



AAFP News: *AFP* Edition

Policy and Health Issues in the News

AAFP Again Takes Aim at Medicare's Outpatient Prospective Payment System

The American Academy of Family Physicians (AAFP) recently took advantage of an opportunity to provide the Centers for Medicare and Medicaid Services (CMS) with suggestions for improving Medicare's 2017 hospital outpatient prospective payment system and ambulatory surgical center payment system final rule. The final rule, which was published in the November 14, 2016, *Federal Register*, left open the option for further comment from stakeholders. Although the final rule included elements the AAFP had previously recommended, such as increased flexibility for physicians who participate in the Medicare and Medicaid Electronic Health Record Incentive programs and removal of pain management questions from a consumer assessment survey of hospital care received, the AAFP remained troubled by certain outstanding issues. The AAFP noted its support for efforts to align payment policies for physicians in independent practice with those for physicians whose practices have been purchased by a hospital. It also acknowledged that policies finalized in the rule would level the economic playing field for independent practices and would be fair to Medicare beneficiaries. However, the AAFP urged CMS to stop paying more for services provided in an inpatient, outpatient, or ambulatory surgical center setting than it does for the same services provided in a physician's office. For more information, go to <http://www.aafp.org/news/government-medicine/20170112opps.html>.

Top Medical Schools for Family Medicine

A recent study ranked the top U.S. allopathic medical schools by the percentage of graduates who enter careers in family medicine. The University of Minnesota Medical School in Minneapolis earned the top spot, with 19% of its graduates entering a family medicine residency program accredited by the Accreditation Council for Graduate Medical Education. Other schools that rounded out the top five include: the University of Kansas School of Medicine, Kansas City (17.8%); the University of North Dakota School of Medicine and Health Sciences, Grand Forks (17.4%); the Brody School of Medicine at East Carolina University, Greenville, N.C. (16.7%); and the University of Washington School of Medicine, Seattle (16.6%). For more information, go to <http://www.aafp.org/news/education-professional-development/20170109topschoools.html>.

Rates of Diabetes-Related Kidney Disease Drop Substantially Among Native Americans

Rates of diabetes mellitus-related end-stage renal disease among Native American adults (American Indians and Alaska Natives) decreased 54% from 1996 to 2013, according to the Centers for Disease Control and Prevention (CDC). The reduction came after the Indian Health Service (IHS) implemented population-based approaches to diabetes management and improvements in clinical care in the mid-1980s, the CDC noted. About two in three Native Americans with kidney failure have diabetes, but the rate of diabetes-related kidney failure in Native Americans has declined faster than that of any other racial or ethnic group. For more information, go to <http://www.aafp.org/news/health-of-the-public/20170118mmwrdiabetesesrd.html>.

Graham Center Study: More Primary Care Involvement Improves End-of-Life Care

Greater primary care involvement at the end of life contributes to improved outcomes and lower Medicare costs for patients in their final years, according to a recently published study. Researchers at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care investigated how the degree to which primary care physicians are involved with patients at the end of life influences the quality of their care. They found that patients in regions with more primary care involvement experience less intensive end-of-life care. To determine the level of primary care involvement, researchers calculated the ratio of primary care physician visits to subspecialist visits. In regions with a high ratio of primary care visits, patients at the end of life recorded fewer intensive care unit (ICU) visits, less fragmentation of care, and lower overall Medicare spending. The average ICU stay during the last six months of life was 2.9 days for patients in regions with the most primary care involvement compared with 4.3 days for patients in regions with the least primary care involvement. Medicare spending during the final two years of life was \$65,160 for patients with the most primary care involvement and \$69,030 for those with the least involvement. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170118endoflife.html>.

— AFP AND AAFP NEWS STAFF

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