AAFP News: *AFP* Edition

Policy and Health Issues in the News

CMS Accepting Applications for Quality Payment Program Hardship Exception

The Centers for Medicare and Medicaid Services (CMS) recently announced that applications for a Quality Payment Program hardship exception for the 2017 transition year are now available online. Clinicians and groups eligible for the Merit-based Incentive Payment System may qualify for a reweighting of their advancing care information performance category score to 0% of the final score, based on one of the following reasons: insufficient Internet connectivity, extreme and uncontrollable circumstances, or lack of control over the availability of certified electronic health record technology. To prepare for application submission, clinicians will need the following information: a taxpayer identification number for group applications, a national provider identifier for individual applications, and contact information for the person working on behalf of the individual clinician or group (including name, email address, and telephone number). If the hardship application is based on an extreme and uncontrollable circumstance, the applicant must choose a specific circumstance from a CMS list and provide start and end dates for that specific situation. Applications are processed on a rolling basis. For more information, go to http://www.aafp.org/news/macra-ready/20170809hardshipexception.html.

Study: Incentives Prompt Newly Insured Patients to Seek Primary Care

Financial incentives might make a big difference in encouraging newly insured low-income patients who do not have a regular source of care to visit a primary care physician, according to a study published in the August 2017 issue of *Health Affairs.* Researchers offered as much as $50 to newly insured study participants to track how likely they were to make an initial primary care visit within six months. They were randomized to one of four groups: $0 incentivized, $25 incentivized, $50 incentivized, or a nonincentivized group. Of those in the $50 group, 77% completed a primary care appointment within six months. The rate dropped to 74% for those who received $25 and 68% for those who received $0, vs. 61% of those in the control group. Women and older patients were more likely to make the visit. Individuals who said they receive most of their care in the emergency department were less likely to see a primary care physician. For more information, go to http://www.aafp.org/news/practice-professional-issues/20170811patientincentives.html.

Chief Primary Care Officer Role Proposed to Improve Care Continuity in Hospitals

Hospitals that want to improve care coordination will need a heavy dose of primary care in their leadership ranks, according to an article in the July/August 2017 issue of *Annals of Family Medicine.* Hospitalists are the fastest-growing internal medicine subspecialty, and continuity of care remains the Achilles' heel of the hospitalist model. The authors point out that this situation could be reversed if hospitals were to employ an executive-level physician whose responsibilities included developing and managing primary care connections across the hospital system and with community partners. They propose creating the position of chief primary care medical officer, ideally a family physician who would split daily responsibilities between clinical care and care coordination across the health spectrum. The chief primary care medical officer would work 25% of the time in an outpatient clinic setting, another 25% as a hospital clinician, and the remaining 50% in administration at the hospital leadership level. For more information, go to http://www.aafp.org/news/practice-professional-issues/20170808cpcmo.html.

AAFP Urges FDA, CMS to Address Contraceptive Access and Coverage

The American Academy of Family Physicians (AAFP) is urging CMS and the U.S. Food and Drug Administration (FDA) to implement policies that allow adolescents to be included in studies of over-the-counter oral contraceptives. In a recent letter to leaders of the agencies, AAFP Board Chair Wanda Filer, MD, MBA, said including adolescents in such studies would help determine whether over-the-counter access is appropriate for this population. The AAFP also asked the agencies to cover all FDA-approved contraceptives for men and women of reproductive age enrolled in Medicare and Medicaid. The letter referenced related AAFP policies, such as those that support Medicare coverage for all FDA-approved methods of contraception and those that support adequate payment for reversible contraception methods, including long-acting reversible contraceptives. For more information, go to http://www.aafp.org/news/health-of-the-public/20170821contraceptivesletter.html.

— *AFP* AND AAFP NEWS STAFF

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