

# AAFP News: *AFP Edition*

## *Policy and Health Issues in the News*

### **AAFP Blasts Decision Granting APRNs Full Practice Authority in VA Facilities**

The American Academy of Family Physicians (AAFP) spoke out against a final rule from the Department of Veterans Affairs (VA) that grants advanced practice registered nurses (APRNs) in VA facilities independent practice authority, saying it will undermine the quality of health care received by veterans. "The AAFP understands the VA's concerns about long wait times for veterans," said AAFP President John Meigs, MD. "However, it's quite clear that in their haste to find a quick and easy solution to a very public problem, the VA has taken a sharp turn in the wrong direction. This regulation is no solution." He noted that the rule effectively supersedes state laws and regulations regarding the authority of nurse practitioners (NPs), and pointed out that most states have steadfastly refused to grant NPs independent practice authority. Meigs vowed that the AAFP would continue to fight for high-quality team-based care built around a health care system that values the expertise and compassion that family physicians bring to their role as team leaders. For more information, go to <http://www.aafp.org/news/government-medicine/20161216vaaprns.html>.

### **National Governors Association Looks to Ease Health Information Interoperability**

The National Governors Association recently released new resources to help states improve the flow of information between physicians and other health care professionals. The group developed its road map resource after interviewing more than 90 state health policy officials, health information organizations, vendors, provider organizations, and payers. It is divided into four sections and begins by supplying background information that describes the current state of health information sharing between health care professionals. The second section highlights steps policymakers can take to evaluate their state's current environment and changes to consider that would increase the flow of data. The third section highlights strategies states have implemented to overcome barriers and encourage the sharing of clinical information. The final section includes supplemental information on how clinical information is currently exchanged between health care professionals and outlines the challenges and opportunities states are encountering as they work toward establishing interoperable exchange of clinical information. For more information, go to <http://www.aafp.org/news/government-medicine/20161215roadmap.html>.

### **AAFP to UnitedHealthcare: Coordinate Patient Care with Physicians**

Emphasizing the need for coordinated care led by a family physician, the AAFP is asking UnitedHealthcare (UHC) to review its policies on intervention by nurses and third parties in patient care. Insurers that have a contract to offer Medicare Advantage plans are rated on how well their plans perform on measures such as health screenings, including whether patients receive an annual wellness visit. This led UHC to send nurses to visit patients without contacting the patient's primary care physician. The nurses are employed by the insurer, however, and not by the physician, which often leads to communication gaps and fragmentation of care. AAFP officials spoke to UHC executives about the issue last September, but later discovered that nurses employed by UHC were visiting Medicare Advantage patients and installing monitoring equipment without informing the patient's physician. The insurance company was not informing physicians that such visits were being made, and it did not communicate about the new equipment. In response, the AAFP wrote a follow-up letter to UHC asking the insurer to review its policy of allowing nurses to deliver care without coordinating those efforts with a primary care physician. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20161223uhccoordination.html>.

### **CMS to Waive PQRS Penalties Related to ICD-10 Update Issues**

Some family physicians will get a pass in 2017 and 2018 when it comes to penalties for failing to meet Physician Quality Reporting System (PQRS) requirements in 2016. The Centers for Medicare and Medicaid Services (CMS) announced it was taking the unusual action because of incomplete updates related to last year's implementation of the *International Classification of Diseases*, 10th revision (ICD-10), code sets. The agency will waive 2017 or 2018 PQRS payment adjustments to physicians or groups that fail to satisfactorily report for 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the fourth quarter of 2016. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170109icd10pqrs.html>.

— *AFP AND AAFP NEWS STAFF*

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