

AAFP News: *AFP Edition*

Policy and Health Issues in the News

VA Offers Funding for Residency Expansion

The Department of Veterans Affairs (VA) must add as many as 1,500 graduate medical education residency positions by 2024, which could be beneficial for family medicine. The Veterans Access, Choice, and Accountability Act of 2014, a response to the VA's health care access issues, directs the VA to increase the number of residency positions with an emphasis on those that improve veterans' access to primary care and mental health services. As of April 12, 2017, nearly 1,000 fully funded permanent positions were still up for grabs. The law states that these positions will go to residency programs that speak up first. The VA pays for nearly 11,000 resident positions in the United States, which makes it the second-largest funder of graduate medical education. However, family medicine is greatly underrepresented; only 124 of those 11,000 positions are family physicians. For more information, go to <http://www.aafp.org/news/education-professional-development/20170412vagme.html>.

Direct Primary Care Model Gains Traction

Direct primary care (DPC) is gaining momentum at the state level as a viable means for physicians to provide primary care to patients at a lower cost than traditional practice models. For years, physicians who wanted to adopt DPC had to battle with insurers and state regulators, but now 18 states have enacted laws that recognize the practice model and make it easier for physicians to implement it. Just this year, Kentucky passed new legislation, and West Virginia and Arkansas revised their statutes regarding DPC. Eight other states have pending legislation. The model has even spread to most of the states that have not passed DPC legislation, leaving only North Dakota, South Dakota, and Iowa with no DPC practices in their borders. The DPC model once was widely treated by states and the federal government as health insurance. However, as a federal bill to address this problem awaits action, many states have moved to exempt DPC practices from unnecessary insurance regulations and to establish rules governing the model, such as restrictions that prohibit these practices from billing insurers for consultations on a traditional fee-for-service basis. About 3% of members of the American Academy of Family Physicians (AAFP) practice in a DPC setting, and the AAFP is cosponsoring a DPC summit in Washington, DC, June 15 to 17. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170421dpcstates.html>.

Study Finds Even Split Between 'Desktop Medicine,' Office Visits

A new study shows that primary care physicians spend 49% of their clinical time on face-to-face visits with patients, and 51% on "desktop medicine," which includes communicating with patients through secure portals, responding to online requests for refills or advice, ordering and reviewing tests, and sending staff messages. The study, which was published in the April 2017 issue of *Health Affairs*, indicated that over the course of a day, the average time spent on face-to-face visits was 3.08 hours compared with 3.17 hours for desktop medicine. Researchers estimated the time split by reviewing the electronic health record usage of 471 primary care physicians in a community health care system. Much of this work is not accounted for in traditional fee-for-service payment, a problem the authors said needs to be addressed by policymakers. The authors cited the Centers for Medicare and Medicaid Services' Comprehensive Primary Care Plus initiative as one model that allows practices to move away from reliance on office visits for payment. This initiative is designed to pay practices a per-beneficiary-per-month care management fee combined with fee-for-service payments. The authors noted that such new payment models are necessary to appropriately pay for critical aspects of patient care that occur outside office visits. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170412desktopmedicine.html>.

Registration Deadline Looming for Practices Participating in MIPS

Some family physicians who are in group practices that participate in the Merit-based Incentive Payment System (MIPS) need to be aware of a registration alert. Physicians whose practice is participating in MIPS and intends to use the Centers for Medicare and Medicaid Services' Web interface and/or plans to administer the Consumer Assessment of Healthcare Providers and Systems patient survey must register before they are able to access the interface or the survey. Registration ends on June 30. No registration is required if a physician is reporting as an individual or if a practice is using another means of reporting. For more information, go to <http://www.aafp.org/news/macra-ready/20170413mipsupdate.html>.

— AFP AND AAFP NEWS STAFF

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