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AAFP EXPENDS HUGE EFFORT TO SHAPE NEW PAYMENT SYSTEM

For 39 days over the fall of 2015, a team of AAFP staffers and selected family physician members toiled in unison to construct comprehensive feedback in response to a request for information (RFI) from the Centers for Medicare and Medicaid Services (CMS) that was published in the October 1 Federal Register. (<http://www.gpo.gov/fdsys/pkg/FR-2015-10-01/pdf/2015-24906.pdf>).

The AAFP's response (<http://www.aafp.org/dam/AAFP/documents/advocacy/payment/medicare/LT-CMS-MACRA-RFI-110915.pdf>) to that RFI—a document that covers implementation of the Merit-based Incentive Payment System (MIPS) and promotion of alternative payment models (APMs) as part of the larger Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 <http://www.aafp.org/practice-management/payment/medicare-payment.html>—is arguably one of the most important pieces of work undertaken by the AAFP in recent history. According to Amy Mullins, MD, the AAFP's medical director for quality improvement, portions of the MACRA law stand to impact how Medicare will pay physicians beginning in 2019. Mullins noted that in more than 100 instances in the legislation, the Health and Human Services (HHS) secretary is called on to develop policy to implement MIPS and alternative payment models (APM) payment methodologies.

"MACRA must now be implemented, and we're providing details for the HHS secretary. It's important for the Academy (and other stakeholders) to step up to the plate now to ensure that the program is created in a way that is favorable to physicians," said Mullins in an interview with *AAFP News*. "These comments will help define what physician payment will look like far into the future."

As a family physician who spent more than 12 years in a 3-physician clinic working, as she put it, to "achieve practice transformation on a shoestring budget," Mullins speaks from experience about this critical work.

"It's our job to make sure that the collective voice of family physicians is heard—and heard clearly," she said.

The Academy's response is detailed in a 49-page document prefaced by a 4-page cover letter signed by AAFP Board Chair Robert Wergin, MD, of Milford, Nebraska.

The AAFP team answered 126 questions in the RFI. In addition to the 20 staff members who had a direct hand in the writing, family physicians serving on the Academy's Commission on Governmental Advocacy (<http://www.aafp.org/about/governance/committees/members.mem.html#cga>) and Commission on Quality and Practice, (<http://www.aafp.org/about/governance/committees/members.mem.html#cqp>) as well as participants in a number of the AAFP's member interest groups, (<http://www.aafp.org/about/member-interest-groups/mig.html>) lent their expertise.

In his letter, Wergin first reiterated the AAFP's "full support" for MACRA. "This law not only repealed the faulty sustainable growth rate (SGR) formula, but it also set our health care system on a path away from episodic fee-for-service payments toward more comprehensive and value-based payment," he said.

"Furthermore, MACRA enables us to rebalance US care delivery systems to place greater emphasis on the value of comprehensive, continuous, coordinated, and connected primary care," Wergin added.

But despite supporting MACRA as a whole, Wergin made clear the AAFP's concerns that the MIPS and APM programs might be built on the "biased and inaccurate" relative value data currently used in the fee-for-service system.

"We strongly recommend that more be done to ensure Medicare pays appropriately for primary care physician services in these new payment models rather than paying based on this biased actuarial data that further exacerbates the undervaluation of primary care services," he stated.

In a brief summary of the full response, Wergin noted a few of the themes on which the AAFP focused its remarks.

Take, for example, measure harmonization. "The AAFP opposes an approach that requires physicians to report on a complex set of measures that do not impact or influence the quality of care provided to patients," as is the case with the current Physician Quality Reporting System, said Wergin.

CMS must "streamline, harmonize, and reduce the complexity of quality reporting in the MIPS and APM programs," he added.

Wergin described CMS' meaningful use program as "poorly designed" and called it the "first and most significant barrier" to any future success physicians might have meeting MIPS quality performance standards.

"Until the meaningful use program is improved and the electronic health record issues are resolved, it is difficult to foresee a large percentage of physicians—particularly physicians in small and independent practices—being successful in MACRA programs," said Wergin.

Mullins stressed the effort that went into the RFI response. "The AAFP wanted to get this right—right for family physicians," she said.

And she saluted the work of her physician colleagues on the front lines.

"When you're in the midst of doing the clinical work—seeing patients and taking care of people—that's the most important thing your world," said Mullins. "This payment stuff—all these new terms and acronyms—it's confusing and hard to wrap your head around it all.

"I remember that feeling of just not caring about those kinds of administrative details—just wanting the payment situation to get better," she added.

Mullins reminded family physicians of their painfully long wait for the demise of the SGR. "As technically difficult as this new law is to grasp, it's easy to understand that thanks to MACRA, the 21.5% Medicare pay cut forecast for 2016 didn't happen," she said.

"This new payment system is unfamiliar territory for all of us," said Mullins. "But we have to find a way to maximize its benefit. It's time for family medicine and primary care to own this law."

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GERARDO MORENO, MD, MSHS, SELECTED AS 2015 NAM PUFFER/ABFM FELLOW

The National Academy of Medicine (NAM) has selected Gerardo Moreno, MD, MSHS as the 2015 James C. Puffer, MD/American Board of Family Medicine Fellow. Dr Moreno is an assistant professor in the Department of Family Medicine at the University of California, Los Angeles (UCLA). He is 1 of 5 outstanding health professionals selected for the class of 2015 NAM Anniversary Fellows.

Dr Moreno received his medical degree from UCLA, and completed his post-doctoral clinical residency training in family medicine at the University of California, San Francisco. He received a Master of Science in Health Services from the UCLA School of Public Health and completed a post-doctoral research fellowship in the Robert Wood Johnson (RWJ) Foundation Clinical Scholars Program at UCLA.

Dr Moreno's research interests include minority aging, health and health care disparities, and physician workforce diversity. He is a federally funded clinician investigator with formal training and expertise in community-based participatory research (CBPR) and health services outcomes research. He is a recipient of a National Institute of Aging (NIA-NIH) Paul B. Beeson Career Development Award in Aging (K23). Dr Moreno chairs UCLA's Oversight Committee for the Implementation of the School of Medicine's Diversity Strategic Plan and is a member of the Steering Committee for Community Engagement for the UCLA School of Medicine and Health System. He also co-directs the Community Liaison Core for the National Institutes of Health/National Institute on Aging funded UCLA Resource Center for Minority Aging Research (RCMAR)/Center for Health Improvement for Minority Elders (CHIME). Dr Moreno is co-director of the UCLA MyMeds program and is co-principle investigator for the evaluation of this Patient Centered Medical Home (PCMH) practice-based clinical pharmacist and health IT medication management program in 28 practices.

As a Puffer/ABFM/NAM Anniversary Fellow, Dr Moreno will receive a research stipend of \$25,000. Named in honor of James C. Puffer, MD, president and chief executive officer of the ABFM, the fellowship program enables talented, early-career health policy and science scholars in family medicine to participate in the work of the Academies and further their careers as future leaders in the field.

NAM Anniversary Fellows continue their main responsibilities while engaging part-time over a 2-year period in the Academies' health and science policy work. A committee appointed by the president of the Institute of Medicine (IOM) selects fellows based on their professional accomplishments, potential for leadership in health policy in the field of family medicine, reputation as scholars, and the relevance of their expertise to the work of NAM and the IOM.

Communications Department
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