

Report Highlights Role of Health IT in Managing Patient Population Health

The United States should move away from health care that focuses on the needs of individual patients and work toward a population-based model, according to a recent report from the Patient-Centered Primary Care Collaborative. The authors of the report, “Managing Populations, Maximizing Technology: Population Health Management in the Medical Neighborhood,” note that a population health approach, in which stakeholders calculate the health outcomes of a group of individuals, requires collaboration among patients, physicians, insurance companies, the government, the private sector, and local communities. The model combines individual patient-centered medical home practices and resources in a medical neighborhood that connects physician practices to hospitals, home health agencies, mental health agencies, and community organizations that encourage healthy lifestyles and safe environments. Health information technology (IT) anchors the system by offering a structure to help primary care practices within and throughout the medical neighborhood provide better access to care, communicate more effectively, and work together as teams. The report recommends several health IT tools and strategies that can help achieve population health management in the medical neighborhood. For more information, go to <http://www.aafp.org/news-now/practice-professional-issues/20131106popmodel.html>.

Study Highlights Pay Disparities for Cognitive vs. Procedural Care

Physicians who perform procedural care, such as screening colonoscopy and cataract extractions, are reimbursed by Medicare at a rate that is several hundred times that of cognitive care, according to a study published in the October 14, 2013, issue of *JAMA Internal Medicine*. Researchers found that Medicare reimburses physicians for procedural care at 368% (screening colonoscopy) and 486% (cataract extraction) of the rate of cognitive care. “An ophthalmologist will receive more revenue from Medicare for four cataract extractions, typically requiring one to two hours of time, than a [primary care physician] will receive for an entire day of delivering complex care for chronic illness,” the authors wrote. The variance in pay undermines efforts to attract medical students to primary care, a situation that has serious implications for the future of U.S. health care. For more information, go to <http://www.aafp.org/news-now/practice-professional-issues/20131030paydisparitystudy.html>.

Physician Organizations Accuse CMS of Overreach in Sunshine Act Regulation

Dozens of national and state physician organizations, including the American Academy of Family Physicians, are calling on U.S. Department of Health and Human Services Secretary Kathleen Sebelius to reverse a key component of the Physician Payments Sunshine Act. In an October 28 letter, the groups urged Sebelius to reverse the ruling that medical textbooks, reprints of peer-reviewed journal articles, and abstracts of such articles are subject to reporting requirements because they are not written for patients, intended for patient consumption, or directly beneficial to patients. The letter stated that the decision by the Centers for Medicare and Medicaid Services (CMS) is “contrary to both the statute and congressional intent and will potentially harm patient care by impeding ongoing efforts to improve the quality of care through timely medical education.” The groups argued that up-to-date, peer-reviewed medical information builds good medical care and that peer-reviewed articles and medical texts are essential for physicians to stay abreast of developments in patient care. For more information, go to <http://www.aafp.org/news-now/government-medicine/20131101sunshineltr.html>.

NIH and CDC Create Registry for Sudden Death in the Young

The National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) have created a registry of deaths in young persons caused by conditions such as heart disease and epilepsy. The Sudden Death in the Young Registry is intended to help researchers define the scope of the problem and set future research priorities. Currently, cases of sudden cardiac death or sudden unexpected death in persons with epilepsy are not routinely reported, and no common standards for reporting exist. The registry is an expansion of the CDC’s Sudden Unexpected Infant Death Case Registry, which tracks sudden unexpected deaths in infants in nine states. State public health agencies will be able to apply to participate in the registry in 2014. For more information, go to <http://www.nhlbi.nih.gov/news/press-releases/2013/nih-and-cdc-launch-registry-for-sudden-death-in-the-young.html>.

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