

# AAFP News: *AFP Edition*

## *Policy and Health Issues in the News*

### **Regulation, Competition Needed to Lower Drug Prices, Says Panel**

Health policy experts recently convened at a panel discussion on prescription drug affordability and innovation hosted by the Alliance for Health Policy. Panelist David Mitchell, president and founder of Patients for Affordable Drugs, said Congress could help by giving Medicare the authority to negotiate prices directly with pharmaceutical companies, thereby reducing the secrecy surrounding how much insurers pay for medications. He cited pending legislation that could help, such as the Creating and Restoring Equal Access To Equivalent Samples Act, which would help generic and biosimilar medications enter the market faster by prohibiting companies from blocking access to the large sample quantities that manufacturers of generic medications require for testing. Former U.S. Rep. Henry Waxman, D-Calif., suggested changing federal law to permit states to operate their own formularies for Medicaid drug pricing. Steve Miller, MD, MBA, senior vice president and chief medical officer of Express Scripts, pointed to competition as one solution to the problem of high prices. His company conducted a study that found that transitioning 11 selected drugs to biosimilars that cost 30% less would save \$250 billion. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170802prescriptioncosts.html>.

### **Panel: Opioid Addiction Should Be Treated as an Illness, Not a Crime**

With awareness about the dangers of opioid addiction high among public officials, the next steps to a solution are public acknowledgment that addiction is a disease and securing the resources required to combat it, according to experts who spoke during a recent panel discussion on the opioid epidemic. Legislators, public health officials, and veterans group representatives participated in the panel discussion hosted by Roll Call. Underlying the discussion were the needs to adequately fund Medicaid and to treat drug abuse as a medical problem instead of a crime. Panelists pointed out that many treatment programs are funded by Medicaid, which makes them vulnerable if federal lawmakers cut Medicaid, as recent legislation has proposed. Baltimore Health Commissioner Leana Wen, MD, emphasized the need for a reliable source of funding to cover addiction treatment and called on prescribers to remain aware of their role in addressing the issue. For more information, go to <http://www.aafp.org/news/health-of-the-public/20170725opioidsummit.html>.

### **AAFP Releases Executive Summary of Proposed 2018 Medicare Fee Schedule**

The American Academy of Family Physicians (AAFP) has created a much-abbreviated version of the lengthy proposed 2018 Medicare physician fee schedule released in July. The AAFP's four-page executive summary provides clarification for family physicians on topics of greatest relevance to family medicine. The Centers for Medicare and Medicaid Services included recommendations previously offered by the AAFP and made numerous other suggestions that the AAFP deems favorable because they would significantly reduce the burden of primary care practices participating in Medicare. The summary covers a number of topics, including evaluation and management services, telehealth, and the appropriate use criteria program for advanced diagnostic imaging services. For more information, go to <http://www.aafp.org/news/government-medicine/20170721mpfssummary.html>.

### **Report Takes Broader Look to Show How PCMH Model Touches Practices, Patients**

A new report on elements of the patient-centered medical home (PCMH) model found decreased costs and better results in more mature initiatives and for patients with more complex conditions. Researchers at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care reviewed 45 articles published in 2016 for the report. Seventeen of these studies compared medical home implementation with traditional care, 15 focused on features included in PCMH care delivery, and 13 examined initiatives that enhanced the PCMH model. Studies that included an analysis of costs generally found small savings or no change. Eight reported lower costs, three reported higher costs, and two reported mixed results. In addition, two studies examined efforts to reduce physician burnout, with encouraging results in practices that promote a strong culture of teamwork. Many of the studies the authors reviewed examined practices that had only one or two years of experience with the PCMH model, and gradual changes to the model have demonstrated improvement in the patient experience. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170725pcpcreport.html>.

— AFP AND AAFP NEWS STAFF

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