

# AAFP News: AFP Edition

## *Policy and Health Issues in the News*

### **Applications Due Soon for CPC+ Initiative**

The Centers for Medicare and Medicaid Services is now accepting applications from family physicians for the Comprehensive Primary Care Plus (CPC+) initiative, a five-year nationwide primary care medical home model beginning in January 2017. The deadline to submit online applications is September 15 at 11:59 p.m. EDT. This multipayer public-private partnership will be staged statewide in Arkansas, Colorado, Hawaii, Michigan, Montana, New Jersey, Ohio, Oklahoma, Oregon, Rhode Island, and Tennessee, and regionally in Kansas City, northern Kentucky, the North Hudson-Capital region of New York, and Philadelphia. CPC+ will build on the original CPC initiative that launched late in 2012; the next phase will help physicians support patients with serious and chronic diseases; give patients 24-hour access to health care; deliver preventive care; promote patient self-management; and provide coordinated care with hospitals, subspecialists, and other clinicians. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160803cpcplusregions.html>.

### **AAFP Fights Proposed Reporting Rules for Treatment of Opioid Use Disorder**

A federal agency is taking steps to enable physicians to care for more patients with opioid use disorders, but the American Academy of Family Physicians (AAFP) is concerned that new proposed reporting requirements could be too burdensome. The proposed rule from the Substance Abuse and Mental Health Services Administration, published in the July 8, 2016, *Federal Register*, would require physicians to track the progress of patients who receive medication-assisted treatment for opioid use disorders. In a recent letter, AAFP Board Chair Robert Wergin, MD, outlined the AAFP's general support for expanding medication-assisted treatment, but also expressed reservations about increasing administrative tasks. The proposed rule lists specific reporting requirements that practices would be expected to follow. Physicians would be required to document the progress of patients who receive treatment for opioid use disorders in exhaustive detail, including the average monthly caseload of patients who receive buprenorphine, the percentage of those patients who receive behavioral health services, the number of patients who complete treatment, and the number of patients who discontinue buprenorphine. For more information, go to <http://www.aafp.org/news/government-medicine/20160808matletter.html>.

### **Medical Groups Warn Lawmakers Not to Stall Progress on Anti-Tobacco Front**

The AAFP and dozens of other stakeholder groups recently warned lawmakers against a \$110 million funding cut for the Centers for Disease Control and Prevention's Office on Smoking and Health (OSH) that was included in the House's fiscal year 2017 appropriations bill. In a recent letter to leaders of the House Appropriations Committee, the 47 organizations called on legislators to restore that funding and allocate at least \$210 million to the OSH. One of the most high-profile activities OSH funds is the national Tips From Former Smokers media campaign. During a period of two months in 2014, 1.8 million Americans who smoke said they were motivated by the campaign to attempt quitting, and 104,000 smokers actually quit. The groups said the proposed funding cut would make it virtually impossible for the campaign to continue. OSH also provides a considerable amount of funding to states for tobacco quitlines, which have been shown to significantly increase the chances that a smoker will quit successfully. For more information, go to <http://www.aafp.org/news/health-of-the-public/20160801tobaccosignon.html>.

### **AAFP Survey Shows That Men Feel Healthier, but Work Remains**

Men's health has improved in many aspects but not across the board. According to a survey recently commissioned by the AAFP, nearly one-half of men (49%) rate their health as excellent or very good—up from 42% in 2007. However, more men have been diagnosed with a chronic condition since 2007 (48% vs. 42%), and many still spend a considerable amount of time in front of a screen (about 20 hours per week working at a computer and 19 hours per week watching television). Four out of five men surveyed said they do not find it difficult to talk with their physician. At their most recent visit, about one-half were counseled about something, primarily diet, weight, or exercise. About 40% said they always follow their physician's advice, and most said they follow their physician's advice 50% to 75% of the time. For more information, go to <http://www.aafp.org/news/health-of-the-public/20160803menshealth.mem.html>.

— AFP AND AAFP NEWS STAFF

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