



# AAFP News: AFP Edition

*Policy and Health Issues in the News*

## Researchers Examine Whether ACO Payment Is Worth the Effort

Accountable care organizations (ACOs) may not be worth the time and effort it takes for physicians to join one, according to new research examining how physicians in primary care practices are paid. The study, which was published in the July/August 2015 issue of *Annals of Family Medicine*, was based on data from 632 primary care practices obtained through the National Survey of Physician Organizations. Researchers measured how physicians were paid in ACO-participating practices, as well as in practices not affiliated with an ACO. They found that physicians in ACOs and in non-ACO practices—both with no substantial risks for costs associated with primary care—received nearly 50% of their compensation from salary and slightly less for productivity. Physicians in non-ACO practices that carried substantial risk received two-thirds of their compensation from salary and about one-third from productivity, leading researchers to conclude that ACOs need to recalibrate their incentives and pass more money along to physicians. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150812acopayment.html>.

## Study Finds That Process Matters in Care Delivery to Vulnerable Patients

New research highlights how the process of primary care delivery affects patients and primary care clinic staff members. The study, which was published in the July/August 2015 issue of *Annals of Family Medicine*, shows that low-income patients with multiple health issues and staff members at primary care clinics where those patients receive care have something in common. Neither group is entirely satisfied with the process of clinical encounters, beginning with the patient's first phone call to make an appointment. The authors noted that patient experience has become increasingly important in assessments of primary care quality. However, patient-experience surveys have been offered almost exclusively to Medicare and privately insured patients, "leaving the voices of patients in the lowest socioeconomic status underrepresented," the authors said. They concluded that improving information flow, aligning goals and expectations, and developing personal relationships could improve the experience of both patients and staff. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150807patientsstaff.html>.

## Health Plan Accreditation Standards Emphasize Better Patient Access to Care

The National Committee for Quality Assurance (NCQA) recently reported that it has reinforced its 2016 accreditation standards for health insurance plans to better ensure patient access. The 2016 standards include a network management section designed to more closely scrutinize a plan's network and give special attention to high-volume and high-impact specialties such as primary care. In addition, the updated standards require health plans to assess the accuracy of their provider directories to ensure that listed physicians are accepting new patients. The enhanced 2016 standards also seek to ensure that patients receive the right care at the right time. The NCQA instituted new utilization management standards that require health plans to notify patients of their appeal rights. Plans are also required to make timely decisions about coverage of care and provide patients with accurate reasons when claims are denied. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150820narrownetworks.html>.

## Proposed Bill Would Increase Federal Support for Family Caregivers

Federal legislators are pushing to allocate public resources to support the growing number of Americans who care for ill or infirm family members. In 2013, about 40 million family caregivers provided unpaid care valued at about \$470 billion to adults who needed help with daily activities. That amount represents more than was spent on Medicaid for that year. The number of caregivers is expected to double by 2050. A House bill introduced this summer—the Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act—calls for the creation of an advisory body that would help the Department of Health and Human Services develop a strategy that supports family caregivers. The advisory commission would include representatives from federal agencies and the private sector. The American Academy of Family Physicians and several other organizations have expressed support for the bill. For more information, go to <http://www.aafp.org/news/government-medicine/20150813caregiverbill.html>.

— AFP AND AAFP NEWS STAFF

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