



# AAFP News: AAFP Edition

*Policy and Health Issues in the News*

## **AAFP Presses CMS to Make MACRA Easier on Physicians**

The American Academy of Family Physicians (AAFP) is urging the Centers for Medicare and Medicaid Services (CMS) to simplify the Medicare Access and CHIP Reauthorization Act (MACRA) in response to an executive order from President Trump to reduce federal regulation and control regulatory costs. In a recent letter, the AAFP asked CMS to eliminate a number of MACRA implementation components and modify others to make the rule better and easier for CMS and physicians. The letter cited a study that found that physicians spend about 50% of their time in the office on administrative tasks and only about 27% on direct patient care. The AAFP asked CMS to withdraw financial risk standards from its definitions of the medical home model; strip size restrictions that limit advanced alternative payment model (APM) participation in medical home models; discard all documentation guidelines for evaluation and management codes for primary care physicians in both the Merit-based Incentive Payment System (MIPS) and the advanced APM payment pathways; strike the complicated MIPS APM category; and do away with the administrative claims population health measures. For more information, go to <http://www.aafp.org/news/macra-ready/20160427simplifymacra.html>.

## **Online Applications Available for Additional State Medical Licenses**

The Interstate Medical Licensure Compact recently launched a website for physicians to apply to become licensed in another state. The online application is the result of a five-year effort to create simplified interstate licensing standards and is open to physicians in the 18 states that have enacted legislation to participate in the compact. Seven other states and the District of Columbia have such legislation pending. The compact will enable more physicians to provide care to patients in rural and underserved areas by enhancing license portability and facilitating telemedicine. Physicians' applications for licenses in additional states are reviewed by the Interstate Medical Licensure Compact Commission in the state where they already have a license, and then the information is shared with the other compact member state or states where they want to be licensed. To qualify, physicians must meet nine eligibility requirements that include passing the U.S. Medical Licensing Examination or the Comprehensive Osteopathic

Medical Licensing Examination of the United States after no more than three attempts, holding an unrestricted medical license in a state participating in the compact, and having no history of medical disciplinary action. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170424licensecompact.html>.

## **AAFP Tells CMS to Move Slowly on Proposed Episode of Care Groups**

As CMS shifts toward value-based rather than fee-for-service payment, the AAFP recently weighed in on effective ways to develop cost measures that are based on episode groups (i.e., care episode and patient condition groups and codes). The AAFP responded to the agency's request for comment on episode-based cost measure development under MACRA in a letter to a group contracted by CMS to help develop new payment policies. The letter encouraged CMS to focus initially on "episodes that encapsulate high-cost centers, such as hospitals and surgical centers." The AAFP also said CMS should evaluate the best way to pay for acute care before moving on to the complicated issue of chronic care. For more information, go to <http://www.aafp.org/news/macra-ready/20170504careepisode.html>.

## **FDA OKs Marketing of DTC Genetic Tests**

The U.S. Food and Drug Administration (FDA) has approved the marketing of 10 direct-to-consumer (DTC) genetic health risk tests, including a test for late-onset Alzheimer disease, and plans to speed the approval of similar tests. The FDA reviewed tests through its de novo premarket review pathway, a regulatory pathway for novel, low-to-moderate-risk devices that are not substantially equivalent to an already legally marketed device. The decision sets a precedent for making genetic health risk tests for a wide variety of conditions available to consumers without a physician intermediary. The company that markets the tests, 23andMe, does not require genetic counseling before purchasing the tests but does suggest sharing with a health care professional any results that show an increased risk of a genetically moderated condition. For more information, go to <http://www.aafp.org/news/health-of-the-public/2017042523andme.html>.

— AAFP AND AAFP NEWS STAFF

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