AAFP News: *AFP* Edition

Policy and Health Issues in the News

Study Pinpoints Cost of Sustaining PCMH

A recent study in the *Annals of Family Medicine* found that the unique costs associated with sustaining a patient-centered medical home (PCMH) are more than $100,000 per full-time clinician per year. Researchers studied 20 practices in Colorado and Utah that differed by level of PCMH recognition, payer mix, and ownership. Using the National Committee for Quality Assurance standards as a baseline, they identified features that were unique to the medical home, such as open-access scheduling, extended hours, and the availability of patient portals, and quantified the costs of each item. The biggest cost came from planning and managing care (e.g., previsit planning, identifying high-risk patients, medication reconciliation), which averaged $35,248 per clinician per year. Enhancing access was the second-highest cost at $28,076 per year, followed by tracking and coordinating care ($14,663), measuring and improving performance ($10,994), providing self-care support and community resources ($10,172), and identifying and managing populations ($5,688). For more information, go to http://www.aafp.org/news/practice-professional-issues/20151021pcmhstudy.html.

Coalition Asks Congress to Delay Appropriate Use Criteria Deadline

Seventeen physician organizations, including the American Academy of Family Physicians (AAFP), have asked Congress to delay the timeline for implementation of the Medicare appropriate use criteria program. In letters to the chairs and ranking members of the House Ways and Means Committee, the House Energy and Commerce Committee, and the Senate Finance Committee, the groups recognized the importance of encouraging physicians and other health care professionals to use high-cost imaging services appropriately. However, "as medical societies whose members frequently order and rely on advanced diagnostic imaging for the diagnosis and treatment of their patients, we are deeply concerned with the timeline for implementation" of the program, the letters said. Furthermore, they expressed concern that primary care physicians would bear a "disproportionate burden" during implementation of the program. Physicians have until January 1, 2017, to begin documenting that they have consulted appropriate use criteria before they order certain advanced diagnostic imaging services. If they fail to do so, the health care professionals who provide those imaging services will not get paid. For more information, go to http://www.aafp.org/news/government-medicine/20151015auctimeline.html.

Match Analysis Shows 10% Drop in Primary Care Residency Positions

In two recently published articles, the AAFP compared historic National Resident Matching Program data and looked at U.S. graduating seniors' entry into family medicine programs. The authors found that despite a 31% hike in the number of U.S. seniors who have matched into family medicine since 2009, the number remains 39% lower than in 1997, the year the most family medicine positions were ever offered. Also striking was the 10% drop in positions offered by all primary care specialties combined in 2015 compared with 1997, a total of 442 fewer positions. In 2015, there were 1,194 fewer U.S. seniors who matched into primary care compared with 1997. The studies concluded that U.S. MD-granting medical schools are not producing an adequate number of students choosing specialties that lead to careers in primary care. About 8.5% of the 18,241 students who graduated from U.S. MD-granting medical schools between July 2013 and June 2014 entered a family medicine residency; about 80% of those graduates came from 69 of the 131 medical schools. For more information, go to http://www.aafp.org/news/education-professional-development/20151021matchanalysis.html.

Opioid Abuse Task Force: Increasing Access to Naloxone Saves Lives

The American Medical Association's Task Force to Reduce Opioid Abuse recently posted a resource encouraging family physicians and other health care professionals to consider coprescribing naloxone to patients, their family members, or close friends when a patient is considered at risk of an opioid overdose. The resource lists several factors for family physicians to consider when determining whether to coprescribe naloxone, including whether the patient is receiving a high opioid dose; whether he or she has a concomitant benzodiazepine prescription; and whether the patient has a history of substance use disorder, underlying mental health condition, or medical condition such as respiratory disease that might make him or her susceptible to opioid toxicity, respiratory distress, or overdose. For more information, go to http://www.aafp.org/news/health-of-the-public/20151021amanaloxone.html.

— *AFP* AND AAFP NEWS STAFF

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