

CONNECTICUT FAMILY PHYSICIAN

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Are You MACRA Ready?

Academy President Explains MACRA Education Effort



The AAFP officially launched a comprehensive member communication and education effort focused on the Medicare Access and CHIP Reauthorization Act (MACRA) today at an early morning Town Hall meeting here.

AAFP President Wanda Filer, M.D., M.B.A., of York, Pa., addressed family physicians and AAFP chapter leaders who filled a ballroom at the Academy's 2016 Leadership Conference (the combined Annual Chapter Leader Forum and National Conference of Constituency Leaders).

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2016 Legislative Report on Important Medical Issues

The 2016 regular legislative session ended on May 4. Throughout the session, staff read through each piece of introduced legislation, identified those of importance to medicine and then monitored and advocated on them. Following is a list of bills and their final status that were of priority to medicine during the session.

Senate Bill 67 – An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses was passed despite opposition from medicine. The bill allows advanced practice registered nurses (APRNs) to certify, sign, or otherwise document medical information in several situations that currently require a physician's signature, certification,

or documentation. For example, an APRN may now certify a patient for medical marijuana use (except for glaucoma), issue "do not resuscitate" orders, certify a disability to cancel a health club contract, and certify a disability or illness for continuing education waivers or extensions for various health professions. The bill also extends an APRN's authority or responsibility where written documentation is not required that currently applies only to physicians (e.g., notification to specified people before removal of life support). In addition, the bill extends certain reporting requirements to APRNs regarding specified types of patients or conditions (e.g., reporting to the Department of Rehabilitation Services (DORS) when a blind person comes under

the APRN's care).

The bill allows optometrists and APRNs to document an individual's blindness or other vision-related information in a few situations that currently require a physician's documentation.

House Bill 5129 – An Act Concerning the Administration of Vaccines by Pharmacists and Medical Assistants and the Listing of Certified Medical Assistants would have expanded the authority of licensed pharmacists to administer vaccines, by allowing them to administer the flu vaccine to minors age 12 and older, under the same conditions as currently apply when they administer vaccines to adults. It would have also allowed medical assistants meeting specified education, national certification, and supervision requirements to administer the flu vaccine in certain settings.

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New CAFP Members

Welcome:

Christine Wang Ashour,
D.O.

Brookfield, CT

Kristin Nicole Lichtenberg,
M.D.

Pawcatuck, CT

Smriti Ohri, M.D.

West Hartford, CT

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Academy President Explains MACRA Education Effort

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member education and communication effort -- it's called 'MACRA Ready' (<http://www.aafp.org/practice-management/payment/macready.html>)," said Filer. The AAFP's MACRA Ready site is a one-stop shop filled with resources family physicians can use right now such as

- a timeline of important dates,
- a list of acronyms to help digest the alphabet soup associated with these complicated regulations,
- a 60-second overview video,
- a deep-dive review of what value-based payment means to family physicians and much more.

Filer told family physicians that the Academy's MACRA communication plan "is designed to help simplify the transition and provide the guidance that you will need to realize the benefits of MACRA and

value-based payments."

She noted that a recent AAFP survey indicated that some 40 percent of family physicians already were involved in some kind of value-based payment system. "And so we may be positioned to be a little bit ahead of this curve as we move into the MACRA world," Filer said.

MACRA not only repealed the SGR, said Filer, it also established an annual positive or flat-fee payment for the next 10 years, and it has instituted a two-track program (the Merit-based Incentive Payment System and Alternative Payment Models) for calculating Medicare payment beginning in 2019, Filer reminded physicians. "Passage of MACRA was the culmination of years of sustained lobbying and outreach by the house of medicine, the American Academy of Family Physicians and many of you in this room," she noted.

"Passage of MACRA is among the most significant change to occur in medicine in decades," she said. And it is the result of family medicine's demands for a delivery system and payment reforms. "This is an opportunity to improve the quality of care that's delivered in this country, and MACRA presents, we believe, an enormous opportunity to drive broad payment reform for primary care," continued Filer. "It modernizes the traditional fee-for-service payment model and begins to value the training, skill level and the time -- as well as the comprehensiveness -- that goes into taking care of our patients."

"This is still very much a work in progress. We know that members are concerned -- they're worried," and they have a lot of questions, as does the AAFP, she said. She assured family physicians that the AAFP was working closely with CMS and HHS to ensure that the MACRA implementation rules "help and don't hurt family physicians." Filer concluded her remarks with this: "Please know that we have your back. We are on this and will do our best to keep you informed."

2016 Legislative Report on Important Medical Issues

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The bill died on the House calendar.

House Bill 5053 – An Act Increasing Access to Overdose Reversal Drugs includes several provisions on opioid abuse prevention and treatment and related issues and was passed by both the House and the Senate. **The bill awaits the Governor's signature.** Specifically, the bill:

1. prohibits, with certain exceptions, a prescribing practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to (a) an adult for the first time for outpatient use or (b) a minor (§ 7);
2. makes various changes to the electronic prescription drug monitoring program, such as (a) expanding who may serve as a prescriber's authorized agent, (b) modifying reporting deadlines, and (c) decreasing prescriber reviews for

prolonged treatment of schedule V nonnarcotic drugs (§§ 8 & 9);

3. allows any licensed health care professional to administer an opioid antagonist (e.g., Narcan) to treat or prevent a drug overdose without civil or criminal liability (§ 1);

4. requires municipalities, by October 1, 2016, to amend their local emergency medical services (EMS) plans to ensure that specified first responders are equipped with an opioid antagonist and trained in administering it (§ 1);

5. prohibits certain health insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for these drugs (§§ 2 & 3); and

6. requires the Public Health Committee chairpersons to establish a working group on the issuance of opioid drug prescriptions by prescribing practitioners. (OLR

Bill Analysis)

Senate Bill 433 – An Act Concerning Standards and Requirements for Health Carriers' Provider Networks and Contracts between Health Carriers and Participating Providers. This bill requires health carriers (e.g., insurers and HMOs) to establish and maintain adequate provider networks to assure that all covered benefits are accessible to covered individuals without unreasonable travel or delay. Carriers must ensure that emergency services are available at all times. Additionally, it requires a carrier to provide benefits at the in-network level of coverage when a nonparticipating provider performs covered services for a covered individual if a participating provider is not available in the network. **The bill passed the House and the Senate and now awaits the Governor's signature.**

Senate Bill 351 - An Act Concerning Matters Affecting Physicians and Hospitals was passed by the House and Senate **and now**

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Letter to the Editor:

Thank you for putting the photo of the Eastern Connecticut Health Network representatives to the CAFP Board meeting in the newsletter—the residency was thrilled to be represented.

-Barbara Whitesidel, Eastern Connecticut Health Network

2016 Legislative Report...

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awaits the Governor's signature. The bill makes several changes that impact physicians and their practices. Specifically, the bill:

1. sets specific limits on physician non-compete agreements, such as (a) restricting them to no more than one year and a 20-mile radius from the physician's primary practice site and (b) prohibiting hospitals from restricting a physician's ability to leave for private practice;
2. expands which entities may employ physicians by allowing independent practice associations and certain other entities not owned by a hospital to establish for-profit or nonprofit medical foundations, and makes other changes concerning medical foundations;
3. expands an existing definition of "captive professional entity," that applies to the medical foundation provisions and existing notice requirements for material changes to physician group practices;
4. requires hospital bills to include the hospital's cost-to-charge ratio;
5. changes the required infor-

mation providers must give to patients when referring them to certain affiliated providers; and

6. allows the Health Care Cabinet to study and report on the possible licensure of urgent care and limited service health clinics. (OLR Bill Analysis)

Senate Bill 373 – An Act Limiting Changes to Health Insurers' Prescription Drug Formularies. This bill prohibits insurers and HMOs from removing a drug from a formulary (i.e., a list of covered prescription drugs) or reclassifying any covered drug into a higher cost sharing tier during a health insurance policy's term, unless the drug is deemed unsafe. **The bill was passed by the Insurance and Real Estate Committee but died in the Appropriations Committee.**

House Bill 5517 – An Act Concerning Cost-Sharing for Prescription Drugs. This bill attempted to limit coinsurance, co-payments, deductibles or other out-of-pocket expenses imposed on

insureds for prescription drugs **but was not voted on by the Insurance and Real Estate Committee by its committee deadline.**

Senate Bill 372 – An Act Concerning Clinical Review Criteria for Utilization Review and Adverse Determination Notices. This bill expands the clinical review criteria that health carriers (e.g., insurers and HMOs) may use for utilization reviews. Under the bill, these may include criteria intended to address technological or treatment advances not covered in certain professional medical society treatment criteria publications. The bill also repeals a health carrier's disclosure requirement specific to clinical review criteria for (1) substance use disorders, (2) child or adolescent mental disorders, and (3) adult mental disorders. It replaces these specific requirements with a general disclosure applicable to all clinical review criteria. **The bill passed the Senate and the House and now awaits the Governor's signature.**

Comment from the CAFP President

Impacting the Legislative Process

Sandra Hughes, M.D., President

This year I attended Physician Day at the State Capitol. This was my first time attending this event, and I had minimal expectations.

As I walked around the Capitol and the Legislative Office Building, I was reminded of the governmental system that we have. All too often I get caught up in the details of my own practice and life and forget to look at the bigger picture. I forget that these people are making our rules/laws that affect us and our specialty. I forget that there are those less educated on medical

issues determining our laws that affect every one of us in the state.

Our elected legislators often don't have the insider knowledge about issues that affect us, and, yet, they make decisions based on what information they are being given. We need to help them to make laws.

One representative I spoke to pointed this out. He said that people are worried about the Presidential election, but they forget that every day decisions are being made in the State Capitol, and few are

paying attention. These representatives are voted in, and, yet, people forget to look at what decisions they are making. We are all looking big, nationally, but forgetting to look local.

Did I make an impact on Physicians Day? Only time will tell, but the day had an impact on me. It taught me that I need to take more active role in the state legislative process on the issues that affect Family Medicine.



Of Note...

- **Dr. Kathy Mueller**, a CAFP Past President, has been named Chair of the Teller's Committee for the 2016 AAFP Congress of Delegates.
- **Dr. Robert Carr**, a CAFP Past President, has been selected to serve as an Observer of the Reference Committee on Practice Enhancement of the 2016 AAFP Congress of Delegates.
- **CAFP** contributed \$300 and became a sponsor of the Community Health Fair in New Haven.
- **Drs. Stacy Taylor, Emmanuel Kenta-Bibi, and Dom Casablanca**, attended the Family Medicine Congressional Conference in Washington.
- **Dr. Montgomery Douglas**, Chair of the Department of Family Medicine at the UConn School of Medicine, was selected a member-at-large to the Executive Committee of the American Board of Family Medicine.
- **The CAFP** contributed \$500 to support the Connecticut Center for Primary Care. The Chair of the Center is CAFP member **Dr. Jonathan Rosen**.
- **Caitlin Bette-Waner**, UConn, is the winner of the 2016 David & Arthur Schuman Award
- **Kaitlyn Ryan**, UConn, is the winner of the CAFP Award of Excellence

CAFP Mission Statement

The mission of CAFP is to promote excellence in health care and to improve the health of the people of Connecticut through the advancement of the art and science of Family Medicine, the specialty of Family Medicine and the professional growth of Family Physicians.

CONNECTICUT FAMILY PHYSICIAN



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Members of the Connecticut delegation to the 2016 Family Medicine Congressional Conference meet with AAFP Past President Dr. Robert Wergin, second from left, and U.S. Congressman Joe Courtney, far right. Others pictured are: Drs. Dominic Casablanca, left, CAFP Past President and delegate to the AAFP Congress, Emmanuel Kenta-Bibi, center, CAFP Board member; and Stacy Taylor, CAFP Past President.

2016 Symposium

October 19-20, 2016

Aqua Turf Club | Plantsville, CT



Quality medical education leads to improved patient care. Two days of outstanding lectures and workshops will be presented during the 2016. CAFP Scientific Symposium.

Save the Date!