
 **AAFP News: AAFP Edition**

Policy and Health Issues in the News

Survey: More Primary Care Support Means Better Care Coordination

Primary care physicians in the United States are not alone in their struggle to coordinate care for patients with chronic or mental illnesses, according to findings from a recent international survey of physicians. Technology, a lack of shared data with other health professionals, and payment restrictions were common limiting factors cited in the study by the Commonwealth Fund, which was published in the December 2015 issue of *Health Affairs*. Primary care physicians in 10 Western countries evaluated their ability to care for patients who are considered the costliest, along with their overall experiences in dealing with the health care system. Although physicians in Western Europe have been faster to adopt electronic health records compared with those in the United States and Canada, adoption does not necessarily mean that information is exchanged easily. Among physicians in the United States, Canada, Germany, and Australia, fewer than one-half could exchange clinical summaries electronically. One of the biggest obstacles to greater care coordination is obtaining information about a patient's treatment outside the primary care physician's office. Only 31% of U.S. physicians said they were always informed when a patient was discharged from a hospital, and only 32% said they were notified when a patient was seen in the emergency department. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20151216carecoordination.html>.

Congress Simplifies Meaningful Use Hardship Exemption Process

Congress provided a bit of end-of-the-year cheer to America's physicians when the U.S. House and Senate passed the Patient Access and Medicare Protection Act in December. The bill included a provision that gives the Centers for Medicare and Medicaid Services (CMS) temporary authority to expedite applications from physicians for a hardship exemption related to meaningful use stage 2 requirements for the 2015 calendar year. The expedited "categorical authority" applies only to hardship exemption applications filed before March 15, 2016. Passage of the bill is important to many family physicians because under the previous law, physicians participating in the Medicare and Medicaid electronic health record incentive programs had to attest to meeting meaningful use stage 2 requirements for 90 consecutive days in 2015 or face financial penalties. For more information, go to <http://www.aafp.org/news/government-medicine/20151222muexemption.html>.

AAFP Responds to Proposed Rule on 2017 Marketplace Plans

The American Academy of Family Physicians (AAFP) recently responded to a proposed rule published in the December 2, 2015, *Federal Register* that aims to establish payment policies for the federally facilitated marketplace health plans operating in 2017. In a letter to Department of Health and Human Services Secretary Sylvia Burwell and CMS Acting Administrator Andy Slavitt, the AAFP noted its intent to continue supporting efforts to improve patient access to affordable health insurance coverage. AAFP Board Chair Robert Wergin, MD, said the AAFP supported the standardization of health plans offered in the marketplace arena because doing so would alleviate consumer confusion. He also approved of CMS' proposal to include primary care visits, generic drugs, and other services as covered benefits before the application of a deductible. Wergin encouraged CMS to make standardized health plans mandatory and called on the agency to seek input from physicians and other health care professionals, payers, patients, and purchasers. For more information, go to <http://www.aafp.org/news/government-medicine/20151223marketplacerule.html>.

AAFP Supports Integration of Oral Health into Primary Care

The AAFP is supporting a new model for delivering preventive oral health care as a component of routine medical care and enhancing partnerships between primary care and dentistry. The Oral Health Delivery Framework was presented in a white paper by population health care consultant Qualis Health. The paper reviews the cost and consequences of oral disease, presents the Oral Health Delivery Framework with suggested actions to help primary care teams promote oral health, and offers guidance for primary care and dental teams that want to partner with one another. The framework consists of five steps primary care teams can take to protect and promote oral health, including offering preventive interventions and structured referrals to dentistry. It is being field-tested at 19 community health centers and private practices in five states to determine the viability of the model in diverse primary care settings. For more information, go to <http://www.aafp.org/news/health-of-the-public/20151224oralhealth.html>.

— AAFP AND AAFP NEWS STAFF

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