
AAFP News: *AFP* Edition

Policy and Health Issues in the News

Survey: One in Three Family Physicians Is Pursuing Value-Based Payment

Preparing for a health care delivery system that revolves around value-based payment is a priority for many family physicians, according to a survey in which one-third of respondents said they are already pursuing such models. The American Academy of Family Physicians (AAFP) and health insurer Humana hosted a congressional briefing last month to highlight findings from the survey. The briefing centered on findings from a value-based payment readiness survey in which 626 family physicians participated. The survey was designed to evaluate how prepared America's family physicians are for implementing value-based payment models. One of the most significant findings is that 33% of respondents are already pursuing value-based payment opportunities. Furthermore, 19% are developing value-based capabilities but are still evaluating whether the models are worth pursuing, 15% are focusing on optimizing fee-for-service payment, and 25% do not know about or are unsure of their value-based payment strategy. Less than one-half of respondents said pay-for-performance programs are available in their area. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20151202vbpsurvey.html>.

AMA Aims to Combat Antibiotic Resistance

The American Medical Association (AMA) recently adopted a policy to help combat the spread of antibiotic-resistant bacteria in health care facilities. The policy encourages improved surveillance of antimicrobial resistance, supports implementation of antibiotic stewardship programs across the spectrum of care, and renews existing support for incentivizing antibiotic development. According to the Centers for Disease Control and Prevention, at least 2 million persons in the United States acquire serious bacterial infections that are resistant to antibiotics each year, and at least 23,000 die as a result. The AMA policy supports adequate funding for public health and veterinary health agencies to improve surveillance of antimicrobial resistance and antibiotic use, which aligns with the National Action Plan for Combating Antibiotic Resistant Bacteria. According to an AMA report, improved surveillance will help identify where antibiotic-resistant infections originate and how resistant bacteria are being transmitted. For more information, go to <http://www.ama-assn.org/ama/pub/news/news/2015/2015-11-16-combat-antibiotic-resistance.page>.

Heads Up: CMS Contractor May Call in 2016

Family physicians who care for patients covered by Medicare Advantage plans may receive a phone call this year from a Centers for Medicare and Medicaid Services (CMS) contractor to verify their practice's information. CMS has contracted with business management consultant Booz Allen Hamilton to assist in the monitoring effort. This effort will be nationwide, and the number of calls will vary. The estimated length of the phone call is less than five minutes. The contractor will not request sensitive information; all information verified in this effort is in the public domain. If there is any question about the authenticity of the calls, the caller must provide proof that it is a legitimate call on CMS's behalf. For more information, go to <http://www.aafp.org/news/government-medicine/20151201directorycalls.html>.

AAFP Urges Streamlining of MU Program

The AAFP knows that family physicians are frustrated with meaningful use (MU) regulations and electronic health record (EHR) systems that do not help them take care of their patients. Thus, the AAFP wasted no time in evaluating and responding to CMS' final rule on EHR incentive programs and stage 3 of MU regulations published in the October 16, 2015, *Federal Register*. In a letter to U.S. Department of Health and Human Services Secretary Sylvia Burwell, AAFP Board Chair Robert Wergin, MD, said the AAFP shares the agency's desire to achieve practice and payment transformation and to move the health care system toward the "triple aim": improved care, better health, and lower health care costs. However, he expressed concern that the final rule fell short of expectations and placed "further obstacles in the path to this goal." Wergin cited a 27% decrease in physician satisfaction with their EHRs since the launch of the MU program, and pointed to CMS' own data as evidence of declining participation in a program that experienced a serious backslide in growth (-11%) from 2013 to 2014. "These statistics, and the palpable frustration in the (eligible professional) community, point to a program in crisis," he said. Wergin called on the agency to transform the entire program rather than merely tweak stage 3 requirements. For more information, go to <http://www.aafp.org/news/government-medicine/20151202mu3letter.html>.

— AFP AND AAFP NEWS STAFF

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