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Good morning Ms Cathy Thompson

September 9, 2016

Leading The News

CMS Unveils More MACRA Options For Physicians.

[The Hill](#) (9/8, Clason) reports that on Thursday, CMS unveiled four options for Medicare physicians "complying with the new requirements instituted under last year's Medicare Authorization and CHIP Reauthorization Act (MACRA)." Initially, there were two options. The article adds that this change marks "a softening of the administration's stance" regarding requests from the medical community to delay the implementation of MACRA, but it "stop[s] short of a full delay from Jan. 1."

[Congressional Quarterly](#) (9/8, Young, Subscription Publication) reports that the changes seek "to allow medical practices that are comfortable with data reporting to stick with the planned Jan. 1, 2017, start date for it, while allowing others to ease into the new system." In a [blog post](#), Acting CMS Administrator Andy Slavitt stated, "In recognition of the wide diversity of physician practices, we intend for the Quality Payment Program to allow physicians to pick their pace of participation for the first performance period that begins January 1, 2017."

[Modern Healthcare](#) (9/8, Dickson, Subscription Publication) discusses the specifics of the four options, and points out that lawmakers who are concerned about the impact of MACRA on physicians wrote to HHS Secretary Sylvia Burwell this week. Some senators expressed concern about "small and rural practices, which have said MACRA could force them to join hospitals or larger practices because of the paperwork and payment changes required." Slavitt acknowledged that CMS is also "concerned about the potential conflicts, and will address them in the final rule expected to drop in November."

Psychiatric News Alert



[ADHD Symptoms From Childhood May Lead to Greater Challenges for Adults](#)

[Study Finds Aripiprazole Lauroxil Carries Low Risk of Metabolic Side Effects](#)

Thinking about a career move? Check out [JobCentral](#).

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- [Child Psychiatrist](#) with the U.S. Army Civilian Corps, Fort Belvoir, Va.
- [Multiple Opportunities](#) with the Physician Affiliate Group of New York, multiple locations around New York City.



Psychiatric Treatment/Disorders

Cognitive Impairment Appears To Be Common Among World Trade Center Attack Responders, Study Indicates.

[Healio](#) (9/8, Oldt) reports, "Cognitive impairment was common among individuals who responded to the attacks on the World Trade

Center,” researchers found after evaluating “818 responders who reported for annual monitoring visits.” The [findings](#), which were published earlier this year in *Alzheimer’s & Dementia: Diagnosis, Assessment & Disease Monitoring*, suggest an association between post-traumatic stress disorder and cognitive impairment.

Review Finds Insufficient Evidence Of Accuracy Of Depression Screening Tools For MDD In Kids, Teens.

[Healio](#) (9/8, Oldt) reports researchers found “insufficient evidence for accuracy of depression screening tools for major depressive disorder [MDD] in children and adolescents.” The [findings](#) of the 17-study review were published online May 27 in the *Canadian Journal of Psychiatry*.

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Government and Psychiatry

Proposed Mental Health Reform Legislation Faces Uphill Climb To Make It To Senate Floor Before Elections.

[The Hill](#) (9/8, Sullivan) reports that yesterday, mental health advocacy groups “met with top senators...and discussed a way past one of the major holdups for a” mental health reform “deal in the Senate: a dispute over gun-related language being offered by Sen. John Cornyn (R-Texas) as part of his larger mental health bill.” According to *The Hill*, such a deal “could include some provisions from Cornyn that would pass Democrats’ test as not being gun provisions.” Nevertheless, the proposed legislation, which is “sponsored by Sens. Chris Murphy (D-Conn.) and Bill Cassidy (R-La.),” still “faces an uphill climb to make it to the Senate floor before the elections.”

“Glaring Differences” In Health Insurance Coverage Persist Despite ACA.

The [AP](#) (9/8, Murphy) reports on persistent “glaring differences in insurance coverage” for children with autism, amputees, “and others in need of certain expensive treatments even after the Affordable Care Act set new standards as part of its push to expand and improve coverage.” The article says these disparities “stem from random factors like what state someone lives in or who happens to provide their coverage – and often people can do nothing about it,” because the ACA allows states and employers to determine what should be covered. According to the AP, these differences can result in significant debt for patients, or they can push consumers to skip medical care.

House Panel Advances Bill That Would Protect Consumers Enrolled In Failed ACA Co-Ops.

[The Hill](#) (9/8, Sullivan) reports that on Wednesday, the House Ways and Means Committee “advanced a bill to exempt people from ObamaCare’s requirement to have health coverage if their nonprofit insurer went out of business in the middle of the year.” The measure seeks to help people enrolled in Affordable Care Act co-ops that fail. Democrats are opposed to the measure, and they pointed out that the bill may not be necessary given that “people who lose their insurance mid-year are given a special sign-up period to enroll in alternative coverage.”

[Congressional Quarterly](#) (9/8, Mershon, Subscription Publication) also covers the story.

APA in the News

Signed Opioid Agreement, Routine Assessment And Follow-Up May Minimize Risk Of Substance Use Disorders Related To Chronic Pain Treatment, Psychologist Says.

[MedPage Today](#) (9/8, Walker) reports, “Routine assessment and follow-up, as well as a signed opioid agreement between” healthcare professional “and patient, are key to minimizing the risk that patients with chronic pain will develop substance use disorders related to the treatment,” according to a presentation by psychologist David Cosio, PhD, of Hesse Brown VA Medical Center in Chicago, at the Pain Week 2016 conference. During his presentation, Cosio also pointed out that “the fifth edition” of the American Psychiatric Association’s “Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines substance use disorder as a pattern of substance use leading to impairment in a patient’s life over the last year.”

Thursday’s Lead Stories

- [Stroke Survivors May Face An Increased Risk Of Developing Depression, Research Indicates.](#)
- [Comorbidity May Be Common In Early Onset Psychosis And May Explain Higher Risk For Longer Duration Of Untreated Illness.](#)
- [Minnesota’s Suicide Rate Rose By 6% During 2015.](#)

- **Key Changes To ICD-10 Mental Health Diagnostic Codes Go Into Effect Oct. 1.**
- **The More Ads For A Brand Of Alcohol Underage Drinkers See, The More Likely They Are To Consume That Product, Study Finds.**

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