



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **Federal Officials Call for Changes to EHRs**

Despite the huge investments in money and energy that have been poured into transitioning to electronic health records (EHRs), physicians are often unable to easily share crucial patient information. According to the Bipartisan Policy Center, only 18% of physicians shared information with affiliated institutions, and just 9% did so with unaffiliated institutions. Elected officials are concerned about the interoperability problem. Sen. Bill Cassidy, MD, R-La., said the time required to input and process patients' EHR data hurts productivity for small practices. He has cosponsored a bill that would establish new EHR standards to address many of the concerns about information-sharing. The Transparent Ratings on Usability and Security to Transform Information Technology Act would require a ratings system that would allow physicians to evaluate the quality of EHR systems. The legislation would allow physicians and other health care professionals to confidentially provide feedback on system performance. Currently, some vendors impose gag rules on physicians to prevent them from reporting on any program flaws. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20151211ehrforum.html>.

## **AAFP Seeks Changes in Diabetes Program**

The American Academy of Family Physicians (AAFP) has called out the U.S. Department of Transportation for its policy related to the Federal Diabetes Exemption Program. The program, operated by the Federal Motor Carrier Safety Administration, gives persons who take insulin to control type 2 diabetes mellitus the opportunity to drive commercial motor vehicles. According to a letter sent to the agency and signed by the AAFP and four other medical specialty organizations, the problem is that the program does not allow board-certified primary care physicians to examine applicants and complete the evaluation checklist required by the program. Instead, the program states that driver applicants must be examined by a physician who is a board-certified or board-eligible endocrinologist. The AAFP, the American College of Osteopathic Family Physicians, the American College of Osteopathic Internists, the American College of Physicians, and the American Osteopathic Association pointed out that primary care physicians should be allowed to participate in the program because they are more likely to manage the care of patients with diabetes. For more information, go to <http://www.aafp.org/news/government-medicine/20151209dotdiabetes.html>.

## **AAFP: End Ban on Gun Violence Research**

The AAFP is calling on congressional leaders to eliminate the ban on federal funding for scientific research on gun violence. "Unfortunately, such research has been effectively prohibited for the past 20 years as a result of a provision commonly referred to as the 'Dickey Amendment,'" AAFP Board Chair Robert Wergin, MD, wrote. "Ironically, former Congressman Jay Dickey of Arkansas, the author of [the] original legislative provision, recently commented that 'it is my position that somehow or some way we should slowly but methodically fund [gun] research until a solution is reached. Doing nothing is no longer an acceptable solution.'" Wergin said physicians see the results of gun violence in their communities, and he urged lawmakers to no longer hinder the ability of the Centers for Disease Control and Prevention to conduct appropriate research. For more information, go to <http://www.aafp.org/news/health-of-the-public/20151211gunresearchltr.html>.

## **CMS Pushes to Improve Health Care Quality**

The Centers for Medicare and Medicaid Services (CMS) recently released the 2016 iteration of an annual report that outlines its quality strategy for the U.S. health care delivery system for the coming year. The agency's 2016 strategy aims to achieve better overall health care by making that care more person-centered, reliable, accessible, and safe; keep people and communities healthier by supporting proven interventions that address behavioral, social, and environmental determinants of health; and spur smarter spending of health care dollars that ultimately will reduce the cost of health care for everyone. In January 2015, the administration set a pair of overarching goals for moving toward value-based payment within the Medicare fee-for-service system, and invited private sector payers to match or exceed those goals. The first goal is to tie 30% of Medicare payments to quality or value through alternative payment models by the end of 2016, and 50% by the end of 2018. The second goal calls for 85% of all Medicare fee-for-service payments to be tied to quality or value by the end of 2016, and 90% by the end of 2018. For more information, go to <http://www.aafp.org/news/government-medicine/20151208cmsquality.html>.

— AFP AND AAFP NEWS STAFF

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