

AAFP News: *AFP* Edition

Policy and Health Issues in the News

MedPAC Recommends Replacing MIPS

The Medicare Payment Advisory Commission (MedPAC) recently recommended that the Merit-based Incentive Payment System (MIPS) be replaced with a proposed program that would be less burdensome and more likely to improve quality. The commission voted to recommend replacing MIPS—one of two tracks in the Centers for Medicare and Medicaid Services' (CMS) Quality Payment Program—with a proposed Voluntary Value Program (VVP). Commissioners said MIPS is too flawed to achieve CMS' goals of reducing overall costs and improving patient care. They were concerned that because MIPS allows physicians to select the quality measures they want to be graded on, there is little basis for data comparison, and that the system encourages selection of measures where high scores can be achieved. The VVP would rate practices on measures that include clinical quality, patient experience, and value using data that CMS already possesses, which would reduce the reporting burden on physicians. The VVP could be implemented by 2020 as a transition phase for physicians before they are ready to move into a more advanced payment program. The program would incorporate virtual groups, such as physicians who practice at the same hospital or who are members of the same local medical society. For more information, go to <https://www.aafp.org/news/government-medicine/20180122medpacmips.html>.

AAFP Adopts Principles to Reduce Administrative Burden on Family Physicians

The Board of Directors of the American Academy of Family Physicians (AAFP) has adopted a set of principles to address the administrative burden on family physicians in clinical practice. The four-part "Principles for Administrative Simplification" covers prior authorization, quality measure harmonization, certification and documentation of medical services and supplies, and medical record documentation. The principles were crafted by the AAFP's Commission on Quality and Practice, which noted that administrative simplification is a strategic priority for the AAFP. The principles address what family physicians say has become an untenable level of administrative burden that drives up practice operating costs, reduces face time with patients, causes physician burnout, and thwarts attainability of the quadruple aim of better patient health, better health care delivery, lower costs, and higher physician job satisfaction. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180116simplification.html>.

AAFP Unveils Toolkit to Screen for Social Determinants of Health

The AAFP's EveryONE Project has launched an initial screening toolkit to help physicians recognize and respond to various social factors that impact their patients' health. The toolkit includes a description of a team-based approach to screening for social determinants of health, screening questions to determine patients' social needs, and supporting resources and tools to help family physicians plan next steps to address deficiencies. The included screening questions have been tested, validated, and purposefully assembled to reveal the health hurdles that patients are facing. The resource is designed to be used by family physicians at any stage of practice. A community-level toolkit for social determinants of health is planned for release in March. This resource will include tools to determine whether a practice is ready to begin intervening after assessing social needs, how to assess community needs to best deliver the correct referral resources, and strategies for developing partnerships with local social and behavioral health resources. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180109sdohtools.html>.

Physician Ratings, PQRS Data Added to CMS' Physician Compare Website

CMS has added star ratings and 2016 data from the Physician Quality Reporting System (PQRS) on its Physician Compare website. When Physician Compare was launched in 2010, it offered general physician information, such as location and contact information, clinical training background, hospital affiliations, and languages spoken. In December 2017, CMS began publicly reporting some PQRS measures in the following categories: preventive care, general health; preventive care, cancer screening; patient safety; care planning; diabetes mellitus; heart disease; respiratory diseases; and behavioral health. There are two different entry points to access the information: patients and caregivers primarily access data through public-facing physician profile pages, whereas CMS reports data intended for physicians via downloadable databases. However, both methods are readily available online. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180109physiciancompare.html>.

—AFP and AAFP NEWS STAFF

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