
 **AAFP News: AAFP Edition**

Policy and Health Issues in the News

AAFP Reiterates Warning to CMS About Provider Network Inadequacy

As the Centers for Medicare and Medicaid Services (CMS) prepares to instruct health insurers about policies for operating on the federally facilitated exchanges in 2016, the American Academy of Family Physicians (AAFP) has again alerted the agency to its concerns about patient access to care in the provider networks offered by these insurers' health plans. In the past two years, several insurers have chosen to reduce the number of physicians included in some of their plans' provider networks without explaining why the physicians were dropped. As a result, many patients have had to find new physicians on short notice. According to AAFP Board Chair Reid Blackwelder, MD, this practice disrupts the continuity of health care and can impede timely access to primary care. Insurers participating in the federal exchanges are required to submit detailed reports on the physicians, health care facilities, and pharmacies included in their health plans for a particular coverage area. CMS plans to review each health plan's provider network, focusing on areas with a history of concerns about provider adequacy. If the agency determines that an insurer's provider network is inadequate, it will ask the insurer to include more providers in that area or present an explanation regarding how it will offer reasonable access to patients. For more information, go to <http://www.aafp.org/news/government-medicine/20150114cms-naicnarrowltrs.html>.

MedPAC Recommends Higher Pay for Primary Care Physicians

Members of the Medicare Payment Advisory Commission (MedPAC) voted recently to forestall a 10% pay cut for primary care physicians who treat Medicare patients that is slated to take effect in January 2016. Rather than allowing a primary care bonus payment to expire at year's end, the commissioners are recommending a budget-neutral way to continue the payment. Commission members voted unanimously in favor of a per-beneficiary payment that would be offset by a 1.4% payment reduction to 75% of other physician services in the Medicare physician fee schedule. The recommendation will be included in MedPAC's report to Congress next month. For years, MedPAC commissioners have sought to rebalance the Medicare fee schedule, pointing out that primary care services have long been undervalued compared with subspecialty care services. The per-beneficiary payment will be available

only to physicians who practice family medicine, general internal medicine, general pediatrics, or geriatrics. The increased payments will be made for specific evaluation and management services provided during office visits, patient visits in a long-term care facility, and home visits. Hospital visits are excluded. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150119medpacfinalrec.html>.

Physicians Foundation's 2015 Watch List Includes Consolidation, ICD-10

The Physicians Foundation, a not-for-profit organization that advances the work of physicians in practice, has released the 2015 version of its biennial Physician Watch List. The five areas most likely to affect physicians and patients this year include consolidation among hospitals and health systems; one-on-one time with patients; the upcoming *International Classification of Diseases*, 10th revision (ICD-10) code set for outpatient diagnostic coding; patient access to physicians; and lack of transparency about the cost of medical care, including the difference in the cost of care provided in hospitals vs. medical practices. The list is based on data from the foundation's survey of 20,000 physicians. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150114physfdtnwatchlist.html>.

New Resource Helps Physicians Discuss Weight with Patients

The American Society of Bariatric Physicians has released an updated version of its obesity algorithm to help health care professionals navigate discussions about weight with patients who are obese. The free resource has undergone significant revisions for 2015 and includes more evidence-based information about medical obesity treatment. It offers an overview of principles to consider when evaluating patients and implementing personalized treatment plans, and includes options for nutrition strategies, exercise prescription, behavior modification, weight-management medications, and discussion of surgical options. In addition to weight loss, the algorithm emphasizes optimizing health, decreasing disease risk, and improving overall quality of life. For more information, go to <http://www.asbp.org/obesityalgorithm.html>.

— AAFP AND AAFP NEWS STAFF

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