

# AAFP News: AFP Edition

## *Policy and Health Issues in the News*

### **CMS Modifies Policy on Disclosing Individual Physician Payment Data**

The Centers for Medicare and Medicaid Services (CMS) has modified its policy on releasing information about Medicare payments to individual physicians. The changes will allow the agency to determine on a case-by-case basis whether Freedom of Information Act requests for such information should be honored. Several organizations, including the American Academy of Family Physicians (AAFP), had warned CMS that any change to its disclosure policy must ensure that the information is safe from potential security breaches. CMS received more than 130 comments on its proposed modification that identified several benefits to releasing the information. In effect, it would allow health care professionals to collaborate to improve patient care and provide health care at a lower cost; consumers could obtain better and more reliable measures of quality and performance for individual health care professionals; and journalists and others could identify unsafe practices, waste, and fraud. For more information, go to <http://www.aafp.org/news-now/government-medicine/20140122medicarepaydisclosure.html>.

### **PCMH Evaluations Report Positive Results for Metrics Related to Triple Aim**

A review of 20 patient-centered medical home (PCMH) project evaluations found improvements in key areas, including reduced costs, reduced emergency department visits and hospital admissions, improved population health, and increased provision of preventive services. Smaller percentages reported improvements in access to care (25%), patient satisfaction (20%), and hospital readmissions (15%). The review, "The Patient-Centered Medical Home's Impact on Cost and Quality: An Annual Update of the Evidence, 2012-2013," was released in January by the Patient-Centered Primary Care Collaborative. The report focused primarily on improvements in a range of metrics related to the Triple Aim: improving population health, enhancing the patient experience of care, and reducing or controlling the cost of care. The report looked at quantitative outcomes reported in 13 peer-reviewed and seven industry-generated evaluations released between August 2012 and December 2013. For more information, go to <http://www.aafp.org/news-now/practice-professional-issues/20140131pcpcc-pcmhreview.html>.

### **AAFP Urges Review of Misvalued CPT Codes**

The AAFP recently responded to CMS' call for additional input on limited portions of the final 2014 Medicare physician fee schedule, asking the agency to revisit issues that concern the AAFP. Board Chair Jeff Cain, MD, questioned CMS' apparent acceptance of some recommendations from the American Medical Association/Specialty Society Relative Value Scale Update Committee. In particular, he asked CMS to reexamine the relative value units of *Current Procedural Terminology* (CPT) codes for which the physician work relative value unit has not decreased in proportion to the time it takes the physician to perform the service. He said the AAFP is concerned that, by accepting the recommendations in this particular situation, CMS agrees that certain procedures typically performed by subspecialists will take less time to complete in 2014, but the agency still will pay the physician the same amount for performing the procedure. For more information, go to <http://www.aafp.org/news-now/government-medicine/20140204feeschedltr.html>.

### **Graham Center Panel: Telemedicine Can Build Bridge to Expanded Health Care**

As more Americans obtain health insurance, the debate about how to provide greater access to care at a reasonable cost has become more relevant. Telemedicine is emerging as a key building block in the delivery of care, according to panelists at a recent forum hosted by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. The panelists noted that telemedicine does not compromise the quality of patient care, allows physicians to consult with more patients, saves time for patients who otherwise would have to leave work, and can reduce emergency department visits. According to Kenneth McConnochie, MD, MPH, director of the Health-e-Access Telemedicine Program, 85% of pediatric primary care office visits and 40% of emergency department visits could be handled via telemedicine. He noted that the average telemedicine visit costs \$75, compared with \$750 for a typical emergency department visit. For more information, go to <http://www.aafp.org/news-now/practice-professional-issues/20140205rgctelemedicineforum.html>.

— AAFP AND AAFP NEWS STAFF

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