



# AAFP News: AFP Edition

*Policy and Health Issues in the News*

## **CMS Opens Door to Possible Delay in Implementation of MACRA**

Lawmakers and an official from the Centers for Medicare and Medicaid Services (CMS) recently indicated that they are open to postponing implementation of the Medicare Access and CHIP Reauthorization Act (MACRA). Speaking before the Senate Finance Committee last month, CMS Acting Administrator Andy Slavitt said that small physician practices might not have enough time to prepare for the important changes in Medicare payment if they go into effect on January 1 as planned. Sen. Orrin Hatch, R-Utah, noted the short period until the planned implementation date and asked Slavitt what options CMS is considering to address physicians' concerns. Slavitt responded that CMS is open to alternatives that include postponing implementation and establishing shorter reporting periods. He acknowledged that the more time physicians have to spend reporting data, the less time they can devote to patient care, and suggested that reporting requirements could be adjusted to ease the burden on physicians. For instance, CMS could obtain data through an automated database such as a registry. He also said practices that demonstrate strength in a particular area of care might not have to report those data and that physicians who do not see a high volume of Medicare patients might not be required to report data. A final rule on new payment models under MACRA is expected in November. For more information, go to <http://www.aafp.org/news/macra-ready/20160713macradelay.html>.

## **Retirement Age of Primary Care Physicians Stays Steady Despite Economy, Policies**

Retirement of primary care physicians is a growing concern given the shortage in the field, but recent research suggests that the rate at which these physicians are retiring has not been affected by recent changes in policy or the economy. Researchers at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care found that primary care physicians who retired between 2010 and 2014 were an average of 65 years of age. They found that data do not support anecdotal reports that physicians are retiring early because of the burden of new federal regulations. The percentage of retired physicians jumped from 4% among those 60 years of age to 12% among those 65 years of age. The study was published in the July/August issue of the *Annals of Family Medicine*. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160713retirementstudy.html>.

## **VA Plans to Expand APRNs' Scope of Practice**

The American Academy of Family Physicians (AAFP) is sharply criticizing a plan by the Department of Veterans Affairs (VA) to expand the scope of practice for advanced practice registered nurses (APRNs) in an attempt to reduce the backlog of military veterans waiting for medical care. In May, the VA announced that it would grant APRNs in VA facilities independent practice authority and remove provisions that require nurses to work in patient-centered care teams supervised by a physician. The rule would essentially create a national nursing license that overrides states' authority to regulate the nursing profession and medical practice standards within their own borders. AAFP Board Chair Robert Wergin, MD, recently argued that such action could jeopardize patient safety and would override states' authority to regulate medical and nursing practice. In 29 states, APRNs are required to collaborate with or be supervised by physicians. APRNs currently have independent practice authority in only 21 states plus the District of Columbia. "It is clear that states are divided on this issue of independent authority, and most do not believe it to be in the best interest of their citizens. States that have rejected these proposals have continuously cited concerns for patient safety," Wergin said. For more information, go to <http://www.aafp.org/news/government-medicine/20160715valetter.html>.

## **AAFP Streamlines CME Requirements**

To simplify continuing medical education (CME) requirements for members, the AAFP Board of Directors has approved condensing about one-half of so-called informal CME activities into one category for scholarly activities. Previously, members could claim a maximum number of credits for self-directed individual activities such as published research, clinical research, paper presentations, exhibit presentations, medical writing, peer review, and writing test questions. However, these activities can now be reported simply as scholarly activities and will qualify for AAFP Prescribed credit. Members may claim a maximum of 100 credits in this area per three-year reelection cycle. The AAFP's CME reporting tool has been modified to accommodate this change. For more information, go to <http://www.aafp.org/news/education-professional-development/20160714cmestreamline.html>.

— AFP AND AAFP NEWS STAFF

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