

AAFP News: AFP Edition

Policy and Health Issues in the News

CMS Encourages Physicians to Access User Accounts Prior to Computer System Update

Participants in the federal government's Physician Quality Reporting System are being urged to access and review their related account information online before an ongoing computer system update is completed on July 13. The request was made in a recent announcement by the Centers for Medicare and Medicaid Services (CMS) as the agency attempts to ensure that all data are accurately captured as the new system goes live. Changes will allow physicians and group practices to access multiple CMS applications through a single user identification. Although current user accounts in the soon-to-be-retired Individuals Authorized Access to the CMS Computer Services system will automatically transfer to the new Enterprise Identity Management platform, individuals can help with the transition by verifying that their information is up-to-date and active before the deadline. Questions about the system update should be directed to the QualityNet help desk at 866-288-8912. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150520pqrs.html>.

HHS Says Basic Standards of Transparency Would Simplify Process for Sharing Patient Data

Sharing patient data with laboratories, subspecialists, and hospitals is a vital part of facilitating care, but what should be a simple task is often a burden for primary care physicians as they increasingly encounter fees for transfers of information, discrepancies between computer systems, and restrictive business practices. Health policymakers are taking aim at these roadblocks in a report that details the multiple barriers hindering the legal and timely exchange of medical records. Anecdotal evidence provided to the Department of Health and Human Services' Office of the National Coordinator for Health Information Technology (ONC) has been compiled into a 39-page "Report on Health Information Blocking" and submitted to Congress for review. The ONC document cites health information technology developers and medical facilities as two major sources of the obstacles physicians face, but it does not offer specific names of vendors and institutions. Deliberate cases of information-blocking are also absent from the report, with the agency instead focusing on system-wide problems in an effort to establish some "common rules of the road" by which companies should abide. For more information, go to <http://www.aafp.org/news/government-medicine/20150518blocking.html>.

Move to Protect Hospital-Employed Family Physicians Seen as Patient Advocacy

The number of primary care physicians employed by U.S. hospitals has doubled in the past two years, drawing attention to the staffing policies physicians are often asked to agree to when signing an employment contract with such institutions. Language regarding termination has, in the past, prevented physicians from seeking appellate reviews before action to remove staff is taken. According to a letter sent by the American Academy of Family Physicians (AAFP) to CMS, hospital-employed physicians who are granted a fair hearing when threatened with termination will have greater freedom to advocate for patient well-being and to report potential abuse of Medicare and Medicaid payment programs. Although CMS requires all Medicare-participating hospitals to sign a "conditions of participation" document, this agreement has previously not included any language that restricts institutions from dismissing physicians without due process. In reaching out to the agency, the AAFP also notes that fair hearings should take place before a hospital can limit medical staff privileges or professional activities. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150513dueprocess.html>.

Students Trained at Public Medical Schools Are More Likely to Practice in Primary Care

Researchers continue to identify factors that influence whether a student will choose to practice primary care. A study published in *Health Affairs* reports that those trained in public medical schools are more likely to enter the specialty than students from private institutions. The findings are of interest to the AAFP and health policymakers who continue to propose strategies for meeting the nation's growing demand for primary care physicians. Most U.S.-trained physicians graduate from public-sector institutions, and states in the West, South, and Central regions have the highest concentration of these schools. To grow the primary care physician pipeline, the AAFP recommends building more community-based residency training sites rather than focusing on the construction of new medical schools alone. For more information, go to <http://www.aafp.org/news/education-professional-development/20150515trainingpipeline.html>.

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