
AAFP News: AFP Edition

Policy and Health Issues in the News

AAFP Urges CMS to Ease Looming Cuts to Office-based Laboratory Fees

The American Academy of Family Physicians (AAFP) is asking the Centers for Medicare and Medicaid Services (CMS) to rethink the agency's planned revision of the Medicare payment methodology for certain clinical diagnostic laboratory tests paid under the clinical laboratory fee schedule (CLFS). In a recent letter from AAFP Board Chair John Meigs, MD, the AAFP pointed out that according to CMS' own estimates, the use of private payer rate-based CLFS payment amounts beginning January 1, 2018, will slash CLFS payment rates by about \$670 million in 2018. Cuts of this severity would be a significant blow to primary care practices already operating on slim financial margins, he said. These cuts of nearly 10% annually across the board for the next three years "threaten to shutter physician office-based laboratories, which provide essential and rapid point-of-care testing to their patients," the letter said. The AAFP charged that CMS is basing the payment cuts on flawed data because of the timing of the final rule and data collection period. For more information, go to <http://www.aafp.org/news/government-medicine/20171020labpayment.html>.

Study: Formularies Offer Path to Reduce Opioid Prescribing

In a letter recently published in *Annals of Internal Medicine*, a team of researchers from Yale University, Yale New Haven Hospital, and the Veterans Affairs Connecticut Healthcare System suggested that Medicare Part D formularies could be used to restrict opioid prescribing and help fight the opioid abuse epidemic in the United States. The authors analyzed CMS data to see what role Medicare Part D formularies may have had in restricting opioid prescribing. They found that in 2006 and 2011, more than two-thirds of drug-dosage combinations had no opioid prescribing restrictions. That figure dropped to only about one-third in 2015. Few formularies required step therapy, but requirements for prior authorization increased with time (from a median of 0% in 2006 and 2011 to 4.4% in 2015). A bigger change occurred in the median proportion of drug-dosage combinations that were restricted through quantity limits. In addition, dosage restrictions to less than 50 morphine milligram equivalents per day increased from a median of 2.2% of drug-dosage combinations in 2006 to 4.4% in 2011 and 13.3% in 2015. For more information, go to <http://www.aafp.org/news/health-of-the-public/20171016opioidprescribing.html>.

Survey Results Hold Good News for Primary Care Physicians

Recently released results from The Physicians Foundation 2017 Patient Survey provide insight into what consumers across the United States think about the nation's health care system and the physicians who care for them. The survey touched on four key areas: the physician-patient relationship, the cost of health care, social determinants of health, and lifestyle issues. The survey results held some good news for physicians. Overall, patients said they were happy with the care they receive from their primary physicians. In fact, 95% of patients were somewhat or very satisfied with their overall relationship with their physician, and 80% said they had thought very little or not at all about changing physicians. But patients and their physicians want more face time during office visits, with only 11% of patients and 14% of physicians responding that they have all the time needed to provide the highest standards of care. The survey results also showed that 85% of patients said electronic health records helped somewhat or a great deal in patient care; 77% wished their physicians would listen more; 96% said physicians should strongly or somewhat advocate for their patients, but just 79% think physicians currently do so. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20171017patientsurvey.html>.

CDC: Suicide Rates Higher in Rural Areas

Rural counties had higher suicide rates than metropolitan counties from 2001 to 2015, according to data from the Centers for Disease Control and Prevention (CDC). Researchers analyzed data from the National Vital Statistics System that included demographic, geographic, and mechanism-of-death information from death certificates filed in all 50 states and the District of Columbia. They found that suicide death rates for rural counties (17.32 per 100,000 persons) were higher than those for medium/small metropolitan counties (14.86 per 100,000) and large metropolitan counties (11.92 per 100,000). The analysis also showed increases in annual age-adjusted suicide rates in all three urbanization levels during this time frame. For more information, go to <http://www.aafp.org/news/health-of-the-public/20171023mmwrsuicide.html>.

— AFP AND AAFP NEWS STAFF

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