

CMS Paid Out Almost \$400 Million in PQRS and e-Rx Incentives in 2009

The Centers for Medicare and Medicaid Services (CMS) released 2009 data on results from the Medicare Physician Quality Reporting System (PQRS) and its electronic prescribing (e-Rx) program. CMS said that participation in the PQRS has grown by about 50 percent every year since the program began in 2007, and nearly 120,000 physicians and other eligible clinicians received more than \$234 million in incentive payments in 2009 for successfully reporting quality measures data. CMS also said it paid \$148 million to more than 48,000 eligible clinicians in 2009 for its e-Rx Incentive Program (<https://www.cms.gov/ERXIncentive/>). On average, 2009 PQRS bonus payments were \$1,956 per eligible clinician and \$18,525 per practice. Those who were successful e-prescribers received an average bonus payment of more than \$3,000 per clinician and \$14,501 per practice. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110504pqrsincentives.html>.

AAFP Goes to Capitol Hill to Propose Alternative to Medicare Payment System

The American Academy of Family Physicians (AAFP) was recently invited to testify before a House panel about alternatives to the sustainable growth rate formula. During the hearing, AAFP President Roland Goertz, MD, MBA, of Waco, Tex., told the health subcommittee of the Energy and Commerce Committee that Congress needs to offer greater support for primary care through a blended payment model. "Congress, understandably, is most concerned with controlling federal expenditures for health care, especially given the rapidly rising costs for Medicare," Goertz said during his testimony. However, Goertz said, there is substantial evidence that a health care system based on primary care will help control these costs while increasing patient satisfaction and improving patient health. He proposed a blended payment model that contains three elements: some fee-for-service payments; a care coordination fee that compensates physicians for their expertise and the time required for primary care activities, which are not paid for currently; and performance bonuses based on a voluntary pay-for-reporting and performance system, as well as for services that are not eligible for fee-for-service billing. Goertz called for a five-year transition period with mandated payment updates that incorporate higher rates of at least 2 percent for primary care physicians for Medicare fee-for-service payments. In addition,

he said Congress should continue to pay the primary care incentive payment called for by the Patient Protection and Affordable Care Act, but it should increase that incentive payment from 10 to 20 percent. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110510blendedpayment.html>.

Office-Based Physicians Contribute \$1.4 Trillion in Output to National Economy

In 2009, office-based physicians contributed \$1.4 trillion to U.S. economic activity and supported 4 million jobs nationwide, according to a recent report from the American Medical Association. AAFP members, who are nearly 90 percent office-based, were top contributors to those numbers. Office-based physicians added more to state economies than a number of other industries, including hospitals, nursing homes, home health services, and legal enterprises. The economic impact of office-based physicians varies greatly from state to state and depends on two factors: the number of physicians in the state and the characteristics of the state's economy, according to the report. In 2007, the AAFP's Robert Graham Center did a similar study (available at <http://www.aafp.org/online/en/home/policy/state/emergingissues/econimpact.html>) that measured the economic impact of a single family physician and the cumulative effect of family physicians in each state. According to the Graham Center data, family physicians in California had the highest economic impact of nearly \$986,000 per family physician per year. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110419amaeconomicimpact.html>, and <http://www.ama-assn.org/resources/doc/arc/economic-impact/economic-impact-report.pdf>.

Pediatric Group Rejects Vaccine Exemptions That Are Based on Personal Beliefs

The Pediatric Infectious Diseases Society (PIDS) recently released a position statement opposing any legislation or regulation that would allow children to be exempted from mandatory immunizations based on their parents' or their own secular beliefs. Research has shown that children who are exempted from vaccinations have a 35-fold higher risk of measles, a 23-fold higher risk of pertussis, and a nine-fold higher risk of varicella than do vaccinated children. All states allow children with medical contraindications to immunization to opt out. Most states also permit parents to exempt their children from vaccination based on their religious beliefs, and some states allow an exemption to

be made based on parents' secular beliefs. The PIDS statement calls for any legislation or regulation regarding personal belief exemptions to contain provisions to minimize use of exemptions, such as requiring the child's parents or guardians to first receive state-approved counseling on the importance of immunization and vaccine safety before granting exemption. It also says that children should be barred from school attendance and other group activities if there is an outbreak of a disease that is preventable by vaccination from which they have been exempted. The AAFP provides links to information and resources on immunizations, including information on how to have vaccine conversations with parents of patients, at <http://www.aafp.org/online/en/home/clinical/immunizationres.html>. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110504pidsvaccstmt.html>, and <http://www.pids.org/images/stories/pdf/pids-pbe-statement.pdf>.

Targeted Training and Education Can Help Family Physicians Manage HIV, AIDS

Primary care physicians, including family physicians, are among the relatively small number of clinicians who regularly perform screening for human immunodeficiency virus (HIV), providing the majority of care for patients with HIV or AIDS, according to a new report from the Institute of Medicine. Since 2006, when the Centers for Disease Control and Prevention recommended that HIV screening be expanded to include all persons 13 to 64 years of age, the U.S. health care system's ability to provide additional screening has become even more strained. Because future and existing physicians' training and experience in HIV care often are limited, the report calls for augmenting medical students' and residents' exposure to outpatient HIV care and providing practicing physicians more and better continuing medical education (CME) to help them address the complex health care needs of these patients. The report suggests such CME activities could include satellite learning and consultation via HIV- and AIDS-related teleconferences and Web-based programs; mini-sabbatical training sessions; independent CME programs; HIV certification after residency; and HIV fellowships. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110420iomhiv-aids.html>, and http://www.nap.edu/catalog.php?record_id=13074.

Most Family Physicians Participate in MC-FP Program, Study Finds

According to findings from a study recently published in *Annals of Family Medicine*, large numbers of family physicians across the country and in different practice sites participate in the American Board of Family Medicine's Maintenance of Certification for Family

Physicians (MC-FP) program. The study involved all active family physicians who were initially certifying, recertifying, or attempting certification after they had previously failed. It found that 85 percent of the more than 70,000 active family physicians included in the study have current board certification. Of those currently certified, 91 percent are participating in the MC-FP program. However, the study found that family physicians practicing in poorer and medically underserved areas are more likely to let their board certification lapse. Other findings showed that the likelihood of engaging in the MC-FP program decreases with increasing age; family physicians in direct patient care and medical teaching are more likely to be engaged in the MC-FP program than those in medical research, administrative, and other nonpatient care roles; those in group practice are more than twice as likely to be board-certified and are 10 percent more likely to be engaged in the MC-FP program than are solo family physicians; and family physicians in rural areas are slightly more likely to maintain their certification than those in urban areas. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110509mc-fprates.html>, and <http://www.annfammed.org/cgi/content/full/9/3/203>.

Former Surgeon General Challenges NCSC Attendees to Be Leaders

Former Surgeon General David Satcher, MD, PhD, spoke about public health leadership to a diverse audience of physicians during the opening session of the AAFP's National Conference of Special Constituencies (NCSC) in May 2011. Satcher is an AAFP member and serves as the director of the Satcher Health Leadership Institute (http://www.msm.edu/research/research_centersandinstitutes/SHLI.aspx) at the Morehouse School of Medicine in Atlanta, Ga. "There are leadership capabilities in all of us, and we need to help develop that capacity because leadership matters," Satcher said during his speech. He emphasized that leaders need to be good learners, and urged the audience to continue learning and taking on new challenges. "To eliminate [health] disparities, we first and foremost need leaders who care enough, leaders who know enough—even if it's knowing they need to learn more—leaders with the courage to do what it takes to meet goals, and leaders who will persevere," said Satcher. "You make progress if you have integrity, if you are clear, and people trust what you say," he added. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110511satcherncsc.html>.

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