



March 28, 2011

American Academy of Family Physicians
Lori Heim, MD
AAFP Board Chair
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672

Dear Dr. Heim,

Healthcare in the United States has been compromised by the failure to nurture primary care physicians and their practice of medicine, which is tied principally to low reimbursement for primary care physician services. We have come to believe that the misalignment of incentives, as well as continued devaluation of primary care is in large part due to the current payment policies set by the RUC which favor subspecialty care and continue to promote the fragmented, procedure-based system that has compromised the American healthcare system for far too long. We are also concerned that our members, as well as policy makers, can too easily interpret the AAFP's continued participation in the RUC as implicit support of those policies, despite AAFP statements to the contrary. We fear that our work towards building medical homes, reshaping the way primary care is delivered and how the "system" pays for it, and providing the care that our patients deserve will be wasted if the current payment policies are maintained, and we see no motivation for the subspecialist-dominated RUC to make those policy changes.

With that said, we appreciate the thoughtful consideration of AAFP leadership which has led to the existing policy towards the RUC, which we understand to be essentially that:

- 1) There must be an alternative body in addition to the RUC to advise CMS on payment issues and such a body needs to include employers, consumers, etc. (also supported by the MedPAC)
- 2) There must be voting transparency by the RUC
- 3) AAFP will continually review its participation in the RUC.

For that reason, we write to you today on behalf of our colleagues in leadership and in support of the members of the NJAFP to request that pursuant to existing AAFP policy, the AAFP board again review our Academy's participation in, and implicit support of the RUC at your May board meeting, and further we encourage in the strongest terms possible, that the AAFP Board then vote to publicly withdraw from the RUC, encourage other primary care organizations to do so as well, and simultaneously bring our advocacy efforts to bear on CMS to immediately replace the RUC with the alternative body that our policy supports. It may be that timely action on the part

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of the AAFP board in the matter will allow us to utilize the FMCC as an opportunity to speak directly to legislators about our withdrawal and request support for the creation of a new, more appropriate body.

Thank you for your leadership, your support of our specialty, and your consideration of this request. We look forward to your response.

Sincerely,
NEW JERSEY ACADEMY OF FAMILY PHYSICIANS



Stephen A. Nurkiewicz, MD
NJAFP Board Chair



Thomas R. Ortiz, MD
NJAFP President

CC: NJAFP Board; Roland Goertz, MD, AAFP President; Doug Henley, MD, AAFP Executive Vice President