AAFP News: *AFP* Edition

Policy and Health Issues in the News

AAFP Challenges Payment Inequities in Primary Care, Oncology Initiatives

The American Academy of Family Physicians (AAFP) recently took the Centers for Medicare and Medicaid Services (CMS) to task for introducing serious payment inequities between two payment model initiatives with similar practice requirements. In an April 2, 2015, letter to CMS Acting Administrator Andy Slavitt, the AAFP questioned CMS' rationale in offering a $160 per-beneficiary, per-month payment to practices that participate in a new oncology care model when primary care practices receive payments that range from $8 to $40 for their work in the Comprehensive Primary Care (CPC) initiative. The oncology payment will remain constant for the duration of the five-year program, whereas payments to primary care practices in the CPC initiative are set to decrease to an average of $15 in the program's third and fourth years. "The significant, glaring discrepancy between the two programs' … payments is of great concern to the AAFP," said AAFP Board Chair Reid Blackwelder, MD. The AAFP realizes that patients with cancer require significant resources, but is nonetheless "alarmed" at the differences in payment given that both initiatives require significant practice transformation, said Blackwelder. For more information, go to http://www.aafp.org/news/government-medicine/20150407oncologypay.html.

HHS Lays Out Multifaceted Plan to Combat Opioid Abuse

The Department of Health and Human Services (HHS) has started a targeted initiative to reduce prescription opioid- and heroin-related overdoses, deaths, and dependence. President Obama's fiscal year 2016 budget request includes $133 million in new funding to address this critical issue, according to HHS. The effort focuses on three priority areas: (1) providing training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions; (2) increasing the use of naloxone, as well as continuing to support the development and distribution of the drug, to help reduce the number of deaths associated with prescription opioid and heroin overdose; and (3) expanding the use of medication-assisted treatment, which combines the use of medication with counseling and behavioral therapies to treat substance use disorders. For more information, go to http://www.aafp.org/news/health-of-the-public/20150408hhsopioids.html.

Time Running Out for Physicians to Review Open Payments Data

The clock is ticking on the 2015 version of the 45-day review and dispute timeline of CMS' Open Payments program. Physicians have until May 21 to review financial information reported about them by drug and device manufacturers and group purchasing organizations, and, if needed, to dispute inaccurate data before it is published on June 30. According to CMS, after the review and dispute period ends, physicians can continue to register and initiate disputes, but resolutions will not be publicly displayed until the next reporting cycle. This is the second reporting cycle for the Open Payments program and covers payments made in 2014. Last year, CMS published information on 4.45 million payments valued at $3.7 billion, and those payments were made in just the final five months of 2013. To participate in the voluntary review and dispute process in 2015, physicians and teaching hospitals must register in both the CMS Enterprise Identity Management and Open Payments systems. For more information, go to http://www.aafp.org/news/practice-professional-issues/20150403openpayment.html.

MedPAC Tackles Complex Issue of Low-Value Medical Services

Although cancer screenings and diagnostic imaging are essential tools for physicians, they are overused, making up the highest percentage of low-value care services, according to research from the Medicare Payment Advisory Commission (MedPAC). Low-value services are defined as procedures that carry little or no clinical benefit, and those for which the risk of patient harm outweighs the potential benefit. Services that are considered low value include imaging for low back pain, colon cancer screening for older patients, and magnetic resonance imaging or computed tomography for uncomplicated headache. According to MedPAC, low-value services cost Medicare an estimated $5.8 billion in 2012. Imaging studies and cancer screenings accounted for 70% of the total volume of low-value services. Most of the spending on low-value care went to cardiovascular testing and procedures. For more information, go to http://www.aafp.org/news/practice-professional-issues/20150407lowvalue.html.

— *AFP* AND AAFP NEWS STAFF

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