AAFP News: *AFP* Edition

Policy and Health Issues in the News

Proposed Rules Released on Meaningful Use, 2015 Edition Certification Criteria

The U.S. Department of Health and Human Services and the Office of the National Coordinator for Health Information Technology have released a long-awaited rule on stage 3 of their meaningful use programs. The proposal fulfills the government's intention to make participation in its Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs easier for physicians. The agencies have also released a companion rule aimed at improving the 2015 Edition Health Information Technology Certification Criteria. This proposal addresses suggested certification criteria and standards as well as implementation specifications for certified EHR technology. The combined rules are intended to give physicians and other eligible health care professionals increased flexibility as they maneuver the programs. The stage 3 proposed rule would establish a single reporting period based on the calendar year; give physicians the option of beginning stage 3 in 2017 or 2018; simplify meaningful use objectives, measures, and reporting requirements by allowing flexibility with measures related to health information exchange, consumer engagement, and public health reporting; reduce the overall number of objectives; remove redundant measures and those that have been widely adopted; and align clinical quality measure reporting with other programs. For more information, go to http://www.aafp.org/news/government-medicine/20150323mu3.html.

Change Doubles Number of Veterans Eligible to Receive Care Outside VA

About twice as many military veterans will be eligible to see a physician who is not affiliated with the Department of Veterans Affairs (VA) under a new standard for measuring the distance from a veteran's home to the nearest VA facility. The VA will begin using actual driving distance rather than an "as the crow flies" straight-line measurement. Veterans who face a waiting time longer than 30 days or who live at least 40 miles from the nearest VA facility may seek care outside the VA. Those stipulations were critical components of the Veterans Access, Choice and Accountability Act of 2014, which was signed into law in August 2014. The change will become official through regulatory action in the coming weeks. It is expected to double the number of veterans who are eligible for care outside VA facilities. For more information, go to http://www.aafp.org/news/government-medicine/20150325varule.html.

MedPAC Urges Congress to Increase Payments to Primary Care Physicians

The Medicare Payment Advisory Commission (MedPAC), which regularly calls for greater payment equity for primary care vs. subspecialty services, recently issued its latest call for payment reform. MedPAC's March report to Congress contains several proposals that would boost primary care payments. The report's major primary care recommendations focus on increasing Medicare payments and achieving parity with subspecialist care payment, including support for continuing a primary care incentive payment. The Primary Care Incentive Payment program currently provides a 10% bonus payment for specified primary care services delivered by eligible primary care professionals. The program is scheduled to expire at the end of 2015, and the commission called on Congress to replace it with a per-beneficiary payment if lawmakers choose not to extend it. For more information, go to http://www.aafp.org/news/government-medicine/20150323medpac.html.

AAMC Road Map Seeks to Update, Strengthen U.S. GME System

The Association of American Medical Colleges (AAMC) recently announced a five-year road map aimed at strengthening the U.S. graduate medical education (GME) system. The plan lays out three broad strategic areas: investing in future physicians; optimizing the environment for learning, care, and discovery; and preparing physicians for the 21st century. In its report, the AAMC noted that the country faces a physician shortage that is expected to accelerate as the population grows, diversifies, and ages, but that federal support for GME has largely been frozen since 1997. Among the proposals is a plan to help alleviate funding issues by refining the metrics of accountability and providing a clear accounting of physician training costs and what is covered—and not covered—by Medicare GME dollars. The plan would also align resident training positions with population needs and student desires, and work to ensure public funding of GME by building a body of evidence that shows that GME is a win for all. For more information, go to http://www.aafp.org/news/education-professional-development/20150316aamcroadmap.html.

— *AFP* AND AAFP NEWS STAFF

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