

## **AAFP Provides Guidance to Congress on Sustainable Growth Rate Formula Overhaul**

The American Academy of Family Physicians (AAFP) is providing guidance to various congressional committees who are seeking ways to repeal and replace the Medicare sustainable growth rate formula. AAFP Board Chair Glen Stream, MD, MBI, sent a letter in June to the House Energy and Commerce Committee that called for strengthening and expanding the role of primary care in the nation's Medicare system. Dr. Stream outlined several recommendations, including the creation of a new category of evaluation and management codes to reflect the complexity of primary care visits, and incentives to encourage adoption of the patient-centered medical home model. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130613sgrefforts.html>.

## **AMA Study Finds Patients Responsible for Nearly One-Fourth of Their Medical Bills**

Patients are responsible for nearly one-fourth of their medical bills, according to a report from the American Medical Association (AMA). The sixth annual National Health Insurer Report Card examined approximately 2.6 million electronic claims for approximately 4.7 million medical services submitted to several of the nation's leading health insurers in February and March 2013. It found that patients' out-of-pocket costs, including copays, deductibles, and coinsurance, amounted to an average of 23.6% of the amount insurers set for paying physicians. In a separate report called the Administrative Burden Index, the AMA estimated that \$12 billion a year could be saved if insurers eliminated unnecessary administrative tasks by using automated systems for processing and paying medical claims. Both reports are available at <http://www.ama-assn.org/go/reportcard>.

## **AAFP to CMS: Transparency Program Should Allow Physicians to Review Payment Reports**

The AAFP has urged the Centers for Medicare and Medicaid Services (CMS) to create an interim review process that would allow physicians to review pertinent data before drug and device manufacturers and group purchasing organizations submit those data to CMS as part of the National Physician Payment Transparency Program's reporting requirements. Under the program, these organizations are required to report payments or gifts of \$10 or more made to physicians, hospitals, and other health care professionals on a yearly basis, and any

ownership and investment interests held by physicians or their immediate family members in these entities. AAFP Board Chair Glen Stream, MD, MBI, emphasized that having a pre-CMS submission review process would allow physicians to review their reports and make corrections before the federal government aggregates the reports across multiple applicable manufacturers. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130611transparencyltr.html>.

## **Policy Brief Examines Trend Toward Team-Based Care in Family Medicine**

Nearly 60% of family physicians routinely work with nurse practitioners, physician assistants, or certified nurse midwives to provide team-based care, a trend that is becoming increasingly important as millions more Americans receive health insurance coverage at the same time that the nation's physician workforce is struggling to keep pace with the demand for health care. These findings were based on an online survey of 5,818 family physicians, and were included in a policy brief that was coauthored by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care and published in the May-June issue of *Journal of the American Board of Family Medicine*. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130618rgcteampolicy.html>.

## **Medical Schools Warned About Discrimination Against Students with Hepatitis B Virus Infection**

The U.S. Departments of Justice, Education, and Health and Human Services recently expressed concern that some medical schools may be making enrollment decisions based on an incorrect understanding of the hepatitis B virus, resulting in discrimination. In a letter to the nation's health-related schools, the groups reiterated the Centers for Disease Control and Prevention's recommendation that persons with chronic hepatitis B virus infection should not be barred from studying or practicing medicine, surgery, or other health professions, and emphasized that the schools are obligated to comply with federal laws prohibiting discrimination. For more information, visit <http://www.hhs.gov/news/press/2013pres/06/20130613a.html>.

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