



AAFP News: *AFP* Edition

Policy and Health Issues in the News

CMS to Revise Meaningful Use in 2015

The Centers for Medicare and Medicaid Services (CMS) recently announced that it will make its Medicare and Medicaid Electronic Health Records (EHR) Incentive programs for 2015 easier for physicians. The changes would help to reduce the reporting burden on physicians while supporting the long-term goals of the program, according to a blog post by Patrick Conway, MD, CMS deputy administrator for innovation. He said changes under consideration include reducing the program's complexity and shortening the EHR reporting period in 2015 from a full year to just 90 days. The new rule, which is expected to be released in early 2015, would address concerns about software implementation, information exchange readiness, and other related concerns, Conway said. He stressed that the work outlined in the blog post is unrelated to the pending release of a meaningful use stage three rule in March 2015, which will apply to the meaningful use of EHRs in 2017 and beyond. For more information, go to <http://www.aafp.org/news/government-medicine/20150203cmsmuredo.html>.

HHS Lays Out Path to Move Away From Fee-for-Service Medicare Payment

The U.S. Department of Health and Human Services (HHS) is accelerating the pace of change in Medicare physician payment by setting new goals and deadlines for alternative payment models that reward health care professionals for performance instead of volume. Overall, one-half of Medicare fee-for-service payments should change to the new models before 2019, according to goals that were laid out during a roundtable discussion the agency hosted in January. HHS Secretary Sylvia Burwell announced a detailed timeline for moving toward payment models that encourage care coordination, a concept she termed "volume to value." HHS wants to convert 30% of Medicare fee-for-service payments to alternative payment models such as accountable care organizations, patient-centered medical homes, or bundled payment arrangements by the end of 2016. By the end of 2018, the agency's goal is that 50% of payments will be tied to such models. HHS also hopes to tie 85% of all traditional Medicare payments to quality or value measurements by 2016 and 90% by 2018. For more information, go to <http://www.aafp.org/news/government-medicine/20150204hhspayment.html>.

Studies Point to Recent Slowdown in Opioid Abuse, but Work Remains

A dearth of research has left physicians in the lurch when it comes to finding guidance on the best approaches to treating various types of pain, according to a recent report. The National Institutes of Health Pathways to Prevention final report, which was published online January 13, 2015, in *Annals of Internal Medicine*, found that further studies are needed to better support physicians in using opioids to treat patients with chronic pain. Another study published January 15, 2015, in the *New England Journal of Medicine* found that although opioid prescriptions and abuse of the drugs skyrocketed from 2002 to 2011, a comprehensive effort to curb the problem nationally seems to have slowed the deadly trend. Data from the Centers for Disease Control and Prevention show that deaths from painkillers have been stable since 2012, but mortality from heroin use has increased for the third consecutive year, up 39% since 2012. For more information, go to <http://www.aafp.org/news/health-of-the-public/20150128nihopioidstudy.html>.

AAFP Warns That EHR Certification Methods Fail Physicians, Patients

Many of America's physicians are unhappy with the performance of their EHR systems, and the medical organizations that support those physicians recently expressed growing concern about the federal EHR certification process. In a letter to Karen DeSalvo, MD, MPH, director of the Office of the National Coordinator for Health Information Technology, the American Academy of Family Physicians (AAFP) and other medical groups noted that members often described their EHR systems as cumbersome and unable to meet workflow needs. Rather than making their jobs easier, physicians reported that EHRs decrease efficiency and have limited, if any, interoperability. The letter, which was signed by 41 organizations representing hundreds of thousands of physicians nationwide, urged the agency to consider several changes to the current EHR certification process. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150127EHRcert.html>.

— AFP AND AAFP NEWS STAFF

For more news, visit AAFP News at <http://www.aafp.org/news.html>. ■