

# AAFP News: *AFP Edition*

## *Policy and Health Issues in the News*

### **Reports Highlight Importance of Residency Training in Underserved Areas**

Two recently published studies highlight the need to provide continued support for primary care training in areas with the greatest shortage of primary care physicians. A federally funded initiative, the Teaching Health Center Graduate Medical Education program, is attempting to make inroads in this area, but its efforts could be stymied without continued financial support. The program has increased the number of primary care physicians and dentists training in rural or underserved areas, and the number of family medicine residencies it supports has risen from nine in 2011 to 37 in 2015, according to a study by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. It has provided \$230 million in funding, but that funding expires this year. If funding is not continued, recruitment of future residency candidates—and even entire residency programs—could be in jeopardy. A second study demonstrated that medical residency graduates are highly likely to continue practicing near the location where they completed their residency training, an indication that training in medically underserved areas may lead to improved primary care distribution in these communities. For more information, go to <http://www.aafp.org/news/education-professional-development/20150218gmetraining.html>.

### **ONC Maps Out Plan to Improve Health IT**

The Office of the National Coordinator for Health Information Technology (ONC) recently issued a draft “road map” to deliver better health care through interoperable health information technology (IT). The plan outlines 10 guiding principles of interoperability that call on health IT vendors and policymakers to build on existing health IT infrastructure; consider the current environment and support varying levels of expertise; protect privacy and security; maintain modularity so systems can evolve without being completely overhauled; empower individuals; leverage the market; consider scalability and universal access; recognize that one size does not fit all; simplify products and protocols; and focus on value. In addition, the road map identifies four high priorities to help the nation achieve interoperability in the near term: establishing a coordinated governance framework and process for nationwide health information interoperability; improving technical standards and implementation guidance for the sharing and use of a common clinical data set that includes patient name, sex, date of birth, health problems,

medications, laboratory test results, procedures, immunizations, and notes; promoting incentives to motivate physicians and other stakeholders to share health information according to common technical standards; and clarifying privacy and security requirements that enable interoperability. For more information, go to <http://www.aafp.org/news/government-medicine/20150212oncroadmap.html>.

### **AAFP Urges CMS to Revise ACO Proposal**

The Centers for Medicare and Medicaid Services (CMS) has proposed a new rule for assigning patients to accountable care organizations (ACOs). In response, the American Academy of Family Physicians (AAFP) sent a letter to CMS requesting a more flexible approach that would let physicians participate in more than one Medicare ACO while creating a more patient-centered system. Instead of assigning patients to an ACO based on retrospective claims data, the AAFP suggests a prospective model based on the new chronic care management physician selection process. In this model, patients select their physician and sign a consent agreement each month attesting that they will not receive the same type of care from another physician during the period. For more information, go to <http://www.aafp.org/news/government-medicine/20150218acoletter.html>.

### **Report Details Savings Achieved by PCMHs**

The number of patients who are part of a patient-centered medical home (PCMH) initiative increased exponentially between 2009 and 2013, according to a new report that details cost savings and utilization rates of PCMH initiatives in several states. In the four years studied, PCMHs supported by payment incentives had increased in number (from 26 to 114), patients served (5 million to 21 million), and number of states embracing medical home transformation (18 to 44), according to a report from the Patient-Centered Primary Care Collaborative. The report combined findings from seven state reports, seven insurance reports, and 14 peer-reviewed studies. Each initiative that researchers studied was measured based on savings in cost and utilization, preventive health services offered, primary care access, and patient satisfaction. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150209pcmhreport.html>.

— AFP AND AAFP NEWS STAFF

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