

Report Finds Primary Care, PCMH Model Key to Improving Health Care Quality

A report published by the Commonwealth Fund Commission on a High Performance Health System estimates that the U.S. health care system could reduce health care costs by \$2 trillion over the next 10 years by adopting policies that utilize primary care and the patient-centered medical home (PCMH) model. Policies range from revising Medicare physician fees and payment updates to instituting medical malpractice reforms that promote patient safety while still providing fair compensation for injury. The report describes U.S. households as “major winners” of the proposal, noting that the policies have the potential not only to provide better care and health outcomes, but also to reduce insurance premiums and out-of-pocket expenses. For more information, go to <http://www.aafp.org/news-now/practice-professional-issues/20130121commonwealthreport.html>.

AAFP to President Obama: Family Medicine Can Play a Role in Curbing Gun Violence

On January 16, 2013, President Barack Obama signed 23 executive orders designed to overhaul the nation’s gun laws. In a January 17 letter to President Obama, American Academy of Family Physicians (AAFP) President Jeffrey Cain, MD, expressed the Academy’s support for the president’s efforts, while noting that gun violence is a complex issue that necessitates the involvement of a wide range of health care professionals, including family physicians. In particular, Dr. Cain praised the president for two executive orders that clarify that the Patient Protection and Affordable Care Act does not prohibit physicians from discussing gun ownership and gun safety with their patients, and that allow the Centers for Disease Control and Prevention to conduct research on the causes and prevention of gun violence. For more information, go to <http://www.aafp.org/news-now/government-medicine/20130121violenceltr.html>.

Study: Breast Cancer Screening in Older Women Expensive, Possibly Ineffective

A study published online in *JAMA Internal Medicine* suggests that a significant amount of money is being paid by Medicare each year for breast cancer screening in older women, despite a lack of evidence that such measures are effective. Researchers at Yale University School of Medicine analyzed Medicare expenditures from 2006 to 2007 for breast cancer screening-related procedures and

treatments in 137,274 women 66 to 100 years of age who had no history of breast cancer. The researchers found that approximately \$410 million was spent by Medicare each year for screening-related procedures on women 75 years and older, despite guidelines from the AAFP and the U.S. Preventive Services Task Force (USPSTF) that indicate there is insufficient evidence to assess the benefits and harms of screening mammography in this age group. For more information, go to <http://www.aafp.org/news-now/health-of-the-public/20130116bcscreeningstudy.html>.

Report: Growth in Health Care Spending Remained Steady in 2011

Health care spending in the United States grew by 3.9 percent in 2011, according to a report from the Centers for Medicare and Medicaid Services’ (CMS) Office of the Actuary, marking the third consecutive year that health care spending grew at the same rate. Total health care spending amounted to \$2.7 trillion, or approximately \$8,680 per person. The report’s authors noted that although health care spending decreased in several areas compared with 2010, such as Medicaid spending and hospital spending, they also saw increases in several categories, including retail prescription drugs, physician and clinical services, Medicare spending, private health insurance, and out-of-pocket expenses. For more information, go to <http://www.aafp.org/news-now/government-medicine/20130109hcspending.html>.

Deadline Looming for Physicians to Dispute e-Prescribing Penalty

In December, CMS began notifying physicians who participate in Medicare that those whom the agency determined as not meeting the requirements for its Electronic Prescribing (eRx) Incentive Program would face a 1.5 percent Medicare pay cut in 2013. Physicians who disagree with the agency’s determination may submit an informal review request. Physicians who request a review should submit their National Provider Identifier number, contact information (including an e-mail address, telephone number, and mailing address), and justification for the review. CMS will accept requests through February 28, 2013. For more information, go to <http://www.aafp.org/news-now/practice-professional-issues/20130109erxpenalty.html>.

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