



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.

AAFP Outlines Recommendations to Reduce Health Care Spending



Why it matters: We need targeted national investments in primary care. Primary care is the only health care component for which an increased supply is associated with better population health and more equitable outcomes. According to the National Academies of Sciences, Engineering, and Medicine, an increase of one primary care physician per 10,000 people is associated with an average mortality reduction of 5.3%, or 49 fewer deaths per 100,000 people per year.

However, decades of systemic underinvestment in primary care and prevention, coupled with overwhelming administrative burden on physicians, have led to poorer population health and a greater emphasis on rescue medical care. These consequences are directly contributing to our nation's exorbitant health care spending.

What we're working on

- Ahead of a recent hearing, [the AAFP wrote to the House Energy and Commerce Committee](#) outlining how investing in primary care can reduce health care spending. The AAFP recommended Congress take the following steps.
 - Support efforts to transition to value-based care to promote and bolster access to comprehensive, continuous, patient-centered primary care. These models provide prospective, population-based payments to support the provision of comprehensive, longitudinal primary care.
 - Address the across-the-board cut of 3.37% to Medicare payments that went into effect on Jan. 1, 2024. This cut is undermining positive policy changes intended to promote investment in primary care and hamstringing the Centers for Medicare and Medicaid Services' ability to appropriately pay for all the services a patient needs.
 - Address statutory budget-neutrality requirements and the lack of an annual inflationary update to Medicare physician payment, which together continue to hurt physician practices and increase federal health care spending.
 - Invest in the country's graduate medical education system so that it better supports and invests in primary care, including an expansion of training in community-based settings.
 - Adopt comprehensive site-neutral payment policies in Medicare, which would save significant money across the health care sector.
 - Streamline burdensome prior authorization requirements by reintroducing and passing the Improving Seniors' Timely Access to Care Act, which would codify implementation of an electric prior authorization program in Medicare Advantage and require MA plans to provide real-time decisions—averting care delays and increased costs.
 - Pass legislation to require Medicare Part B coverage of all recommended vaccines, allowing beneficiaries to access vaccines more readily from their usual source of care and improving our nation's uptake of one of the most cost-effective public health measures.

New Rule From SAMHSA Supports Primary Care



Why it matters: Family physicians are often the first line of defense for primary care, chronic care management, and acute illness in their communities. They play a crucial role in safe pain management prescribing practices, screening patients for opioid use disorder (OUD), and prescribing and maintaining treatment of medications for OUD (MOUD).

SAMHSA released [the final rule](#) on medications for the treatment of opioid use disorder, which makes certain COVID-19-era flexibilities permanent for opioid treatment programs, including allowing take-home doses of methadone, prescribing MOUDs via telehealth without an initial in-person physical evaluation, and revising stigmatizing language.

What we're working on

- The AAFP [commented on the proposed rule](#) and expressed appreciation that the final rule allows for greater clinical autonomy and shared decision making between the patient and the clinician.
- The AAFP continues to advocate for long-term behavioral health care improvements, such as more resources to integrate behavioral health care into accessible primary care settings, improve crisis responses, and enhance stabilization care.

Family Physicians: Help Us Realize the Goals of G2211



Why it matters: Family physicians expressed appreciation of the implementation of the G2211 Medicare add-on code that began on Jan. 1. The code, which more appropriately values the complex, continuous services family physicians provide, is a direct investment in evidence-based, whole-person primary care. It offers payment for ongoing holistic care such as modifying medication doses, providing referrals to and coordinating with specialists, and coordinating care across a continuum of settings.

However, we have work ahead of us to ensure that family physicians experience the full benefits of this code as intended—specifically, allowing payment for G2211 when an office or outpatient evaluation and management (E/M) visit is reported with modifier 25.

When a separate E/M service is performed in a visit, modifier 25 is attached to the coding of the visit. For example, addressing a complaint of sinus congestion during an annual wellness visit would be a separate, distinct E/M service.

Unfortunately, G2211 is not payable when the accompanying E/M visit is reported with payment modifier 25. This means that when a physician provides comprehensive care and services to address all of a patient's needs in a single visit—for example, providing a vaccine while a patient is visiting for a different concern—they are unable to receive the additional resources G2211 offers for the additional complexity and time it takes to be the patient's ongoing focal point of care.

What we're working on

- The AAFP is sharing information with CMS about how the modifier 25 policy often prevents family physicians from billing G2211, which runs counter to the goal of supporting comprehensive, longitudinal care in a single visit.
- The AAFP [urged CMS](#) to allow payment for G2211 when billed alongside an E/M visit in the 2025 Medicare physician fee schedule when modifier 25 is attached.
- The AAFP has [consistently and repeatedly supported G2211's implementation and intended goals](#) but raised concerns that the modifier 25 policy would negatively affect family physicians. We urged CMS to allow G2211 payment for an E/M visit billed with modifier 25 or, at minimum, when modifier 25 is used to bill an E/M visit alongside a

Medicare annual wellness visit.

- We've also joined a letter with American College of Physicians and the American Academy of Home Care Medicine in support of G2211 resources being available for E/M visits provided in home and residence settings.

Family Physicians Endorse Legislation to Promote Physician Well-being

Why it matters: Research shows that physicians in the U.S. suffer a higher suicide rate than almost any other profession. The AAFP endorses reauthorization of the [Dr. Lorna Breen Health Care Provider Protection Reauthorization Act](#), which has already begun to address the mental health needs of our nation's health care workers by investing in programs to protect their mental health and end the stigma medical professionals often face when seeking necessary treatment and support. This legislation would reauthorize those programs through 2029, which otherwise expire at the end of this year.

This bipartisan legislation is critical to ensuring our nation's ability to respond to and support the mental health needs of physicians and other health care professionals. The AAFP [supported this legislation](#) in the 116th Congress ahead of its eventual passage into law.

What we're working on:

- The AAFP [joined a coalition letter with other health care groups in support of the Lorna Breen Act](#). The original Lorna Breen legislation established grants and required other activities to improve mental and behavioral health among health care providers.

Second Annual Primary Care Scorecard Examines Primary Care Challenges



The 2024 Health of US Primary Care Scorecard Webinar — No One Can See You Now

A webinar with:

- **Rachel Block**, Program Officer, Milbank Memorial Fund
- **Margaret Flinter, APRN, PhD**, Vice President and Clinical Director, Community Health Centers, Inc.
- **Yalda Jabbarpour, MD**, Director, The Robert Graham Center
- **Gary Price, MD**, President, The Physicians Foundation
- **Kyu Rhee, MD**, President and CEO, National Association of Community Health Centers

Moderated by Frances Stead Sellers, *The Washington Post*

February 28, 2024 • 12 p.m. ET



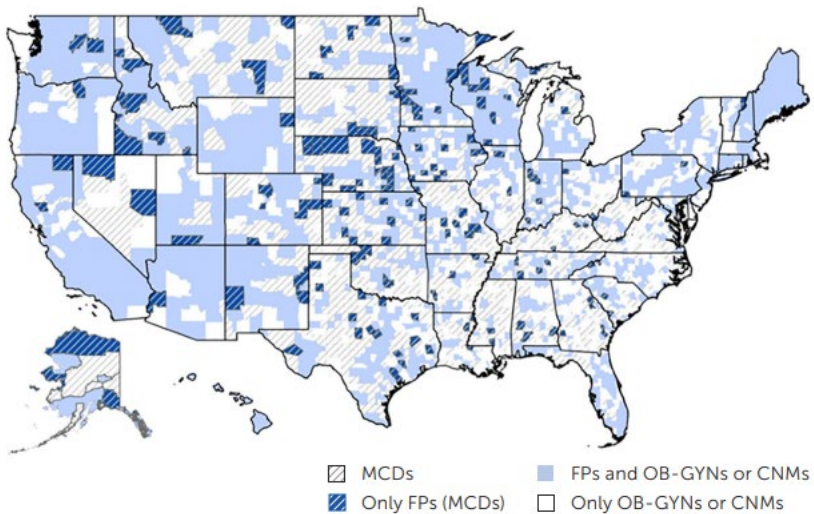
Primary care is the foundation of the U.S. health care system. Yet more and more people report not having a regular place for care. In the forthcoming second annual Health of U.S. Primary

Care Scorecard, Robert Graham Center researchers give five reasons why access to primary care is worsening.

Join the Graham Center, the Milbank Memorial Fund, and the Physicians Foundation at **noon Eastern on Wednesday, Feb. 28**, for a webinar on how the nation and the states are performing on measures of primary care workforce, financing, training, and research funding—and how challenges within each of these areas affect access to primary care.

Following a presentation of the Scorecard findings, Frances Stead Sellers of *The Washington Post* will moderate a discussion on the problems and potential solutions with the Graham Center's Yalda Jabbarpour, M.D., and leaders from the Milbank Memorial Fund and the Physicians Foundation. [Register today.](#)

AAFP Highlights Importance of Rural Maternal Health Care



Map of MCDs and of obstetric care clinicians by specialty in the United States.

CNMs = certified nurse midwives; FPs = family physicians; MCDs = maternity care deserts; OB-GYNs = obstetrician-gynecologists.

Sources: American Board of Family Medicine, 2011-2019; Area Health Resource File, 2021

On Feb. 15, Julie Wood, M.D., FAAFP, the AAFP's Senior Vice President of Research, Science, and Health of the Public; the Robert Graham Center's Yalda Jabbarpour, M.D.; and AAFP member [Drew Miller, M.D.](#), FAAFP, presented at the National Rural Health Association's Policy Institute Conference to discuss [how family physicians play an instrumental role in providing maternity care in rural communities.](#)

Miller shared the novel ways his practice is providing pregnancy and delivery care in rural Kansas. Jabbarpour shared [research from the Robert Graham Center](#) that highlights the important role family physicians are playing in maternity care deserts. Of note:

- More than one-third of counties in the United States have been identified as maternity care deserts.

- Family physicians deliver babies in more than 40% of all U.S. counties, and more than half of these counties are located in nonmetropolitan areas.
- Family physicians are the sole maternity care clinicians delivering babies in 181 maternity care deserts, serving more than 400,000 women.

What We're Reading

- Sarah Sams, M.D., FAAFP, member of the AAFP Board of Directors, [spoke to RevCycleIntelligence](#) on how accelerating the transition to value-based care can improve access to care and help invest in primary care.
- The primary care physician shortage affects the entire country. The AAFP's Robert Graham Center Medical Director Allison Huffstetler, M.D., FAAFP; and Senior Scholar Stephen Petterson, Ph.D., [spoke to KFF Health News](#) about the need for more research into primary care health professional shortage areas.
- Noncompete agreements can hurt physicians and negatively affect care continuity. AAFP President Steven P. Furr, M.D., FAAFP, [spoke to LinkedIn News](#) about the importance of negotiating employment contracts and salary transparency.

For the latest policy updates on family medicine, follow us at [@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. For information about health care, health conditions, and wellness, please visit the AAFP's consumer website, www.familydoctor.org.