



# AAFP News: AFP Edition

*Policy and Health Issues in the News*

## Release of CMS Information Opens Physicians' Finances to Public Scrutiny

The Centers for Medicare and Medicaid Services (CMS) recently announced that it had made public data that contain financial information—including billing and Medicare payment details—for approximately 880,000 physicians who were paid about \$77 billion in 2012 for services provided to patients as part of the Medicare Part B fee-for-service program. Kathleen Sebelius, then Secretary of the U.S. Department of Health and Human Services, characterized the data release as a way of providing transparency to consumers about the medical services physicians provide and how much physicians are paid for those services. American Academy of Family Physicians (AAFP) President Reid Blackwelder, MD, responded with a message some family physicians may not have considered. He said that although some family physicians may be concerned about the release of the information, the AAFP expects to use the data to highlight payment inequities between family physicians and other medical specialties. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20140411cmsdatadump.html>.

## National Research Trials to Focus on Resident Duty Hour Rules

The Accreditation Council for Graduate Medical Education (ACGME) recently alerted the graduate medical education community to the startup of two national multicenter trials aimed at studying the effects of the ACGME's 2011 resident duty hour regulations. The ACGME granted two groups of investigators a waiver of certain duty hour standards to conduct the research. The Comparative Effectiveness of Models Optimizing Patient Safety and Resident Education trial is a randomized crossover study that will involve 40 to 50 internal medicine residency programs and run through June 2017, with data analysis expected to be completed in 2019. Data collection for the surgical residents study, the Flexibility In Duty Hour Requirements for Surgical Trainees trial, will begin on July 1, 2014, and the active period of the study is expected to end in October 2015. Data analysis will continue into 2016. Although family medicine programs are not included in the trials, Thomas Nasca, MD, chief executive officer of the ACGME, said the results "will have a degree of validity across other specialties." For more information, go to <http://www.aafp.org/news/education-professional-development/20140415dutyhourstudy.html>.

## AAFP to FTC: Anticompetitive Practices in Health Care Threaten Family Physicians

Consolidation among health care institutions is reducing competition nationally, and the independence of many family physician practices is being threatened, according to a letter that the AAFP recently sent to the Federal Trade Commission (FTC). The letter addresses three main topics—public safety, hospital mergers, and insurance consolidation—and asks the FTC to be more vigilant about controlling the growing influence of large hospitals and insurance companies. The AAFP is concerned that competition and consolidation are taking precedence over patient safety and choice. It says that in some markets, a single insurance company can wield tremendous power, and that company's dominance could force physicians to join its network. In addition, large hospital systems are expanding by merging with smaller health systems or buying small physician practices. Both developments are limiting the ability of family physicians to practice, according to the AAFP. The Academy is asking the FTC to devote resources to ensure that such anticompetitive practices are reduced so patients have options regarding choice of physicians and medical facilities. For more information, go to <http://www.aafp.org/news/government-medicine/20140409ftcanticompltr.html>.

## Study Finds Modest Changes Lead to Better Quality, Lower Health Care Costs

Small improvements in continuity of care reap big rewards in terms of lowering cost and improving care quality, according to new research published in *JAMA Internal Medicine*. Researchers looked at insurance claims data from 2008 to 2009 for a sample of 241,722 Medicare patients who experienced a 12-month episode of care for three chronic conditions: congestive heart failure, chronic obstructive pulmonary disease, or type 2 diabetes mellitus. They found that a 0.1-unit increase in an index measuring continuity of care was associated with 4.7% lower costs for management of congestive heart failure, 6.3% lower costs for chronic obstructive pulmonary disease, and 5.1% lower costs for diabetes. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20140408continuityofcare.html>.

— AFP AND AAFP NEWS STAFF

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