



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **Legal Opinion Commissioned to Help Family Physicians Gain Hospital Privileges**

Family physicians who are struggling to gain hospital privileges for which they are qualified have a new resource in the form of a legal opinion commissioned by the American Academy of Family Physicians (AAFP). The Kansas City, Mo., law firm Seigfreid Bingham determined the extent to which hospitals and physicians may be liable for the denial of medical staff membership or privileges to perform specific procedures based on factors other than demonstrated experience, training, and competencies of the physician. AAFP leaders took the action on behalf of members soon after delegates to the AAFP's 2017 National Conference of Constituency Leaders adopted a resolution asking the AAFP to "further prevent the restraint of trade of family physicians by providing a sample legal opinion in favor of family physicians practicing within emergency departments." The legal opinion, which presents an objective, evidence-based position on privileging, is intended to provide support for members who find themselves in challenging situations with hospital administrators or others in decision-making positions, and it should not be considered legal advice. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20171114credentialing.html>.

## **AAFP Opt to Not Endorse New AHA/ACC Hypertension Guideline**

The AAFP will not endorse the new hypertension guideline from the American Heart Association (AHA), the American College of Cardiology (ACC), and nine other health professional organizations. The AAFP was not involved in the development of the new guideline and continues to endorse the 2014 recommendations from the Eighth Joint National Committee (JNC8). David O'Gurek, MD, chair of the AAFP's Commission on Health of the Public and Science, said the same process and criteria were used to review both guidelines, and that "based on the methodology, applicability, and consistency within the JNC8 guideline, the AAFP felt strongly that the JNC8 upheld the scientific rigor that provided strong recommendations ... on appropriate treatment of hypertension." He noted that the bulk of the AHA/ACC guideline was not based on a systematic evidence review. For more information, go to <https://www.aafp.org/news/health-of-the-public/20171212notendorseaha-accgdline.html>.

## **AAFP Releases Summary of Changes to 2018 Medicare Fee Schedule**

The AAFP has posted an executive summary of the 2018 Medicare physician fee schedule to highlight information most useful to family physicians. The summary notes that there will be a slight increase of 0.3% in the conversion factor, bringing it to 35.9996 for the coming year. However, physicians will not receive the full 0.5% update called for in the Medicare Access and CHIP Reauthorization Act. The final rule also reduces the downward payment adjustment physicians will receive for not meeting Physician Quality Reporting System (PQRS) criteria to -2% (from -4%) for groups of 10 or more clinicians, and to -1% (from -2%) for solo physicians and groups of two to nine clinicians; holds harmless from downward payment adjustments all physician groups and solo physicians who met the criteria to avoid the negative PQRS adjustment for performance under quality-tiering for the last year of the program; and aligns the maximum positive adjustment to two times the adjustment factor for all physicians. For more information, go to <http://www.aafp.org/news/government-medicine/20171120mpfsummary.html>.

## **New Medicare Beneficiary Numbers Coming Soon; CMS Resources Available**

In a multiyear effort aimed at enhancing fraud protection for older adults, the Centers for Medicare and Medicaid Services (CMS) is removing Social Security numbers from beneficiary cards and replacing them with new Medicare Beneficiary Identifiers (MBIs) that consist of a series of random numbers and letters. By the end of 2019, all physicians and health care professionals must have completed the transition from the old cards to the new ones and use only MBIs for all billing and other Medicare transactions. To help physicians and their patients prepare for the change, CMS is providing messaging guidelines and various ready-to-print resources in English and Spanish, including a flyer, a poster, and an informational sheet that gives beneficiaries a preview of the new card and explains the staggered mailing of cards that is expected to be complete by April 2019. For more information, go to <http://www.aafp.org/news/government-medicine/20171120medicarecards.html>.

— AFP AND AAFP NEWS STAFF

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