



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## Primary Care, Family Medicine Stats Stand Out in 2016 Osteopathic Match

Recently released results from the 2016 American Osteopathic Association (AOA) Intern/Resident Registration Program suggest that primary care is an alluring specialty for these young physicians. “The number of osteopathic students choosing family medicine continues to grow both in percentage and absolute numbers,” said Stan Kozakowski, MD, the American Academy of Family Physicians (AAFP)’s director of medical education. “This is particularly encouraging because DO-granting medical schools are growing at a faster rate than MD-granting medical schools,” he added. This year, 2,255 positions were filled during the AOA Match, and of those, 1,238 (55%) were in residency programs with primary care specialties such as family medicine, internal medicine, pediatrics, and obstetrics and gynecology. Compared with last year, 67 more primary care positions were filled in 2016; family medicine filled an additional 41 positions. For more information, go to <http://www.aafp.org/news/education-professional-development/20160302aoamatch.html>.

## New Application Deadline for Meaningful Use Hardship Exemption: July 1

The Centers for Medicare and Medicaid Services (CMS) recently announced that health care professionals and hospitals now have until July 1, 2016, to apply for hardship exemptions for the Medicare Electronic Health Record (EHR) Incentive Program to avoid a 3% slash in Medicare payments in 2017. Earlier this year, CMS rolled out a new streamlined hardship exemption application process, and announced that the agency was in the process of ending meaningful use and moving toward implementation of the Medicare Access and CHIP Reauthorization Act. However, until new payment system processes are firmly in place, physicians must adhere to CMS’ ever-changing rules and deadlines associated with the meaningful use program. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160301mujuly.html>.

## PCMH Model with Incentives Is Popular

A patient-centered medical home (PCMH) model that offers financial incentives but wields no penalties has proven popular with physicians, an insurance executive told the AAFP Board of Directors recently. Chet Burrell, president and chief executive officer of CareFirst BlueCross BlueShield, said that although the PCMH

model is strictly voluntarily, 90% of the plan’s 4,400 physicians around the District of Columbia, Maryland, and Virginia are participating. Physician groups that join the program receive a 12% participation fee each year, regardless of performance. The initiative includes no penalties or risks for physicians, and it treats patient consults conducted online the same as office visits. In 2014, the average practice in the program received an additional \$41,000 in revenue, in addition to the participation fee. Using claims data, the insurer found that 75% of its patients have an established relationship with a primary care physician. CareFirst asks primary care physicians in the program to form groups of five to 15, called panels. These panels are graded on engagement, patient access, and appropriate use of services. The engagement score, which carries the most weight, includes patient satisfaction and working within the PCMH model. Physicians in each panel hold monthly meetings to discuss the group’s performance and compare notes. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160304boardinsurance.html>.

## CDC Braces for Zika Virus in United States

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) is preparing for Zika virus inside the mainland United States. Toby Merlin, MD, director of the CDC’s division of preparedness and emerging infections, recently discussed the agency’s plans. According to Margot Savoy, MD, MPH, AAFP’s liaison to the ACIP, Merlin said Zika virus is a threat to the United States because there are many parts of the country—particularly the Southeast through the eastern Midwest—where the vector mosquitoes for Zika virus (*Aedes aegypti* and *Aedes albopictus*) can live and propagate. “Because we have yet to start our mosquito season and have a significant number of Americans who travel to Zika-infected areas, we are likely to see an increasing number of cases,” Savoy said. Merlin also said there are challenges around basic diagnosis of Zika virus infection because the required serum test is not widely available or easy to perform. The CDC is working to create a more accessible and useable test. For more information, go to <http://www.aafp.org/news/health-of-the-public/20160302zikaupdate.html>.

— AFP AND AAFP NEWS STAFF

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