



Welcome to Family Medicine Advocacy Rounds—the American Academy of Family Physicians' monthly tip sheet to educate, engage, and update you on the latest policy issues affecting family physicians and their patients.

**Policymakers Heed AAFP's Call to Bolster Primary Care Practices and Improve Competition**



*Why it matters:* A strong primary care foundation is essential to a high-performing health care system. Unsustainable physician payment rates, overwhelming administrative burdens, workforce shortages and misaligned incentives are undermining community-based primary care, despite strong evidence that increasing primary care investment improves patient and population health, reduces health care costs and advances health equity.

*What we're working on:*

- Recent action from the Senate Finance Committee and the Center for Medicare and Medicaid Innovation (CMMI) signals that federal policymakers and regulatory leaders are listening to family physicians' calls and recognize that a strong primary care foundation is essential to a high-performing health care system. [Read the AAFP's press release here.](#)
- AAFP CEO R. Shawn Martin [testified](#) before the [Senate Finance Committee](#) and outlined how health care consolidation impacts primary care.
- Additionally, [CMMI recently launched](#) a new state-based, multi-payer model called Making Care Primary, which will support primary care practices in the transition to value-based payment. The 10-year model will be rolled out in Colorado, Massachusetts, Minnesota, New Mexico, New Jersey, New York, North Carolina, and Washington, which were selected based on strong alignment with state Medicaid programs. Aspects of the new model build on the learnings derived from many transformation models, including Comprehensive Primary Care and Comprehensive Primary Care Plus.
- While details of the model are still forthcoming, the AAFP is pleased to see that many aspects of CMMI's new model reflect recommendations for value-based primary care that the AAFP has been sharing for several years.
- Family physicians continue to urge Congress to enact legislation that provides practices of all types and sizes with a level playing field. This includes substantive Medicare physician payment reform and site-neutral payment policies that will eliminate the existing incentives for potentially harmful consolidation and benefit patients with reduced cost sharing.

### **AAFP Applauds HHS for Protecting Sensitive Health Information**

*Why it matters:* The AAFP applauds HHS for undertaking rulemaking to uphold privacy standards for sensitive health information such as lawfully provided reproductive health care. This proposed rule is aligned with AAFP policy and advocacy efforts to protect the patient-physician relationship.

*What we're working on:*

In a letter to HHS, the AAFP recommended that the agency

- prohibit the sharing of reproductive-health-related information for criminal, civil, or administrative investigations against any person in connection with lawfully provided reproductive health services;
- expand this proposal to other types of "highly sensitive public health information," including sexual health and gender-affirming care or other health services supporting gender-diverse individuals; and
- work with electronic health record vendors to modernize the functionality of health care data management platforms to comply with this proposed rule without cost to the physician or their practice.

## AAFP Asks ONC to Advance EHR Transparency



### ***Why it matters:***

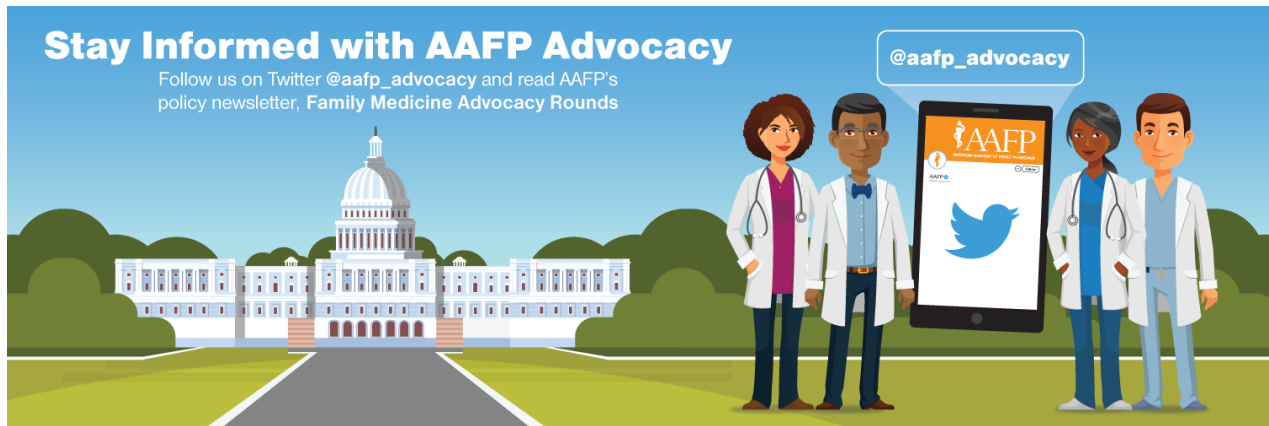
The Office of the National Coordinator for Health IT (ONC) recently released a proposed rule updating regulations for certified electronic health record technology (CEHRT). The rule also would advance transparency and update information-blocking regulations—something the AAFP has long advocated for.

Health IT regulations affect family physicians' experiences with purchasing and using EHRs and ultimately impact patient care and administrative workloads.

### ***What we're working on:***

- The AAFP [submitted comments](#) that reflect longstanding AAFP policy and advocacy on administrative simplification, patient privacy and confidentiality, and related topics. The AAFP recommended that ONC
  - adopt electronic prior authorization standards into CEHRT as soon as possible, including standards that automate prior authorization requests for prescription medications;
  - continue to advance real-world testing through various authorities, including ensuring that new standards perform successfully in real-world testing before mandating their adoption;
  - work with industry to advance effective, user-friendly data segmentation functionality that protects patient safety and security without adding to clinicians' administrative burden; and
  - finalize proposals to advance transparency for predictive decision support interventions without unnecessarily restricting access to these technologies.

For the latest policy updates impacting family medicine, follow us at [@aafp\\_advocacy](https://twitter.com/aafp_advocacy).



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### **About American Academy of Family Physicians**

*Founded in 1947, the AAFP represents 129,600 physicians and medical students nationwide. It is the largest medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits — that's 192 million visits annually or 48 percent more than the next most visited medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care. To learn more about the specialty of family medicine and the AAFP's positions on issues and clinical care, visit [www.aafp.org](http://www.aafp.org). For information about health care, health conditions, and wellness, please visit the AAFP's consumer website, [www.familydoctor.org](http://www.familydoctor.org).*