
AAFP News: *AFP* Edition

Policy and Health Issues in the News

Proposed Bill Would Help Physicians Reenter Workforce After Time Away

A House bill designed to put a dent in the nation's growing physician shortage would help primary care physicians return to clinical practice after a stint away from patient care. The Primary Care Physician Reentry Act (H.R. 5498) is aimed at developing programs to help persons trained in primary care or primary health care services who seek to reenter clinical practice. The project would be funded through grants distributed to individual states, hospitals, academic medical centers, medical schools, and teaching health centers. Funds would be used to train physicians to reenter practice, pay credentialing fees, cover salaries of reentering physicians, and provide loan repayment assistance. Reentering physicians would be required to provide primary health care services at a health center in a medically underserved area, a Veterans Administration medical center, or a school-based health center for at least two years. For more information, go to <http://www.aafp.org/news/education-professional-development/20141001physre-entry.html>.

AAFP, Other Organizations Warn HHS: Meaningful Use Program Is in Jeopardy

Several national physician organizations say that an attempt by the U.S. Department of Health and Human Services (HHS) to give physicians more flexibility in certification of electronic health records (EHRs) failed to address the challenges related to interoperability and usability of EHRs. The groups are calling for the agency to reset national health information technology (IT) priorities. The American Academy of Family Physicians (AAFP), the American Medical Association, and six other national physician and health care organizations recently sent a letter to HHS Secretary Sylvia Burwell urging the agency to change course to keep the federal meaningful use program on track. The letter said that changes must be made to the program, and that HHS must redirect its attention to making EHR systems interoperable. The letter noted that less than 14% of physicians are able to electronically transmit health information outside of their organizations, and that many of the problems can be tied to regulations made with little thought to the consequences they would have on physicians and the health IT marketplace. For more information, go to <http://www.aafp.org/news/government-medicine/20141020healthitsignonltr.html>.

CMS Initiative Counts on Health IT to Enhance Care Quality, Coordination

The Centers for Medicare and Medicaid Services (CMS) recently launched a program that may help family physicians and other health care professionals in rural and other medically underserved communities take better care of their patients. The ACO Investment Model will provide about \$114 million to as many as 75 accountable care organizations (ACOs) throughout the United States. The aim of the program is to ensure that physicians in medically underserved communities have access to enhanced care coordination through the use of health IT and participation in ACOs. CMS' Center for Medicare and Medicaid Innovation will oversee the initiative; participants will focus on beefing up infrastructure and redesigning health care processes so that ACOs can improve the quality of care. The end goal, according to CMS, is to increase the number of Medicare patients who experience the benefits of Medicare ACOs regardless of where they live. For more information, go to <http://www.aafp.org/news/government-medicine/20141104acoinvestmodel.html>.

Give Pay-for-Performance a Chance to Succeed, Panelists Urge

Even as some physician pay-for-performance plans have struggled to succeed, a group of experts says that more effort should be devoted to making the concept work before consigning it to failure. Panelists at a recent Alliance for Health Reform briefing noted that any movement away from a payment method that rewards volume over value involves a slippery slope because improved quality often requires more of a physician's time, which may not be tied to financial or other tangible incentives. Some panelists said effective pay-for-performance initiatives could include incentives other than financial rewards, as well as multiple smaller incentives in place of one larger reward. Another difficulty with performance measures is they do not always account for physicians who work in hospitals or other large medical facilities where they have only minimal authority. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20141016p4p.html>.

— AFP AND AAFP NEWS STAFF

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