



AAFP News: AAFP Edition

Policy and Health Issues in the News

No Pay Raise for Physicians in 2016, but Shift to Value-Based Pay Continues

A promised 0.5% Medicare pay increase was effectively reduced to zero for all physician specialties in the final 2016 Medicare physician fee schedule from the Centers for Medicare and Medicaid Services (CMS), according to an analysis prepared by the American Academy of Family Physicians (AAFP). Physicians expected a 0.5% update to the Medicare conversion factor that was specified by the Medicare Access and CHIP Reauthorization Act of 2015. However, CMS was required under previous laws to identify and adjust overvalued *Current Procedural Terminology* (CPT) codes by reducing their relative value units by 1% for 2016. CMS was able to identify only 0.23%, leaving a negative balance that the agency made up by reducing the overall conversion factor. AAFP advocacy and payment experts continue to scour the 1,358-page rule and will submit final comments to CMS before the December 29 deadline. The *Family Practice Management* blog and a summary in the November 9 *Government Affairs Weekly* report are intended to give family physicians a heads-up on particulars in the final rule that could affect them in the coming year. For more information, go to <http://www.aafp.org/news/government-medicine/20151111mpfs.html>.

AAFP Joins Supreme Court Brief Supporting Diversity in Medical School Admissions

The AAFP, at the direction of its Board of Directors, recently joined the Association of American Medical Colleges (AAMC) and 31 other organizations in a friend-of-the-court brief in the *Fisher v. University of Texas Austin* case before the U.S. Supreme Court. The case dates back to 2008, when Abigail Fisher, a white undergraduate student, was denied admission to the University of Texas at Austin and subsequently challenged the institution's consideration of race in the undergraduate admissions process. She argued that the university's policy violated her right to equal protection under the Fourteenth Amendment. In addition to the AAFP and AAMC, the American Medical Association, American Osteopathic Association, and American Academy of Pediatrics were among the groups that joined the brief in support of the university, arguing that diversity is an important component in the educational mission of medical schools because physicians' education must enable them to serve diverse populations and communities. For more information, go to <http://www.aafp.org/news/education-professional-development/20151120diversityamicusbrief.html>.

New Online Mapping Tool from CMS Details Prescribing Patterns for Opioids

CMS recently announced the release of an interactive online mapping tool that allows physicians to search 2013 Medicare Part D opioid prescription claims data at the state, county, and ZIP code levels. CMS noted that deaths from drug overdose have been on the rise for the past two decades. In 2013 alone, more than 16,000 persons died from overdosing on prescription opioid pain relievers. According to CMS Acting Administrator Andy Slavitt, the aim of the interactive resource is to give physicians and local health officials access to data that will help them become knowledgeable about their community's Medicare opioid prescription rate. "The opioid epidemic impacts every state, county, and municipality," said Slavitt. "To address this epidemic, while ensuring that individuals with pain receive effective treatment, we need accurate, timely information about where the problems are and to what extent they exist." For more information, go to <http://www.aafp.org/news/practice-professional-issues/20151118opioidmap.html>.

Survey: Telehealth Increases Patients' Access to Care, Continuity of Care

Speakers at the AAFP State Legislative Conference recently presented findings from a survey of family physicians regarding their use of telehealth services. Respondents said the technology's strongest points are improving access to care and providing continuity of care. Obstacles include the cost of equipment, lack of training, and potential liability. Researchers at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care said 15% of the 1,557 physicians who responded to the survey reported using telehealth in the past year. The typical telehealth user is one who is more likely to be practicing in a rural area (76%), works with six or more family physicians (40%), and uses electronic health records (98%). When physicians were asked how they used telehealth, the leading responses were diagnosis or treatment (55%), chronic disease management (26%), and patient follow-up (21%). For more information, go to <http://www.aafp.org/news/practice-professional-issues/20151111telehealthsurvey.html>.

— AAFP AND AAFP NEWS STAFF

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