



AAFP News: *AFP* Edition

Policy and Health Issues in the News

Submit 2015 PQRS Data to Avoid Penalty

The Centers for Medicare and Medicaid Services (CMS) has announced time frames for reporting 2015 Physician Quality Reporting System (PQRS) data. Physicians who do not successfully report quality measurement data that meet the 2015 PQRS requirements will be penalized with a 2% negative adjustment on payment for Medicare services rendered in 2017. The submission deadline for reporting PQRS data varies depending on the reporting method used. Physicians who submit data via EHR Direct, Data Submission Vendor (designated as QRDA I or III), or a qualified clinical data registry (QCDR) have until February 29; those who submit via the group practice reporting option known as Web Interface have until March 11; and those who submit via a qualified PQRS registry or QCDR XML file have until March 31. The deadline for each category is 8 p.m. EST on the final day. Submitters must have an Enterprise Identity Management account to enter the system. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160118pqrstimelines.html>.

Researchers Dispute Calls for Increased Federal Funding of Residency Positions

Teaching hospitals often contend that a looming physician shortage justifies increasing Medicare spending for graduate medical education (GME), but recent findings indicate that there are more than enough residencies for medical school graduates. A recent article in the *New England Journal of Medicine* questioned efforts to increase GME funding in Congress. It noted that such a move would only widen the gap between U.S. medical school graduates and the number of available positions, and that residency slots already are being expanded by other funding sources, many of them federal. The authors argued that GME funding should focus on the type of health care the nation needs. A number of residency slots go unfilled each year, and current trends show that the gap between the number of graduates and the number of available positions is closing slowly. Between 2004-2005 and 2013-2014, the number of residency slots increased by 1.7%, and the number of MD and DO graduates grew by 2.4%. If these rates continue, by 2023-2024 there will still be 4,500 more residency slots than U.S. medical graduates to fill them. The excess number of residencies provides U.S. medical students with a “selection subsidy” that allows them to choose their specialty and location with greater options than would be permitted in

a more competitive environment. For more information, go to <http://www.aafp.org/news/education-professional-development/20160113gmefunding.html>.

STFM App Helps Family Physicians with Oral Health Diagnosis, Treatment

The Society of Teachers of Family Medicine (STFM) has released an app to help family physicians formulate diagnoses and management plans for oral health issues in real time. The Smiles for Life Oral Health App is part of the national Smiles for Life oral health curriculum. Physicians can select an algorithm based on a patient’s concern or a physical examination finding, and the decision tool presents a series of questions to help formulate a diagnosis and treatment plan. An extensive photo gallery of tooth and oral soft tissue findings is included. The app, which is available on iTunes and Google Play, expands Smiles for Life’s offerings from its national oral health core curriculum, which consists of eight online modules that cover oral health issues across the lifespan. The curriculum has been reviewed and is eligible for up to 8.50 AAFP Prescribed credits. For more information, go to <http://www.aafp.org/news/health-of-the-public/20160125oralhealthapp.html>.

CMS to Require Prior Authorization for Certain Durable Medical Equipment

CMS has announced a final rule that will increase mandatory prior authorizations for certain durable medical equipment, prosthetics, orthotics, and supplies. The rule goes into effect on February 29 and signifies another move in CMS’ stepped-up efforts to reduce fraud and abuse associated with these items. The final rule allows for the establishment of a prior authorization process for items that are commonly subject to unnecessary utilization (defined as not compliant with one or more of Medicare’s coverage, coding, and payment rules) and for the creation of a master list of 135 items potentially subject to prior authorization. Items on the master list will have an average purchase price of \$1,000 or more, or an average rental fee of \$100 or more. These items also will have been featured as problematic in one of three reports generated by the federal government. For more information, go to <http://www.aafp.org/news/government-medicine/20160113priorauth.html>.

— AFP AND AAFP NEWS STAFF

For more news, visit AAFP News at <http://www.aafp.org/news.html>. ■