AAFP News: *AFP* Edition

Policy and Health Issues in the News

ONC Researchers Search for Factors That Influence Physician EHR Adoption

New research released by the Office of the National Coordinator for Health Information Technology (ONC) offers a glimpse into U.S. physicians' use of electronic health record (EHR) technology, as well as issues that have chilled physicians' interest in implementing EHRs. According to the ONC, approximately 80% of physicians who participated in the Physician Workflow Survey portion of the 2013 National Ambulatory Medical Care Survey said they were already using an EHR or planned to implement the technology. However, about 10% had no plans to adopt an EHR. Of those nonadopters, 41% said their decision was based on a plan to retire. The survey also revealed information about the characteristics of physicians who adopt EHRs. For example, primary care physicians (with an EHR adoption rate of 77%) outpaced physicians in other medical subspecialties and surgical specialties (68% and 63%, respectively). For more information, go to http://www.aafp.org/news/practice-professional-issues/20141210oncbrief.html.

2015 Physician Fee Schedule Lacks Payment Code Details, AAFP Tells CMS

Noting that the 2015 Medicare physician fee schedule lacks details about several new codes that affect primary care, the American Academy of Family Physicians (AAFP) recently asked the Centers for Medicare and Medicaid Services (CMS) for more information about the codes. The agency typically publishes relative value units for payment codes even if Medicare does not pay for the services. But in the final rule for 2015, CMS did not include the relative value units for some of these codes. In the past two years, CMS has recognized several codes that are used by primary care physicians, such as the transitional care management codes for which the agency began paying in 2013. Most recently, the agency adopted the chronic care management services code 99490, which will be eligible for billing in 2015. The code may be used for patients with two or more conditions expected to last at least 12 months or until the death of the patient. Although Medicare will not recognize a separate code—99487—that describes complex chronic care management services in 2015, the AAFP noted in its letter that other insurers could recognize the code, and urged CMS to publish the relative value units associated with it. For more information, go to http://www.aafp.org/news/practice-professional-issues/20141217carecodesltr.html.

Study: Physician Needs Must Be Addressed to Curb Burnout and Improve Patient Care

Primary care researchers recently examined the issue of escalating burnout in primary care practices around the country. They suggest that the so-called triple aim framework that calls for better care, enhanced patient experiences, and lower health care costs needs an additional aim that focuses on improving the work life of physicians and their staff members. The study, "From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider," was published in the November/December 2014 issue of *Annals of Family Medicine.* The authors note that achieving the fourth aim will be difficult for primary care practices because patient panel sizes are increasing, and excessive panel size is a sure formula for burnout. They pointed to previous research that highlights the gap between what society expects of physicians and the realities of practice. In a national survey conducted in 2011, 87% of participating physicians said paperwork and administrative tasks were the main cause of work-related stress and burnout. For more information, go to http://www.aafp.org/news/practice-professional-issues/20141203annfammedburnout.html.

CMS to Consider Covering HPV Testing

In response to a request from the AAFP, CMS says it will begin a national coverage analysis for cervical cancer screening in women 30 to 65 years of age with a combination of cytology (Papanicolaou smear) and human papillomavirus (HPV) testing every five years. Currently, Medicare covers a screening pelvic examination and Pap smear for all beneficiaries at 12- to 24-month intervals depending on specific risk factors. Current coverage does not include HPV testing, even though HPV is associated with most cases of cervical cancer. Under the Medicare Improvements for Patients and Providers Act of 2008, CMS can add coverage for additional preventive services if the service is recommended with an A or B rating by the U.S. Preventive Services Task Force. In this case, the task force gave an A rating to its recommendation about combined HPV–Pap smear screening for these women, so it fits this CMS criterion. For more information, go to http://www.aafp.org/news/health-of-the-public/20141219hpv-cervca.html.

— *AFP* AND AAFP NEWS STAFF

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