A number of regulatory, public health and practice issues took center stage for the medical profession this year. See the 10 topics that made some of the biggest waves among the physician community in 2014—and learn how they played out.

- **Progress toward reforming the Medicare physician payment system.** Physicians achieved many important milestones in bringing about reform during the first part of the year. Thanks in large part to the united grassroots efforts of physicians, Congress did something it never has before: Both chambers and parties worked together to create legislative policy to repeal the sustainable growth rate formula and considerably improve current law. More work remains for the first few months of 2015 since Congress stopped short of passing the law and adopted a temporary payment patch instead. Read what AMA Immediate-Past President Ardis Dee Hoven, MD, had to say in an AMA Viewpoints post, and watch AMA Wire for ways you can make a difference on this issue in the year ahead.

- **Public release of physicians’ Medicare claims data.** In April, the Centers for Medicare & Medicaid Services (CMS) without warning released physicians’ claims data to the public. Because the data was raw, provided little context and had considerable limitations, it could have been easy for patients and reporters to draw inaccurate conclusions about individual physicians. The AMA provided timely insights and updates for physicians, helped temper media reporting, and equipped doctors to respond to inquiries.

- **New Medicare conditions of participation for hospitals.** CMS issued a final rule in May that addresses allowing multi-hospital systems to have a unified, system-wide medical staff rather than a medical staff at each hospital. The rule required significant changes for physicians, prompting the AMA and more than 80 other medical associations to call on the agency to delay implementation. Learn what hospital medical staff need to know in a post at AMA Wire.

- **Patient safety in the balance with U.S. Supreme Court case.** A case before the nation’s highest court
this year will determine whether state health care licensure boards will retain their authority to regulate their health care professions and shield patients from potentially unlawful practice. The AMA filed a friend-of-the-court brief in support of the licensure boards, and a decision is expected early next year.

Addressing the nation’s prescription drug overdose crisis. The White House hosted a national summit in June to discuss federal, state and community responses to widespread prescription drug overdoses and abuse. The event underscored the enormity and importance of the problem; it was one of many high-profile discussions across the country this year. Importantly, as the AMA has continued to drive home the message to national and state leaders, most stakeholders now agree that the problem should be addressed primarily through treatment, prevention and education instead of focusing on law enforcement. Read more about this issue at AMA Wire.

Data release under the Physician Payments Sunshine Act. Implementation of the Sunshine Act (also known as “Open Payments” program) clumsily rolled out this summer as CMS attempted to make data about physicians’ financial interactions with medical device and drug manufacturers available for review and dispute ahead of the Sept. 30 data release. But the registration process was complicated and time consuming, and 62 percent of physicians found serious inaccuracies with the data in their reports, according to an informal AMA survey. Even though CMS overrode the AMA and other medical associations’ calls to delay the release in light of all the problems, the AMA was able to head off much of the anticipated interpretation problems by educating reporters about issues with the data, guiding physicians through the review and dispute process, and providing talking points to explain the data to inquiring patients. Physicians still have until Dec. 31 to dispute data before the next release. While CMS proposed adding independent continuing medical education (CME) to Sunshine Act reporting, the AMA led dozens of other medical associations in calling for its continued exclusion from reporting requirements. CMS made the exclusion official in October.

Report on the most and least competitive states among health insurers. An annual analysis of commercial health insurance markets revealed the 10 most competitive and 10 least competitive states. This AMA study reports competition data for all 50 U.S. states, the District of Columbia and 388 metropolitan areas. It helps researchers, lawmakers,
policymakers and regulators identify markets where mergers and acquisitions among health insurers may cause competitive harm to patients, physicians and employers.

**Electronic health record (EHR) improvements.**

In September, a panel of practicing physicians and health IT experts convened by the AMA called for EHR design overhaul. The panel issued a framework that outlines eight top challenges and solutions for improving EHR usability, focusing on leveraging the potential of this technology to enhance patient care, improve productivity and reduce administrative costs. This framework supports the AMA’s advocacy efforts work with physicians, vendors, policymakers, health care systems and researchers to drive EHR improvements that can advance the delivery of high-quality, affordable care. The AMA has submitted a blueprint to CMS for the future of the EHR meaningful use program and secured an extension of Stage 2 of the program for an extra year. In addition, physicians got an extra two months to apply for a hardship exemption from meaningful use this year, and a significant new exemption was added to help physicians avoid financial penalties.

**A “tsunami” of regulatory penalties.** The AMA warned CMS in October that the agency must act quickly to streamline the competing laws and regulations that could overwhelm physicians in the coming years. Potential payment cuts from all the programs could reach more than 13 percent by the end of the decade for some physicians, threatening access to care and taking resources away from high-quality patient care. The AMA continues to urge the federal government to address this issue now.

**Ebola.** Few issues captured the attention of the nation and the health care
While most of the cases have been confined to West Africa, the outbreak is recognized as a global problem. U.S. physicians have responded accordingly by helping to prepare their hospitals, practices and communities for potential Ebola cases. An expert from the Centers for Disease Control and Prevention (CDC) discussed how physicians can prepare for and manage Ebola patients in hospital and ambulatory care settings during a special session at the 2014 AMA Interim Meeting. Archived footage is available for viewing on demand. The AMA also offers an Ebola Resource Center for convenient access to materials created by the CDC and other public health experts and has reported essential news about the virus at AMA Wire.

Whether it’s changes to Medicare payment policies, public health issues that may affect your patients or ways to improve your practice, count on AMA Wire to deliver the timely news and insights you need in today’s practice of medicine.