

AAFP News: *AFP* Edition

Policy and Health Issues in the News

AAFP to FCC: Rural Telehealth Services Should Support Primary Care

As the Federal Communications Commission (FCC) considers how to support telehealth in rural areas, the American Academy of Family Physicians (AAFP) offered recommendations to help ensure that practices receive the support they need and that patients have the benefit of longitudinal care from a primary care physician. The FCC published a proposed rule in the January 3 *Federal Register* with the goal of expanding telehealth services in areas of need. The proposal includes changes on a wide range of issues, from the annual budget of the Rural Health Care program to distribution of funding based on community needs. In a letter responding to the proposed changes, AAFP Board Chair John Meigs, MD, said telehealth has the potential to increase access to care, facilitate care coordination, and ensure that patients receive timely care in areas where health facilities are limited. He noted the AAFP's policy supporting the expanded use of telehealth and telemedicine when conducted within the context of appropriate standards of care. Federal officials have been hesitant to support expansion of telehealth partly out of concern that greater use of the technology could be driven chiefly by financial goals rather than by the desire to improve care coordination or health outcomes. The letter highlighted this concern and said the FCC should instead focus on supporting continuity of care, particularly for those who practice in rural areas. For more information, go to <https://www.aafp.org/news/government-medicine/20180205ruraltelehealth.html>.

Report Aims to Close Loop on Referrals

A new report from the Institute for Healthcare Improvement and the National Patient Safety Foundation explores issues associated with ambulatory referrals and offers a solution in the form of a nine-step, closed-loop electronic health record referral process. The report, which was endorsed by the AAFP, notes that of the more than 100 million subspecialist referrals requested each year in the United States, only one-half are completed. It identified four general barriers to a well-functioning referral process: patient-centeredness, clinician and staff workload and workflow, accessibility and relevance of information, and communication and coordination between clinicians. Gaps that occur in the referral process can lead to preventable harm to patients and families, and increase physicians' risk of malpractice allegations. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180130ehrreferrals.html>.

CDC Offers Free Online Resources on Fetal Alcohol Spectrum Disorders

The Centers for Disease Control and Prevention (CDC) has launched a website featuring free fetal alcohol spectrum disorders (FASD) training and resources for health care professionals, including offerings specific to family physicians. Courses currently offered on the site include FASD Primer for Healthcare Professionals and Preventing Alcohol-Exposed Pregnancies, and more are expected to be added in the coming weeks. The courses are designed to let users save their progress as they go, which allows family physicians to use them as their schedules permit. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180201cdcfasdsite.html>.

AAFP Steers HHS on Protecting Patient Choice in Health Care

Family physicians focus on providing necessary care to patients, but ongoing consolidation in health care is limiting basic access, a point the AAFP recently reiterated to the U.S. Department of Health and Human Services (HHS). In a letter to Acting Assistant Secretary for Planning and Evaluation John Graham, AAFP Board Chair John Meigs, MD, outlined policy changes that could boost competition in the health care marketplace and enhance patient choice. The letter noted that independent physician practices need an environment that allows them to thrive, but that the continuing consolidation of insurers and large health systems threatens their viability. To counter this trend, the AAFP called on HHS to support value-based payment models that bolster independent practice, including physician-led accountable care organizations. Meigs noted that physicians—especially those in independent practices—are well positioned to accelerate the move toward payment for performance. The letter also pointed out that mergers among hospitals in a single market increase costs for patients and drive up prices for low-value medical services. When large health systems merge, they often shrink their networks, which forces patients to go out of network to maintain a relationship with their physician. For physicians, greater consolidation means they are often pressured to accept lower payment levels to stay within a particular network. For more information, go to <https://www.aafp.org/news/government-medicine/20180202hhschoiceltr.html>.

—AAFP and AAFP NEWS STAFF

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