AAFP News: *AFP* Edition

Policy and Health Issues in the News

Physicians' Groups Caution Trump, Congress to Protect Women's Health

As the nation's health care landscape undergoes changes, medical organizations are asking the president and Congress to stand with physicians to ensure that women's health care is protected. Five organizations representing more than 500,000 U.S. physicians—the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics, the American College of Physicians, the American Congress of Obstetricians and Gynecologists, and the American Osteopathic Association—recently cautioned President Donald Trump and members of Congress that any new legislation should not weaken women's health rights regarding preventive, prenatal, and neonatal care. Pointing out that women "have an enormous amount at stake as Congress debates the future of health insurance coverage," the letter reminded government leaders that currently, "it's guaranteed that no woman will be charged more for, or denied, coverage because of her gender, because she was the victim of domestic violence or because she had a previous C-section." The organizations identified four priorities for women's health care: ensuring that women have affordable access to evidence-based care; opposing political interference in the physician-patient relationship; retaining current benefits, including preventive care and a ban on gender rating; and protecting Medicaid coverage and financing. For more information, go to http://www.aafp.org/news/ government-medicine/20170127womenshealth.html.

Medical Organization Coalition Calls for Reform on Prior Authorization

A group of 17 medical organizations, including the AAFP, are calling for the reform of prior authorization and utilization management requirements that bog down physicians and impede patient care. The coalition contends that bureaucratic oversight programs for drug or medical treatments have delayed access to necessary care, wasted limited health care resources, and antagonized patients and physicians. The coalition is urging health insurers to streamline requirements, lengthy assessments, and inconsistent rules in current prior authorization programs. The groups point to responses from a recent physician survey that indicted the average medical practice completes 37 prior authorization requirements per week, per physician, wasting 16 hours of combined physician and staff time. For more information, go to http://www.aafp.org/news/ practice-professional-issues/20170126priorauth.html.

AAFP Insists CMS Ease Administrative Burden for Family Physicians

The AAFP is staying on top of efforts to create new patient relationship codes that will be used to help determine incentive payments as part of the Medicare Access and CHIP Reauthorization Act (MACRA). The Centers for Medicare and Medicaid Services (CMS) is required by MACRA to create codes aimed at identifying attributed resource use by physicians; the agency has been crafting and tweaking those since mid-2016. The AAFP's latest action on the issue came via a letter that responded to CMS' online posting of a revised list of patient relationship categories and codes. The AAFP was blunt in its overall assessment of the agency's changes: "We continue to have grave concerns that this reporting requirement will significantly increase the administrative burden that Medicare-participating physicians already experience." The letter repeated an earlier request that CMS provide more details on how the patient relationship categories and codes would be used to attribute cost and patient outcomes to physicians, as well as how the information would be used with episode groups. For more information, go to http://www.aafp.org/news/ macra-ready/20170117relationshipcodes.html.

New FDA Database Ensures Timely Access to Drug Safety Labeling Changes

A new database drastically improves timely access to information on drug safety labeling changes. The database, which is part of the U.S. Food and Drug Administration's (FDA's) website, was launched a few months ago by the FDA's Center for Drug Evaluation and Research. The agency now is leading a push to ensure that physicians and other health care professionals know they can access critical safety data that could affect patients' health much more quickly than in the past. The user-friendly and searchable database (http://www.accessdata.fda.gov/ scripts/cder/safetylabelingchanges/) provides updates on labeling information, usually within days of safety labeling changes. Physicians can search by drug name, active ingredient, date range, or labeling section. A quick reference guide is available to help first-time users get started. For more information, go to http://www.aafp.org/news/ practice-professional-issues/20170203safetylabels.html.

— AFP AND AAFP NEWS STAFF

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