

## **Proposed 2014 Medicare Fee Schedule Could Increase Payments for Primary Care**

The proposed 2014 Medicare physician schedule adjusts misvalued codes and proposes two new complex management codes for primary care that could help create a more equitable payment system. By adjusting misvalued codes, payment rates for evaluation and management services could increase by as much as 3%, resulting in an estimated 1% overall payment increase for family physicians, according to American Academy of Family Physicians (AAFP) President Jeff Cain, MD. Any increase for primary care, however, is threatened by the sustainable growth rate formula, which currently calls for a 24.4% reduction in the Medicare physician payment rate beginning January 1, 2014. An AAFP analysis estimates that the reduction, if enacted, would cost the average family physician more than \$89,000 in revenues next year. The AAFP plans to submit comments about the proposed Medicare schedule to the Centers for Medicare and Medicaid Services (CMS) before the agency's September 6 deadline. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130710feeschedule2014.html>.

## **Compensation for Family Physicians on the Rise**

Greater demand for primary care physicians helped fuel a larger-than-average increase in the median compensation for family physicians in 2012, according to a recent survey. MGMA Health Care Consulting Group found that the median first-year guaranteed compensation for family physicians who do not practice obstetrics was \$170,000 in 2012—an increase of \$7,000 from 2011, compared with a \$5,000 increase for all primary care physicians. These increases reflect a growing shortage of (and rising demand for) primary care physicians, especially in the hospital setting. As more Americans receive health care coverage through the Affordable Care Act, the demand and competition for primary care physicians is expected to become even greater, which could lead to bonuses and other forms of compensation. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130709mgmacompensation.html>.

## **CMS Tracks Effects of EHRs on U.S. Health Care**

More U.S. hospitals and physicians are using electronic health records (EHRs) to improve patient health, according to data from CMS. Since the implementation of the Medicare and Medicaid EHR Incentive Programs in

2011, more than 190 million electronic prescriptions have been sent, 4.6 million patients have received an electronic copy of their health information, and 4.3 million patient care summaries have been shared with other health care professionals when patients moved to different health care settings. Although the numbers appear impressive, Jason Mitchell, MD, director of AAFP's Center for Health Information Technology, cautioned that CMS needs to gather additional data to measure the true effect of EHRs on health care. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130717muattestation.html>.

## **Studies Examine How to Improve Shared Decision-Making for PSA Screening**

Several studies in the July/August issue of *Annals of Internal Medicine* examined the shared decision-making process that occurs between physicians and patients, focusing on the practice of prostate-specific antigen (PSA) screening in U.S. men 50 years and older. In one study, researchers found that patients who received physician education and other educational interventions were more likely to discuss PSA screening with their physicians than patients who received only informational brochures. A related study analyzed transcripts of patient-physician encounters. Among the findings, most physicians did not explicitly involve patients in shared decision-making about PSA screening, only about 25% asked if the patient understood the information presented, and only 13% asked whether the patient had any questions. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20130717psascreenstudies.html>.

## **New Mobile App Helps Physicians Track Payments for Sunshine Act Reporting**

CMS has created a free app for mobile devices to help physicians track payments and gifts received from drug and device manufacturers that must now be reported under the National Physician Transparency Program. The app, Open Payments, lets physicians track payments, gifts, and other financial arrangements in real time, which helps them validate reports submitted by manufacturers. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20130717wklynewsbrfs.html#CMS>.

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