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 **AAFP News: AFP Edition**

*Policy and Health Issues in the News*

### **CMS Announces Largest Initiative to Test Physician Payment Model**

The Centers for Medicare and Medicaid Services (CMS) recently announced plans to launch the largest-ever initiative aimed at improving how primary care is delivered and how primary care physicians are paid. The Comprehensive Primary Care Plus model is a five-year test that will begin in January 2017. The initiative, which will build on the Comprehensive Primary Care initiative that launched in 2012, could include up to 20,000 physicians and other health care professionals and affect as many as 25 million patients. The American Academy of Family Physicians (AAFP) supports the initiative, describing it as a multipayer, advanced primary care medical home model. The CMS model includes two separate tracks in which physicians can participate. CMS and other payers who choose to participate will pay prospective monthly care management fees to practices in both tracks; those fees will be based on beneficiary risk tiers. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160413cpcplus.html>.

### **AAFP Articulates MACRA Vision**

The AAFP recently sent a letter to CMS to convey the Academy's key recommendations for implementing the Medicare Access and CHIP Reauthorization Act (MACRA). AAFP Board Chair Robert Wergin, MD, said that correcting flaws in the current Medicare Physician Fee Schedule is critical because the Merit-based Incentive Payment System (MIPS) and alternative payment models (APMs) will evolve from the existing fee-for-service system. He urged CMS to make immediate upward adjustments to the relative value units for common primary care services; study the structure and documentation guidelines of evaluation and management (E/M) services to distinguish primary care services from services provided by non-primary care physicians; incorporate published research to correctly assess the value of global surgical services and appropriately value the complexity of primary care services; conduct a study on the impact of E/M documentation guidelines; and determine if the current E/M coding structure should be revised to support implementation of MACRA. Wergin pointed out that current E/M documentation guidelines do not support team-based care, a necessary component for participation in MIPS and APMs. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160419MACRArecommendations.html>.

### **MedPAC Renews Call for Greater Primary Care Support from Lawmakers**

The Medicare Payment Advisory Commission (MedPAC) renewed its call for greater support for primary care physicians in its latest annual report to Congress. For years MedPAC has sought to bolster primary care through increased Medicare payments or financial incentives funded by lowering subspecialty payment rates. This year, the commission said Congress should increase payment rates for physicians and other health professionals as the law requires. The report noted the salary disparity between primary care and other subspecialties. The annual report, which typically outlines a year's worth of policy recommendations, included results of a survey that asked two groups—Medicare beneficiaries 65 years and older, and privately insured persons 50 to 64 years of age—about their access to care. Medicare patients report greater satisfaction with the quality of their care and access to care compared with patients who have private insurance. For more information, go to <http://www.aafp.org/news/government-medicine/20160412medpacreport.html>.

### **Physician Groups: Prescriber Restrictions Hurt Patients with Hepatitis C**

The AAFP has joined seven other physician groups in pressing CMS to help end restrictions that make it more difficult for patients to receive drugs for hepatitis C without involving a subspecialist. The groups recently sent a joint letter to CMS urging it to revise its policies so that patients who need these drugs have access to physicians who can prescribe them. "When hepatitis C treatments were very complicated and toxic, there were no restrictions on who could prescribe those extremely complex drugs," the letter said. "Prescriber restrictions are only now being added as newer and more effective medications with fewer side effects that are easily administered in oral form have come to the market." The letter pointed out that these restrictions are especially troubling in light of recent specialty shortages and because of the greater problems they present in rural areas. For more information, go to <http://www.aafp.org/news/health-of-the-public/20160420hepcaccess.html>.

— AFP AND AAFP NEWS STAFF

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