



AAFP News: AAFP Edition

Policy and Health Issues in the News

Researchers: “Community Vital Signs” Can Be Part of Electronic Health Record

As family physicians face growing pressure to collect data on patients’ social determinants of health, a group of researchers suggests that there is a simple path: pulling “community vital signs” into electronic health records (EHRs) using only patients’ addresses. In an article titled “Community Vital Signs’: Incorporating Geocoded Social Determinants into Electronic Records to Promote Patient and Population Health,” recently published in the *Journal of the American Medical Informatics Association*, researchers advocated incorporating publicly available community-based data directly into patients’ EHRs. The authors note that social factors such as a neighborhood’s socioeconomic and environmental conditions, population density, and ethnic components are strong predictors of health. Including such community-level information in health records using only a patient’s address would not require additional staff time and could assist with population health efforts. Physicians can use such information to offer more informed advice based on a patient’s social environment, such as talking about finding healthy food in an area with a high proportion of fast-food restaurants. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150831vitalsigns.html>.

Aging Population Could Trigger Higher Medicare Spending

The health care needs of a rapidly aging U.S. population may reverse the current trend of slow growth in overall health spending, members of the Medicare Payment Advisory Commission (MedPAC) said during a recent meeting. MedPAC reviewed projections for long-term Medicare costs during the first meeting of its 2015-2016 term last month. Total health care spending rose from 7% of gross domestic product (GDP) in 1973 to 17% in 2009 and has since leveled off. However, the annual growth rate for total health care spending is expected to rise again in the near future. That growth will include total Medicare spending, which is projected to rise from the current level of \$540 billion to \$1 trillion by 2024. Since 2005, there have been several areas where the rate of spending per Medicare beneficiary has grown faster than GDP, including skilled nursing facilities, hospice, outpatient hospital and laboratory services, and laboratory work in physician or independent offices. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150915medicarepending.html>.

AAFP Pushes Federal Agencies, Private Payers to Make Insulin Pens Affordable

The American Academy of Family Physicians (AAFP) recently appealed to government agencies and private payers responsible for overseeing the health care of Americans to ensure that patients with diabetes mellitus have access to the medical supplies they need to treat the disease. In a letter to the Centers for Medicare and Medicaid Services Acting Administrator Andy Slavitt, one to Assistant Secretary of Defense for Health Affairs Jonathan Woodson, MD, and others to private payers, the AAFP urged them to ensure that all of their health plan formularies cover insulin pens at the same tier as vial and syringe insulin injections. AAFP Board Chair Reid Blackwelder, MD, said many patients who require insulin to manage their disease had trouble using vial and syringe insulin injections and preferred insulin pens. Pens are easier and more convenient to use, especially for children and patients with visual impairment or arthritis, he said. The use of insulin pens also improves adherence to insulin therapy, Blackwelder added. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150923insulinpens.html>.

Groups Express Concerns on Meaningful Use

More than 40 medical specialty organizations are asking the Department of Health and Human Services (HHS) and the Office of Management and Budget (OMB) to delay implementation of meaningful use (MU) stage 3. In separate but identical letters to the two agencies, the organizations—including the AAFP, the American Medical Association, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association—said physicians nationwide are concerned with the current direction of the overall MU program. They pointed out that even though 80% of physicians were using EHRs, not even 10% had successfully participated in MU stage 2. The groups described U.S. physicians as “extremely dismayed” by news that HHS’ modifications rule and the MU stage 3 rule (neither of which had been published in the Federal Register at the time this article was written) were being reviewed by the OMB. For more information, go to <http://www.aafp.org/news/government-medicine/20150924mu3letters.html>.

— AAFP AND AAFP NEWS STAFF

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