

AAFP News: AFP Edition

Policy and Health Issues in the News

VA Adds Primary Care Services to Contract Program for Veterans' Health

The Department of Veterans Affairs (VA) has added primary care to a list of contracted medical services that can be provided at non-VA facilities as part of the Veterans Health Administration's Patient-Centered Community Care program. The program allows physicians outside the VA to provide specific types of care for eligible veterans when local VA facilities are unable to do so because of geographical inaccessibility or limited capacity. Before the announcement, care provided through the program had been restricted to inpatient and outpatient specialty care, mental health services, limited emergency care, and limited newborn care for women. The VA's announcement is the latest in a series of actions taken in response to reports that veterans were unable to schedule appointments or faced long wait times to see physicians at VA facilities. The resulting Veterans Choice, Access and Accountability Act provides funding to allow the VA to hire more physicians and makes it easier for veterans to see physicians outside VA facilities, including community-based family physicians. For more information, go to <http://www.aafp.org/news/government-medicine/20140816pc3primcare.html>.

More Physicians Using EHRs, but Data Sharing, Patient Engagement Lag Behind

Adoption of electronic health records (EHRs) among physicians continues to increase steadily, and family physicians are moving toward more advanced health information technology use. The next stage, which entails sharing health information between institutions and engaging patients through technology, is proving more problematic, according to a new study. Overall, only 40% of physicians reported having electronic exchanges of any sort with other health care professionals, according to a study published in the September 2014 issue of *Health Affairs*. Only one in seven physicians shared data with clinicians outside their organization. The authors cite privacy concerns and incompatible technology systems as the primary reasons for the slow growth of information exchange. Primary care physicians continue to lead their peers in EHR adoption, with 53% using EHRs in 2013 compared with 43% of physicians in other specialties. Use of EHRs is even higher among members of the American Academy of Family Physicians (AAFP). According to the AAFP 2014 mid-year member census, 68% of

respondents use EHRs, and 12% were in the process of implementing an EHR system. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20140822healthaffehrstudy.html>.

October 1, 2015, ICD-10 Deadline Finalized

The deadline for national compliance with the *International Classification of Diseases*, 10th ed. (ICD-10) code sets for outpatient diagnosis coding is October 1, 2015, according to a final rule published in the August 4, 2014, *Federal Register*. According to the Centers for Medicare and Medicaid Services (CMS), the new deadline will allow the health care industry ample time to prepare. Lack of readiness by physicians and other health care professionals had been a rallying cry for many opposed to ICD-10 implementation. ICD-10 greatly increases the number of codes available to physicians. "The level of detail that is provided for by ICD-10 means researchers and public health officials can better track diseases and health outcomes," said CMS Administrator Marilyn Tavenner. CMS also holds that ICD-10 will provide better support for patient care and improve disease management, quality measurement, and analytics. For more information, go to <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-07-31.html>.

Study: Smaller Primary Care Practices May Help Keep Patients Out of Hospitals

New research shows that small primary care practices have lower rates of preventable hospital admissions than larger practices. Researchers found that practices with one or two physicians had 33% fewer preventable hospital admissions compared with practices with 10 to 19 physicians; practices with three to nine physicians had 27% fewer admissions. The study authors noted that long-standing assumptions have held that larger medical practices provide better care, partly because they have more resources. They suggest that small practices could have hard-to-measure perks such as better physician-patient relationships that contribute to their ability to keep patients healthy. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20140820smallpractstudy.html>.

— AAFP AND AAFP NEWS STAFF

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