

Legislation Proposed to Eliminate SGR Formula and Boost Medicare Payments

The Medicare Physician Payment Innovation Act was reintroduced in Congress on February 6, 2013. If enacted, the legislation would immediately eliminate the sustainable growth rate (SGR) formula, which has called for deep cuts in Medicare physician payment rates during the past decade. These reductions have been averted each year by last-minute Congressional action. According to American Academy of Family Physicians President Jeff Cain, MD, repealing the SGR formula would stabilize the payment system and allow physicians to continue to care for Medicare beneficiaries. The bill would leave 2013 Medicare payment levels in place through 2014, and then provide annual updates of 0.5 percent for physician services for the next four years. It also includes a 2.5 percent increase in payments for primary care physicians during the same time period to address the undervaluation of primary care services. Additionally, the legislation calls for the Center for Medicare and Medicaid Innovation to test and evaluate payment models in different geographic areas, and to offer a selection of health care delivery and payment models in which physicians can choose to participate. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130207schwarztbill.html>.

Data Collection for Physician Payments Sunshine Act Begins in August 2013

The Centers for Medicare and Medicaid Services (CMS) has issued a final rule that implements a provision in the health care reform law requiring drug and device manufacturers and group purchasing organizations to report payments or gifts of \$10 or more made to physicians, hospitals, and other providers. Known as the Physician Payments Sunshine Act, the provision mandates the reporting of ownership and investment interests held by physicians or their immediate family members in the entities. Data collection begins August 1, 2013, and all data collected between then and the end of the year must be reported to CMS by March 31, 2014. The agency will publish the initial data on a public website by September 30, 2014. In subsequent years, the agency will post the information annually on June 30. By law, CMS must give physicians at least 45 days to review, dispute, and correct reported information before posting it on the website. For more information and a list of items exempt from the Sunshine Act, visit <http://www.aafp.org/news-now/government-medicine/20130215sunshineactrule.html>.

Practice Facilitators and Care Managers May Enhance Team-Based Care

A team-based approach to primary care can lead to better patient experience, improved patient health, and reduced health care costs, according to an article in the January/February 2013 issue of *Annals of Family Medicine*. The authors note that many small- and medium-sized practices have yet to incorporate practice facilitators and care managers into their teams, which can help ease physician workloads. Practice facilitators typically work with staff to change processes, and to implement quality improvement activities. Facilitators are not involved in direct patient care, and often are external to the practice. Care managers usually are part of the in-house team and coordinate services for patients, especially those with chronic conditions. Payment for facilitation services often comes from federally funded and state-run regional extension centers, as well as from nonprofit organizations, health plans, and health systems. Care managers are paid as practice employees, although in small or rural practices, one care manager may serve multiple practices in the community. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130218teamcareannals.html>.

CDC Provides Infographic on Pertussis

The Centers for Disease Control and Prevention (CDC) has released a new pertussis infographic to help physicians educate patients about pertussis. The infographic shows three steps expectant parents can take to protect infants from pertussis, including that pregnant women receive tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccination during every pregnancy. The United States had more than 41,000 reported cases of pertussis in 2012, the highest number in nearly 60 years. Pertussis can be deadly for infants, with roughly one-half of those who contract it requiring hospitalization. Most pertussis deaths in 2012 occurred among infants younger than three months. Physicians who wish to print the infographic image commercially can request a press-ready file. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20130213wklynewsbrfs.html>.

— AFP AND AAFP NEWS NOW STAFF

For more news, visit **AAFP News Now** at <http://www.aafp.org/news-now>. ■