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## PRESIDENT'S MESSAGE

### It's a New Day for Health Reform in Washington—and You Should Be Involved

In my 28 years of being a family doctor, I've never seen a time like this. Finally—finally!—there seems to be enough muscle and political will to power a home run for health care system reform. Already in 2009, more has occurred to change health care policy than in the past decade—and the change is just beginning. This year, family physicians' active involvement in shaping reform is more critical than ever before.

To give you an idea of the mood in Washington, I want to share what I experienced at the recent White House summit that President Obama convened to build bipartisan support for reforming the nation's broken health care system. The AAFP was 1 of 7 medical associations invited to the March 5 event, and I was honored to represent the AAFP. About 120 individuals attended, including legislators and representatives of stakeholder organizations.

It was magical to have such a large, influential group gather in the White House to discuss this vital issue. First, Obama eloquently addressed the need for reform this year, stressing that fixing health care will go a long way toward fixing the economy. Then we divided into breakout groups.

I joined in the breakout session moderated by Nancy-Ann DeParle, the new director of the White House Office of Health Reform, and I was delighted to hear Senate Finance Committee chair Max Baucus, (D-Montana) bring up the patient-centered medical home and the need to strengthen primary care.

This is incredibly important because Baucus is taking the lead on crafting a major health care reform bill in concert with the Health, Education, Labor, and Pensions Committee chaired by Senator Ted Kennedy, (D-Massachusetts). That bill is expected to be out in June.

It's also important that Representative Henry Waxman, (D-

California) was in the breakout session and heard the comments by Baucus, because Waxman will play a key role in reform as chair of the House Energy and Commerce Committee.

Following the breakout sessions, we all gathered again for the summit's final session, where Obama called on several people from the assembled group to offer their insights.

### Our Incredible Moment

And then the most amazing thing happened. The AAFP hadn't been assigned a speaking role at the summit, but suddenly, to my complete surprise, our country's president said he wanted to hear from the nation's physicians—and he called on me for comments. I was shocked to have this opportunity drop into my lap. What should I say? I hadn't prepared anything! So I stood up about 10 feet from the president, looked him in the eye, and said the words that flowed from my heart.

I thanked him for his leadership in assembling the group and said I was honored to be there. Speaking for family physicians, I told him that we believe health care coverage should be expanded to everyone in the United States, but I also warned him of the need to fix the primary care workforce so patients actually have access to that care. I told him that the nation's FPs are ready to roll up their shirtsleeves and do everything possible to make reform work, because it's the right thing to do.

And then I sat down, elated that the president had called on the AAFP to speak for the nation's physicians. He could have called on one of the other medical groups at the summit, including the AMA, but he didn't. He chose us. He chose family physicians!



AAFP President Ted Epperly, MD, (left, standing) tells President Obama that the AAFP is "ready to do its part" to support health care reform.

James Arvantes/AAFP

I think this speaks volumes about the respect the Academy has gained in Washington and the respect the people on Capitol Hill have for family doctors in the trenches. They know family physicians and the patient-centered medical home will play a key role in the reform that's coming. They know we are part of the solution.

**Negating the Naysayers**

But although reform is more possible than ever, naysayers will fight it. Some will suggest putting it off because of the expense. I'm sure the debate will be lively, loud and contentious. For change to prevail, each and every one of you needs to step up to the plate and slug away for reform.

Fortunately, it's easier than ever to do just that, thanks to an new e-advocacy, grass-roots campaign the AAFP has unveiled. The Connect for Reform campaign at <http://blogs.aafp.org/cfr/connect4reform/?BAC-C4R> uses new tools and technologies to bring AAFP members into the health care reform process. Members can "opt in" to get a front-row seat to the health care debate in Washington.

Connect for Reform will e-mail users periodic insights and analysis on the reform debate and tell them how they can help. It provides tools that are quick and easy to use.

With Connect for Reform, we can align our people, our passion, our power and our purpose and push as we've never pushed before for health care reform based on primary care.

*Ted Epperly, MD  
AAFP President*



**From the American Board of Family Medicine**

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**PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI)—2009 UPDATE**

In 2008, the Center for Medicare and Medicaid Services (CMS) approved the ABFM Performance in Practice Registry as one of 32 qualified registries that may submit PQRI data to CMS on behalf of its Diplomates. The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) authorized CMS to make PQRI incentive payments for satisfactory reporting of quality measures data in 2008. It also established

alternative reporting periods and criteria for the reporting of measure groups and for the reporting of PQRI quality measures through an approved clinical data registry.

Three hundred eighty-two ABFM Diplomates participated in the first year of this initiative, which was made available in September. The ABFM will continue as a PQRI registry participant in 2009.

This year, physicians who meet the criteria for satisfactory submission of quality measures data for 30 consecutive patients earn an incentive payment of 2.0% (up from 1.5% in 2008) of their total allowed charges for Physician Fee Schedule (PFS) covered professional services furnished during the reporting period, January 1, 2009-December 31, 2009 (the 2009 calendar year). Unlike last year, physicians will not have the option of a 6-month reporting period. For 2009, the only reporting period will be January 1-December 31, 2009. CMS approved financial incentives earned during 2009 reporting are scheduled to be paid in mid-2010 from the Federal Supplementary Medical Insurance (Part B) Trust Fund.

In addition, a new measure, number 163, has been added to the Diabetes Mellitus measures group for 2009. All measures are listed below.

The module may be accessed without fee for use in participating in PQRI. However, Diplomates who are participating in MC-FP and elect to complete this module to receive Part IV credit are required to submit the appropriate MC-FP processing fee.

For questions regarding PQRI, MC-FP status, or for help with logging in to the Physician Portfolio, call the ABFM Support Center at 877-223-7437 or email at [help@theabfm.org](mailto:help@theabfm.org).

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**Table 1. 2009 Diabetes Mellitus Measures Group**

Measure Number	Measure Title	Measure Source
1	Diabetes mellitus: hemoglobin A <sub>1c</sub>	NCQA
2	Diabetes mellitus: low density lipoprotein (LDL-C) control in diabetes mellitus	NCQA
3	Diabetes mellitus: high blood pressure control in diabetes mellitus	NCQA
117	Diabetes mellitus: dilated eye exam in diabetic patient	NCQA
119	Diabetes mellitus: urine screening for microalbumin or medical attention for nephropathy in diabetic patients	NCQA
163*	Diabetes mellitus: foot exam	NCQA

\* New measures added to this measures group for 2009.  
NCQA = National Committee for Quality Assurance.