primary Care.” A Value-based Payment model compensates physicians for quality of care provided to their patient cohorts, instead of the current fee-for-service model. These position papers provide a broad background, tools, and methods for stakeholders to implement value-based payment models. Currently, value-based care models are being trialed throughout the country, and could change the future of primary care practice.

As part of the five-year policy review process, we also assessed 10 policy statements. We reaffirmed the “Data Stewardship” policy, as we determined they are necessary, important and reflective of the AAFP’s current positions. Three policies were updated and revised: “Physician Dispensing of Drug Samples” to replace *supports* with *does not oppose*; “Drugs, Prescribing” to delineate the importance of physician-led teams and physician consultation; and “Emergency Medical Care” to explicitly include pregnancy and emergent threats to life or function.

### **Any Subcommittee Work**

CQP has no subcommittees or working groups. During our Winter Cluster, we discussed a proposal to establish a new Performance Measurement Subcommittee of CQP. The proposal ultimately failed to pass, and discussion highlighted the importance of performance management, which warrants participation by all of CQP rather than a subset of members.

### **Lessons Learned and the Value of Serving on Commission for Quality and Practice**

We thoroughly enjoyed CQP, our fellow commission members and AAFP staff, and our discussions about comprehensive patient care, payment, administrative processes, and technology. Our participation in CQP has deepened our understanding of the AAFP’s advocacy priorities, and highlighted opportunities to enhance policy and practice in our field. As future family physicians, our involvement on this committee allowed us to represent the perspectives of students and residents in shaping the future of Family Medicine.

We recognize the privilege of contributing to AAFP policies, and know the AAFP highly values student and resident voices and involvement. We all have a responsibility to improve the future landscape of family practice, and to the two of us, our participation underscored the vital link between our training and the collective effort to advance Family Medicine. We highly recommend CQP and participation in AAFP Commissions work to our fellow medical students and residents!

*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](http://aafp.org).*