## AMA Letter to Supercommittee Calls for Medical Liability Reform

The American Medical Association (AMA) recently circulated a letter calling on the Joint Select Committee on Deficit Reduction, also known as the "supercommittee," to include meaningful medical liability reform in its final legislative package. The AMA letter, which has been signed by more than 100 other state and specialty medical organizations, decries the inefficiencies of the current medical liability system. It notes that escalating costs of defending against lawsuits, including those without merit, contribute to increased spending on federal health benefits programs (e.g., Medicare, Medicaid), resulting in higher costs for patients. The groups supporting the letter ask that the supercommittee take steps to protect the right of individual states to maintain or enact effective reforms. The bipartisan supercommittee was created by Congress to devise a plan to reduce the federal deficit. According to the letter, the Congressional Budget Office has estimated that implementing comprehensive medical liability reform would reduce the federal budget deficit by $62.4 billion over 10 years. Failure to enact the supercommittee's recommendations by December 23, 2011, will automatically trigger across-the-board cuts of $1.2 trillion, which would go into effect in 2013. For more information, visit http://www.aafp.org/news-now/government-medicine/20111007liabilityreformltr.html.

## CMS Launches Initiative Using a Blended Payment Model Based on the PCMH

The Centers for Medicare and Medicaid Services (CMS) and its Center for Medicare and Medicaid Innovation have launched the Comprehensive Primary Care Initiative, which will allow the CMS to work with commercial and state health insurance plans to support primary care practices that deliver coordinated and seamless care based on the principles of the patient-centered medical home (PCMH). To start, the voluntary initiative will involve five to seven health care markets across the country; about 75 primary care medical home practices will take part in each market. These practices will be reimbursed based on a blended payment model combining fee-for-service with a per-patient, per-month care coordination fee ranging from $8 to $40. Qualifying practices must use an electronic health record (EHR) system or an electronic registry, and they must be the first point of contact for patients while also providing ongoing care. The CMS plans to launch the initiative with participating practices next summer. For more information, visit http://www.aafp.org/news-now/government-medicine/20110928compinitiative.html.

## HHS Issues Final Rule on Operation of Medicaid Recovery Audit Program

The U.S. Department of Health and Human Services (HHS) recently released its final rule governing the operation of the Medicaid recovery audit program. Published in the September 16, 2011, issue of *Federal Register*, the final rule, "Medicaid Program: Recovery Audit Contractors," implements section 6411 of the Patient Protection and Affordable Care Act. It provides guidance to states on how to create an appeals process by which physicians and other health professionals who work with Medicaid patients can dispute decisions made by Medicaid recovery audit contractors. The Medicaid recovery audit program is intended to find and correct improper Medicaid payments. However, audit investigations are limited to three years from the date the claim was paid. The HHS estimates that the combined Medicare and Medicaid recovery audit programs will recover approximately $2.1 billion over the next five years. The rule becomes effective January 1, 2012. For more information, visit http://www.aafp.org/news-now/news-in-brief/20110928wklynewsbrfs.html.

## ONC Launches Web Site on Health IT and EHRs, Publishes Health IT Strategic Plan

The Office of the National Coordinator for Health Information Technology (ONC) recently launched a new Web site intended to be the official federal resource for health information technology (IT) and EHRs. The Web site provides a section that physicians and other health care professionals can access to see how their colleagues use health IT to improve patient care, to get information on how to transition to an EHR-based practice, to learn how to connect with their local health IT regional extension center, and to find out about financial incentives. There is also a section for patients and their families that explains how health IT can lead to safer, more efficient health care; provides tips on how to protect personal health information; and teaches patients how to become more involved in their health care. The ONC has also released the Federal Health IT Strategic Plan for 2011 to 2015. Last updated in 2008, the plan focuses on the nation's health IT needs in coming years. Developed in collaboration with other federal partners, the plan outlines how

the federal government can coordinate efforts with the public and private sectors to determine the best ways to implement health IT to improve the quality, safety, efficiency, and patient-centeredness of health care in the United States. For more information on the new Web site and the updated strategic plan, visit http://www.aafp.org/news-now/news-in-brief/20111005wklynewsbrfs.html.

## MGMA Conducts Cost Survey for Multispecialty Practices

The results of a cost survey conducted by the Medical Group Management Association (MGMA) indicates that medical practices cut general operating costs by 2.2 percent in 2010. The survey, "Cost Survey for Multispecialty Practices: 2011 Report Based on 2010 Data," also shows that these expenditures have increased by nearly 53 percent since 2001 to more than $252,000. The survey includes data from more than 44,000 physicians and 1,994 medical groups. According to William Jessee, MD, president and CEO of MGMA, "There is only so much more practices can do to cut expenditures without inhibiting their ability to run a successful, innovative practice." MGMA also conducted a cost survey for single-specialty practices; reports on both surveys are available for purchase from MGMA. For more information, visit http://www.aafp.org/news-now/news-in-brief/20110928wklynewsbrfs.html.

## AHRQ Releases Guides on the Risks and Benefits of Various GERD Therapies

The Agency for Healthcare Research and Quality (AHRQ) has issued guides on the risks and benefits of various management options for gastroesophageal reflux disease (GERD). The guides are based on a comparative effectiveness review of 166 clinical studies that was conducted by researchers at Tufts Medical Center Evidence-based Practice Center in Boston, Mass. The physician guide suggests that health care professionals discuss the following issues with their patients: the difference between heartburn and GERD; potential complications of untreated GERD; the importance of medication compliance; over-the-counter treatment options; a warning from the U.S. Food and Drug Administration about concomitant use of clopidogrel and omeprazole; and the comparative advantages and disadvantages of medical and surgical treatments. The patient guide includes information on a number of lifestyle changes that may be required to manage GERD and describes several available treatment options and how effectiveness can vary from patient to patient; it also indicates that medication is typically a first choice for patients, that surgery can improve GERD symptoms and decrease the amount of medication needed to control symptoms, and that endoscopic procedures are a treatment option, although these newer surgical procedures are still being studied. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20111005gerdguide.html.

## Study Finds That EHR-Based Practices Can Enhance Care of Patients with Diabetes

According to a recent study, medical practices that use EHRs provide higher-quality care to patients with diabetes than do paper-based practices. The article, "Electronic Health Records and Quality of Diabetes Care," appeared in the September 1, 2011, issue of *The New England Journal of Medicine*. Participating practices were evaluated on four care standards for patients with diabetes: measurement of glycated hemoglobin; testing for urinary microalbumin or prescription of an angiotensin-converting enzyme inhibitor or an angiotensin receptor blocker; administration of an eye examination to screen for diabetic retinopathy; and vaccination against pneumococcal infection. In unadjusted analyses, 50.9 percent of patients whose physicians used EHRs received diabetes care meeting all four standards, compared with 6.6 percent of patients whose physicians used paper-based records. Researchers adjusted for covariates including insurance type, race and ethnicity, age, gender, household income, and level of education. For more information, visit http://www.aafp.org/news-now/practice-professional-issues/20111005ehrdiabetesstudy.html.

## USPSTF Recommends Against the Use of PSA-Based Screening for Prostate Cancer

The U.S. Preventive Services Task Force (USPSTF) has published recommendations against prostate cancer screening based on prostate-specific antigen (PSA) levels in asymptomatic men. The USPSTF issued a D recommendation, meaning there is moderate or high certainty that it has no net benefit or that the harms outweigh the benefits, and use of the screening is discouraged. The recommendation was based on an evidence review of more than 60 trials and studies that involved PSA-based screening or assessed the harms and benefits of prostate cancer treatment. According to Michael LeFevre, MD, MSPH, co-vice chair of the USPSTF, for every 1,000 men treated for prostate cancer, five die of perioperative complications; 10 to 70 have severe complications but survive; and 200 to 300 suffer long-term problems such as urinary incontinence and impotence. "That's a lot of harm for a cancer that didn't need to be treated in the first place," said LeFevre. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20111012psascreenrec.html.

— *AFP* AND *AAFP NEWS NOW* STAFF

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