

# **AAFP News: AAFP Edition**

## **Policy and Health Issues in the News**

### **CMS Strategy Aims to Benefit Rural America**

The Centers for Medicare and Medicaid Services (CMS) recently announced a new rural health strategy aimed at ensuring that persons in rural communities have the same access to affordable, high-quality health care as the rest of America. CMS' Rural Health Council outlined five objectives for the program: (1) using a rural lens for CMS programs and policies so the needs of rural populations can be met and unintended consequences can be avoided; (2) improving access to care by supporting physicians and other clinicians on several fronts, including maximizing scope of practice, providing technical assistance to facilitate physicians' participation in CMS programs, and overcoming patient barriers such as lack of transportation; (3) promoting telehealth and telemedicine by reducing the barriers of reimbursement, cross-state licensure, and administrative and financial implementation burdens; (4) empowering patients to engage in their health care by creating better access to tools and patient-friendly health education materials, and supporting health information technology and infrastructure development; and (5) leveraging partnerships to achieve the goals of CMS' rural health strategy. The agency also intends to collaborate with the Centers for Disease Control and Prevention to expand the focus on maternal health, behavioral health, substance abuse, and the integration of behavioral health and primary care. For more information, go to <https://www.aafp.org/news/government-medicine/20180515cmsrural.html>.

### **Medical Groups Decry Attempt to Alter State Laws for APRNs**

The American Academy of Family Physicians (AAFP) has joined more than 80 other professional medical organizations and state medical associations in urging the National Council of State Boards of Nursing (NCSBN) to revise language in its Advanced Practice Registered Nurse (APRN) Compact. In a recent letter from an attorney for the American Medical Association, the organizations urged the NCSBN to remove or substantially revise sections of the compact that "grant prescriptive authority and allow APRNs to practice independent of a supervisory or collaborative relationship with a physician, notwithstanding state law to the contrary." The letter reiterated the organizations' support for modernizing licensure for all health care professionals and pointed to support or neutral stances offered by many of the signees on other licensure compacts. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180516aprnletter.html>.

### **AAFP Unveils Principles for Fair Measurement in Alternative Payment Models**

The AAFP has unveiled five principles related to how social determinants of health must be accounted for in alternative payment models. The document states that practices must have adequate support if they are to improve quality and outcomes for patients, eliminate health disparities, and reduce costs for the health care system. The principles include the following: (1) alternative payment models should support efforts to identify and address social determinants that are known to affect patients' health outcomes; (2) inclusion of variables representing social determinants of health in alternative payment models should be founded on evidence-based research; (3) health information technology platforms can facilitate the collection of data on social determinants of health from medical records and other sources, and doing so will support improved clinical decision making, care coordination, quality measurement, and population health management; (4) data on social determinants of health should be collected via existing mechanisms; and (5) practices should receive appropriate resources and support to identify, monitor, and assess social determinants of health. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180518apmpprinciples.html>.

### **AAFP Fights for Patient Access to Covered Medicaid Services**

The AAFP told CMS it cannot support a proposed rule that would amend the process for states to document whether fee-for-service Medicaid payments are enough to enlist physicians and ensure patient access to care. In a recent letter to CMS, AAFP Board Chair John Meigs, MD, said that to ensure access to Medicaid-covered services, efforts must be made to raise physician payment levels to at least Medicare rates for services rendered by primary care physicians. The letter provided research confirming that when Medicaid primary care rates slip lower than Medicare rates, patient access suffers. The AAFP also opposed a section of the rule that would exempt states from monitoring procedures associated with payment rate changes for specific rate reductions over a period of years. For more information, go to <https://www.aafp.org/news/government-medicine/20180521medicaidaccess.html>.

—AAFP and AAFP NEWS STAFF

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