

AAFP to Congress: Immigration Reform Should Enhance Access to Health Care Services

The American Academy of Family Physicians (AAFP) is concerned that the final version of the Border Security, Economic Opportunity and Immigration Modernization Act could deny immigrants access to health insurance subsidies provided under the Affordable Care Act. In a June 21 letter to Senate Majority Leader Harry Reid (D-Nev.) and Senate Minority Leader Mitch McConnell (R-Ky.), AAFP Board Chair Glen Stream, MD, MBI, urged members of Congress to resist adding provisions that would limit access to necessary health care services, especially primary care and catastrophic care. Dr. Stream also recommended that Congress commission a thorough analysis of current U.S. physician workforce requirements and make subsequent adjustments to education, training, and immigration policy to help the country meet those requirements. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130626immigration-reform-ltr.html>.

Report Finds Mixed Results for Family Physicians in Meaningful Use of EHRs

Recent data from the Centers for Medicare and Medicaid Services show that family physicians participate in the agency's electronic health records (EHR) incentive program at higher rates than physicians in other specialties. The data revealed that 23,636 family physicians became first-time meaningful users of EHRs in 2012, representing a 180% increase from 2011. At the same time, however, the retention rate dropped 21%, from 11,578 meaningful users in 2011 to 9,188 in 2012. Despite the dropoff in retention, Jason Mitchell, MD, director of the AAFP Center for Health Information Technology, said the report shows that family medicine still has the greatest participation in the EHR incentive program, both by percentage and in numbers. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130703mudropoutrate.html>.

Survey Raises Concern Over Physicians' Readiness for ICD-10 Implementation

A survey released by the Medical Group Management Association indicates that many physician practices are lagging behind and are concerned about their readiness for implementation of the International Classification of Diseases, 10th ed. (ICD-10) code set for outpatient diagnosis coding. Researchers surveyed more than 1,200 practices

staffed by approximately 55,000 physicians nationwide. Only 4.8% of responding practices reported that they have made significant progress toward or are completely ready for ICD-10 implementation. The biggest concerns expressed by the practices were the overall costs of converting to ICD-10, changes to clinical documentation, and loss of clinician productivity after implementation. A large number of practices also reported that they had not heard from the major health plans or trading partners with which they contract on plans to test claims systems before implementation. The compliance date for ICD-10 is October 1, 2014. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130701icd-10survey.html>.

More Accountability Needed in GME Funding and Physician Training Outcomes

A new study published in *Academic Medicine* adds to the perception that the U.S. medical education system does not produce enough primary care physicians to support the nation's health care needs, and that a flawed funding system is at least partially responsible. In the study, researchers analyzed data from nearly 9,000 physicians who completed their residencies between 2006 and 2008 to identify their medical specialty choice. Of 759 academic health center institutions in the study, 158 produced no primary care graduates, and 283 produced no physicians who practiced in clinics designated as federally qualified health centers or rural health clinics. Among teaching hospitals, the researchers found that the 20 institutions that produced the most primary care physicians received significantly less in Medicare graduate medical education (GME) payments (\$292 million) than the 20 institutions that produced the fewest primary care physicians (\$842 million). Study co-author Andrew Bazemore, MD, MPH, director of the Robert Graham Center for Policy Studies in Family Medicine and Primary Care, said the results highlight the challenges of producing sufficient numbers of primary care physicians and other health care professionals to work in rural and urban underserved areas. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20130626gme-study.html>.

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