

Primary Care Groups Release Joint ACO Principles, AMA Adopts Related Principles

In response to language in the Patient Protection and Affordable Care Act that encourages physicians to organize as accountable care organizations (ACOs), the nation's top primary care medical associations—the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics, the America College of Physicians, and the American Osteopathic Association—together wrote and recently released their Joint Principles for Accountable Care Organizations. The document says an ACO should provide accessible, effective, team-based care based on patient-centered medical home (PCMH) principles, as well as deliver culturally proficient and patient- or family-centered health care. It says that structurally an ACO should include equitable leadership representation from primary care and subspecialist physicians; encourage patient selection of a primary care physician if the patient is assigned to an ACO; use nationally accepted and validated clinical measures to gauge performance and efficiency and to evaluate patient experience; implement clinically integrated information systems; allow physician participation in multiple ACOs; address and eliminate barriers to small practice participation; and protect physicians from existing antitrust and similar laws that restrict collaboration on payment models. The principles also lay out guidelines on payment models and incentives. In similar news, the American Medical Association (AMA) House of Delegates adopted a list of principles regarding the establishment and operation of ACOs during their November 2010 interim meeting. The AMA's ACO principles, which are similar to those adopted by the AAFP nearly one year ago, clarify what constitutes an ACO and which features should be incorporated into such agreements, noting that they must be physician-led, allow flexibility in payment mechanisms, and be completely voluntary. They also emphasized the importance of health information technology in the success of ACOs. The delegates asked the AMA to develop a toolkit that provides physicians with best practices for starting and operating an ACO, including how to develop governance structures, organizational relationships, and quality reporting and payment distribution mechanisms. For more information, visit <http://www.aafp.org/news-now/professional-issues/20101118acojointprinciples.html> and <http://www.aafp.org/news-now/professional-issues/20101115ama-acos.html>.

AAFP, Other Organizations Address Flaws in DEA Policy on Schedule II Drugs

The Drug Enforcement Administration's (DEA's) policies for prescribing Schedule II controlled substances in long-term care practice settings create unnecessary delays in managing patients' pain and conflict with Centers for Medicare and Medicaid Services (CMS) guidance, according to a recent letter to the DEA signed by the AAFP, six other national health care organizations, and more than 30 state medical associations. The letter was sent in response to a DEA policy statement published October 6, 2010, in the *Federal Register*. According to the American Medical Directors Association, who spearheaded the letter, the DEA has been aggressively enforcing regulations for Schedule II controlled substances, forcing health care professionals in long-term care settings to modify long-standing procedures and delaying dispensing of controlled substances to patients who urgently need them. The DEA clarified in its new policy statement that the agent of a physician in a long-term care facility may fax a prescriber-signed prescription to a pharmacy, as well as telephone pharmacies to convey prescription information from the prescriber for controlled substances in Schedules III to V. However, DEA officials held firm on the position that agents cannot call in an oral prescription for a Schedule II controlled substance on behalf of a physician, even in emergencies. In response, the medical organizations are advocating that Congress and the DEA change the rules to allow the long-standing practice of having nurses act as the physician's agent in such circumstances. For more information, visit <http://www.aafp.org/news-now/professional-issues/20101110schedule2ltr.html> and <http://www.amda.com/advocacy/caverlyltr.pdf>.

CMS Announces New Innovation Center, Demonstration Project Promoting PCMHs

A new CMS innovation center and a multi-payer demonstration project, both of which were called for in the new health care reform law, are expected to promote the PCMH model and lead to better health care outcomes and lower costs in the U.S. health care system. The new Center for Medicare and Medicaid Innovation (CMMI) will be responsible for developing innovative health care and delivery models that will slow the growth of Medicare and Medicaid costs and improve quality. In this capacity, the CMMI will test variants of ACOs, PCMH models, and payment bundling—all models of care that reward physicians for value rather than volume. According to CMS,

one of the missions of the CMMI is to consult stakeholders across the health care system to obtain direct input on its operations and to build partnerships with those interested in the center's work. It also will work with stakeholders to create learning communities that will help physicians rapidly implement new care models. In addition to the CMMI, the Multi-Payer Advanced Primary Care Practice Demonstration project will involve the Medicare and Medicaid programs, as well as private insurance plans in Maine, Michigan, Minnesota, New York, North Carolina, Pennsylvania, Rhode Island, and Vermont. The project will evaluate the effectiveness of having physicians work in a more integrated fashion across the health care system. The demonstration project is expected to eventually include up to 1,200 medical homes and serve as many as 1 million Medicare beneficiaries, according to CMS. For more information, visit <http://www.aafp.org/news-now/government-medicine/20101119innovationcenter.html>.

Joint Commission Develops Primary Care Home Accreditation Option

The Joint Commission, a Chicago-based accreditation organization, announced recently that it is developing standards for a primary care home accreditation option that will complement the commission's existing Ambulatory Care Accreditation Program. Joint Commission accreditation is optional for organizations, except for ambulatory surgery centers that accept Medicare reimbursement. Primary care home components as established by the Joint Commission mirror those of the AAFP-preferred PCMH model. Family physicians who would most likely be interested in the new Joint Commission offering would be those who work in large, primary care-dominated practices or community health centers. The target date for commencing the new program is July 2011. For more information, visit <http://www.aafp.org/news-now/professional-issues/20101117jointcommission.html>.

NFID Launches Campaign Urging Physicians to Help Boost Adult Vaccination Rates

The National Foundation for Infectious Diseases (NFID) recently announced a campaign that calls for integrating adult vaccinations into routine health care. The initiative is supported by more than a dozen national health organizations, including the AAFP. NFID medical director Susan Rehm, MD, said it is important to institute formal procedures to make sure vaccines are discussed and their value reinforced at every visit with adult patients. Rehm said separate NFID surveys of patients and primary care physicians showed a communication breakdown between physicians and their patients. For example, 87 percent of physicians surveyed said they discuss vaccines with all of

their patients. However, nearly one half of the patients surveyed said they did not recall discussing immunizations, other than the seasonal influenza vaccine, with their physicians, and 21 percent said they had not discussed any vaccines with their physician. Furthermore, 99 percent of physicians indicated that they initiate vaccine conversations with their patients, but 45 percent of patients said they had to ask their physicians about vaccines. The NFID initiative provides a Web page with physician resources on vaccinations, including a toolkit designed to help practices improve adult vaccination rates, at http://www.adultvaccination.com/healthcare/health_care_providers_adult_immunization_adult_vaccine.htm. For more information, visit <http://www.aafp.org/news-now/clinical-care-research/20101118nfidadultvaccines.html>.

Manufacturer Withdraws Propoxyphene from U.S. Market at FDA's Request

At the request of the U.S. Food and Drug Administration (FDA), Xanodyne Pharmaceuticals Inc. has agreed to withdraw its brand versions of the prescription pain medication propoxyphene (Darvon) and combination acetaminophen/propoxyphene (Darvocet) from the U.S. market. The FDA also informed the generic manufacturers of propoxyphene-containing products of Xanodyne's decision and requested that they voluntarily withdraw their products as well. The FDA's request was based on new data that show propoxyphene puts patients at risk of potentially serious or fatal heart rhythm abnormalities. The FDA is advising that physicians stop prescribing propoxyphene and that patients currently taking it discuss switching to another pain management therapy with their prescribing physician as soon as possible. For more information, visit <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm234350.htm>.

FDA to Require Large, Graphic Warnings on Tobacco Products and Advertisements

The terms of a new rule recently proposed by the FDA will require tobacco manufacturers to devote one half of the front and back panels of cigarette packages to health warnings with graphic images, which may include an image of a deceased person in a coffin or a cadaver with a toe tag. The public will have until January 11, 2011, to comment on the 36 images the FDA has developed, nine of which will be selected for use before the U.S. Department of Health and Human Services issues its final rule in June 2011. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20101112fda-cigwarnings.html>.

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