

National Demand for Primary Care Physicians Continues to Outstrip Supply

For the fifth consecutive year, family physicians were the most sought-after physician group in the United States, according to a survey that tracks physician recruitment and retention. From April 2010 through March 2011, the physician placement firm Merritt Hawkins received 532 requests for family physicians, a 42 percent increase from 2009 to 2010. Internal medicine physicians were the second most-requested group, and pediatricians were among the top 10. The report attributed the increase in recruitment efforts partly to the shortage of medical students who are entering primary care. "This contraction in supply coincides with the renewed focus that hospitals and medical groups are putting on primary care after several years of neglect in the early part of this decade," the survey notes. Practice style and physician demographics are additional factors that inhibit supply. According to the survey, many physicians are looking for part-time practice work or more structured hours that fit better with their lifestyles. Population growth in the United States is also creating a greater demand for primary care physicians. The survey also examined the average salaries for family physicians and other subspecialists. The average salary for family physicians from 2010 to 2011 was \$178,000, compared with \$183,000 for pediatricians, \$205,000 for internal medicine physicians, \$331,000 for dermatologists, and \$521,000 for orthopedic surgeons. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110817merrithawkins.html>.

Medicare Plan Aims to Save Money and Improve Patient Care by Bundling Payments

Applications are being accepted for a new plan designed to improve care for patients while they are in the hospital and after they are discharged by bundling payments for multiple services across all providers. The Bundled Payments for Care Improvement initiative aims to provide a greater incentive for physicians, clinicians, and hospitals to coordinate care and ensure continuity of care across all settings. Currently, hospitals, physicians, and other clinicians who provide care for Medicare beneficiaries are paid separately for their services. Under the new plan, they will bill for a package of services that patients receive to treat a specific medical condition during a single hospital stay and/or recovery from that stay. This is intended to provide better coordination of

care and to reduce unnecessary duplication of services, avoid preventable medical errors, and lower costs. For more information, see <http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html>.

Groups Provide Guidance in Transitioning Adolescents from Pediatric to Adult Care

The American Academy of Family Physicians, American Academy of Pediatrics, and American College of Physicians have developed guidelines on how to plan and execute health care transitions for adolescents and young adult patients. The clinical report "Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home" provides an algorithm for patients from 12 years of age through the transfer of care to an adult medical home. The report, which was published in the July issue of *Pediatrics*, covers the respective roles of primary care physicians and subspecialists and outlines how to prevent omissions and redundancies in care. It tells pediatricians what information the receiving physician needs and identifies steps family physicians should take to ensure a smooth transition. It also notes that primary care physicians who are receiving these patients should ensure that the following conditions are met: clearly identify the party responsible for medical decision making; thoroughly explain adult consent and confidentiality policies to the patient and his or her family and other caregivers; communicate how the practice handles issues such as paperwork and medication refills; and discuss with the patient and his or her family how the practice may be accessed for routine and after-hours care. In addition, the report lays out goals for patients, such as scheduling their own appointments, obtaining medications, having one-on-one dialogues with a physician, and becoming familiar with their own medical history and medications. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110823caretransitions.html>, and <http://pediatrics.aappublications.org/content/128/1/182.full>.

Physicians Must Revalidate Medicare Enrollment as Part of Fraud-Prevention Plan

Family physicians who provide health care for Medicare patients and who enrolled in Medicare before March 25, 2011, must revalidate their enrollment in the coming months. The revalidation effort stems from language in the Patient Protection and Affordable Care Act that

seeks to combat Medicare fraud. Physicians should not take any action until they are notified about their revalidation status by their Medicare administrative contractors. Contractors have begun sending notifications to affected physicians, and the process is expected to continue through March 23, 2013. Revalidations will be processed in the same manner as previous enrollments. The Centers for Medicare and Medicaid Services (CMS) will provide contractors with a list of physicians who have had a previous “adverse action,” which includes exclusion from participating in Medicare, Medicaid, or other federal health programs; license revocation; or felony conviction. The topic of revalidation is on the agenda for the next CMS Open Door Forum scheduled for September 20, 2011. Physicians will have an opportunity to comment and ask questions, and can sign up to request notification when information about that call is posted. For more information, visit <http://aafp.org/news-now/practice-professional-issues/20110822cmsrevalidate.html>.

CMS Urged to Make Changes to Improve Medicare Physician Feedback Program

Several changes have been recommended to improve the effectiveness of a program developed to give physicians confidential feedback on the resources they use to provide health care to Medicare patients. The Government Accountability Office (GAO) has found that CMS faces challenges in measuring the resources physicians use to treat specific episodes of an illness, and have made specific recommendations on how CMS can improve the program. For example, the GAO points out that 82 percent of 9,189 sampled physicians were excluded from receiving feedback reports in 2010 and suggests that CMS use methodologic approaches to increase physician eligibility. The GAO also urges CMS to make the reports more readable and investigate why some physicians who received reports fail to read them. The GAO suggests that CMS seek input from physicians as to the usefulness and credibility of feedback reports. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110817wklynewsbrfs.html#NewsArticleParsys73585>.

Study: Underserved Populations Bear Brunt of Health Care Funding Cutbacks

Recent federal and state funding cutbacks have made it increasingly difficult for community health centers to expand into underserved communities and grow their capacity at existing sites, according to a report issued by the National Association of Community Health Centers. This has jeopardized care for thousands of medically disenfranchised persons who rely on the centers for their

health care. The cutbacks have occurred at a time when 60 million Americans do not have access to primary care because of shortages of primary care physicians. The report also found that for every \$1 million in federal funding cuts, health centers lose the capacity to serve 8,297 patients; that one in four low-income and uninsured working adults relies on health centers for care; and that the number of uninsured patients at health centers grew by 36 percent from 2004 to 2009, but state funding to health centers decreased by 42 percent during the past two years. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110817wklynewsbrfs.html#NewsArticleParsys1047>.

More Children Receiving Care Under Medicaid and CHIP as a Result of Recession

The number of children eligible for and enrolled in Medicaid and the Children’s Health Insurance Program (CHIP) increased by about 2.5 million between 2008 and 2009. Researchers from the Urban Institute credited the increase to downward shifts in income related to the U.S. recession and the expansion of the two programs at the state level. They also pointed out that 15 states and the District of Columbia had participation rates of 90 percent or higher in 2009. Three states (Texas, Florida, and California) accounted for about 40 percent of the remaining eligible but uninsured children. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110824wklynewsbrfs.html#NewsArticleParsys68453>.

Grant Will Provide Clinical Support for Physicians Prescribing Opioids for Pain

Family physicians and other health care professionals will be able to receive free clinical support in the prescribing of opioid medications through a system being developed by the American Academy of Addiction Psychiatry (AAAP). The Substance Abuse and Mental Health Services Administration has awarded the AAAP a \$1.5 million grant to develop a clinical support system to promote the appropriate use of opioids by medical professionals treating opioid-related addiction and to advance the safe use of opioid medications by medical professionals treating chronic pain. The project will include the development of educational materials and clinical tools to assist practicing physicians. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110817wklynewsbrfs.html#NewsArticleParsys78169>.

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