



# AAFP News: *AFP* Edition

## *Policy and Health Issues in the News*

### **Patients Bear Cost of Brand-Name Drugs**

Pharmaceutical companies may say their name-brand medications are better than generic alternatives, but when it comes time to pay the bill, these drugs cost patients a lot more, according to a recent study conducted by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. In 2013, Medicare Part D beneficiaries paid an average of 10.5 times more in copayments for Nexium and Crestor compared with their generic equivalents (esomeprazole and rosuvastatin, respectively), according to research published in the July 2016 issue of *Health Affairs*. Researchers focused on these medications because they were among the 10 drugs that cost Part D the most in 2013. Although the top 10 drugs ranked by total claims were generics, the top 10 ranked by total cost were name-brand drugs, the study authors wrote. Researchers calculated that prescribing the therapeutic generic equivalent for Nexium would have saved \$870 million in 2013; doing the same for Crestor would have saved \$1.2 billion. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160809drugcosts.html>.

### **CMS Requests AAFP's Help to Fix Issues with Diabetic Testing Supplies**

The Centers for Medicare and Medicaid Services (CMS) recently asked the American Academy of Family Physicians (AAFP) for additional background information and further collaboration on issues related to diabetic testing supplies. Earlier this year, AAFP Board Chair Robert Wergin, MD, wrote to CMS to express concern about burdensome Medicare requirements for prescribing diabetic supplies, as well as the questionable effectiveness of unbranded diabetic testing supplies. CMS Acting Administrator Andrew Slavitt responded that Wergin's letter raised concerns, and he asked the AAFP to provide specific details and to report rule infringements for investigation. Slavitt said that diabetes mellitus is one of the costliest and deadliest of all chronic diseases, and that CMS maintains a delicate balance between protecting Medicare from fraud and abuse while ensuring patients' access to quality care and minimizing physicians' administrative burdens. Slavitt noted that diabetes testing strips had been identified as an area vulnerable to fraud, prompting CMS to create additional documentation requirements. The AAFP had suggested that physicians be allowed to write a prescription for diabetic supplies that would be good for the patient's lifetime. Slavitt countered that supplies not medically necessary for the use of a blood glucose monitor, such as

syringes and needles, were not covered by the Medicare Part B durable medical equipment benefit. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160809diabeticsupplies.html>.

### **CMS Fields New Pilot Program to Bolster Medicare Advantage**

CMS has announced further details of a pilot project that will test whether permitting health plans to be more flexible with incentives can improve health outcomes or reduce costs for Medicare Advantage patients who have certain chronic conditions. The Medicare Advantage Value-based Insurance Design initiative will allow Medicare Advantage plans to offer supplemental benefits or reduced cost-sharing to encourage patients to use clinical services that can improve their health outcomes while reducing overall cost. The program will begin in 2017 in Arizona, Indiana, Iowa, Massachusetts, Oregon, Pennsylvania, and Tennessee for patients who have diabetes, congestive heart failure, chronic obstructive pulmonary disease, a history of stroke, hypertension, coronary artery disease, or mood disorders. The plan will expand in 2018 to include Alabama, Michigan, and Texas, and will add patients with dementia and rheumatoid arthritis. For more information, go to <http://www.aafp.org/news/government-medicine/20160816medicare-advantage.html>.

### **Family Medicine Number 1 Among Students**

Family medicine draws more interest among medical students than any other subspecialty, according to survey data published recently by Medscape. Students ranked family medicine first in subspecialty choice. It also fared the best when students were asked to name their least favorite rotation in medical school, with only 5% of students rating it poorly. Nearly one-half of respondents said they have chosen their subspecialty. Family medicine/general medicine was selected by 12%, edging out emergency medicine (11%) and pediatrics (9%). The largest group of students (69%) chose their subspecialty because of "personal interest in the field." Only 1% made a selection because of income potential. For more information, go to <http://www.aafp.org/news/education-professional-development/20160817studentchoice.html>.

— AFP AND AAFP NEWS STAFF

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