AAFP Urges Congress Not to Pass Total Repeal of Health Care Reform Law

The American Academy of Family Physicians (AAFP) recently issued a statement urging Congress not to pass a bill that would repeal the Patient Protection and Affordable Care Act. "To do (a total repeal) now—when abundant evidence shows that an efficient, high-quality health care system depends on primary care—would result in blocking some of the exact changes the health care system must make to better serve Americans," said AAFP President Roland Goertz, MD, MBA, of Waco, Tex., in the January 17, 2011, statement. Two days later, the Republican-controlled House voted to repeal the Affordable Care Act by passing H.R. 2, known as the Repealing the Job-Killing Health Care Law Act. The vote was 245 to 189, with all 242 House Republicans, as well as three Democrats, in favor of the repeal. The Democratic-majority Senate is unlikely to approve the House measure, making the House vote more of a symbolic act than an actual threat to overturn the health care reform law. Goertz said the House-passed bill represents a necessary vote for many of the newly elected House members, but he hopes that members of Congress would soon work together to change the health system for the better. In the statement to Congress, Goertz said the Affordable Care Act is not perfect, but the AAFP supports the measure because it represents progress on several issues, contains key support for family medicine and primary care, and provides some important insurance industry reforms. The changes created as a result of the Affordable Care Act are starting to take form, he said, producing a more positive outlook for family medicine and primary care. Goertz also said that the AAFP will work with Congress to enact needed improvements to the health care system, including a permanent solution to the Medicare payment formula and medical liability reform. For more information, visit http://www.aafp.org/news-now/government-medicine/20110119houserepeal.html.

COGME Report to Congress Emphasizes Importance of Primary Care Physicians

The Council on Graduate Medical Education (COGME) recently released its 20th report to Congress on physician workforce and training issues. The report suggests that the most effective way to improve U.S. health care costs and quality is to increase the supply of primary care physicians, which includes boosting the earning potential for these physicians. Currently, 32 percent of U.S. physicians are in primary care specialties, and there is a growing shortage of primary care physicians. To address this, the report recommends enacting new policies and programs that would help increase the number of primary care physicians to comprise at least 40 percent of the U.S. physician workforce. To support this goal, the report recommends changing graduate medical education regulations and expanding Title VII funding for community-based training, as well as requiring medical schools to make changes in their selection processes and educational environments. The report also recommends increasing the average incomes of primary care physicians to at least 70 percent of the median income for all other physicians, increasing primary care fee-for-service payments, offering payment for care coordination activities and bonuses for performance improvement, and increasing incentives for serving in medically vulnerable populations. For more information, visit http://cogme.gov/20thReport/cogme20threport.pdf and http://blogs.aafp.org/fpm/noteworthy/entry/to_reform_health_care_start.

AAFP Requests That CMS' New "Physician Compare" Site Stay Current, Accurate

The AAFP has called on the Centers for Medicare and Medicaid Services (CMS) to ensure that the information provided on its new "Physician Compare" Web site (http://www.medicare.gov/find-a-doctor/provider-search.aspx) is accurate and up-to-date. The Patient Protection and Affordable Care Act required CMS to establish the new Web site, which contains information on Medicare physicians and other eligible professionals who participate in the Physician Quality Reporting System, formerly known as the Physician Quality Reporting Initiative. CMS chose to use its existing Healthcare Provider Directory as a foundation for the Web site. The Healthcare Provider Directory offers searchable information on physicians and other health care professionals by type of professional, specialty, location, gender, languages spoken, education, and hospital affiliations. It also denotes Medicare participation status. In a letter to CMS, AAFP Board Chair Lori Heim, MD, of Vass, N.C., said AAFP agrees with CMS' use of the directory as the foundation for the new Web site, but she pointed out that the current Healthcare Provider Directory is based on information from the Provider Enrollment, Chain and Ownership System. Heim expressed concern about this because of the well-documented Medicare contractor delays associated with the Medicare enrollment process. Heim noted that Medicare patients and their caregivers go online every day to learn details

about Medicare benefits and to identify physicians and other potential health care professionals. Therefore, AAFP urges CMS to update their new Web site as often as possible (perhaps monthly), because such updates would improve access to care by quickly connecting newly enrolled physicians with prospective patients. For more information, visit http://www.aafp.org/news-now/government-medicine/201118physiciancompare.html.

Infectious Diseases Society Releases Guidelines for MRSA Infection Treatment

Protocols for treating methicillin-resistant *Staphylococcus aureus* (MRSA) infections vary widely in the United States, according to the Infectious Diseases Society of America, which recently released its first guidelines for the treatment of MRSA. The evidence-based guidelines help physicians determine the most appropriate treatment for uncomplicated and invasive infections caused by the common bacterium, which is responsible for 60 percent of skin infections treated in U.S. emergency departments. More than 90,000 Americans were infected with the invasive form of the disease in 2005, and more than 18,000 of those persons died. The guidelines note that use of antibiotics is not always necessary for the management of uncomplicated infections typically seen in an office setting. However, antibiotic therapy is recommended for abscesses associated with any of the following factors: severe or extensive disease; rapid progression of disease in the presence of associated cellulitis; signs and symptoms of systemic illness; associated comorbidities or immunosuppression; extremes of age; abscess in an area difficult to drain (e.g., face, hands, genitalia); associated septic phlebitis; and lack of response to incision and drainage. In addition, patient education about personal hygiene and appropriate wound care is recommended for all patients with recurrent skin and soft-tissue infections. The guidelines were published online January 4, 2011, by *Clinical Infectious Diseases*. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20110112mrsaguidelines.html and http://cid.oxfordjournals.org/content/early/2011/01/04/cid.ciq146.abstract.

Supreme Court Rules Against FICA Exemption for Resident Physicians

According to a U.S. Supreme Court ruling handed down January 11, 2011, resident physicians are employees, not students, and therefore must pay Social Security and Medicare payroll taxes in accordance with the Federal Insurance Contributions Act (FICA). FICA taxes equal 15.3 percent of wages, of which 12.4 percent goes to Social Security. Generally, of that total amount, one-half is paid by the employer and one-half by the employee. The Supreme Court's decision came in a case initially filed in the U.S. District Court for the District of Minnesota by the Mayo Foundation for Medical Education and Research and the University of Minnesota. Mayo had sought a refund for money it had withheld and paid on its residents' stipends during the second quarter of 2005. Perry Pugno, MD, MPH, director of the AAFP Division of Medical Education, said the court's decision will have little impact on family medicine residency programs, teaching hospitals, and community health centers because most have already been paying residents' FICA taxes. For more information, visit http://www.aafp.org/news-now/resident-student-focus/20110114supcourtfica.html.

MedWatch: FDA Limits Acetaminophen Amount Allowed in Prescription Drugs

Mounting evidence of potential harms associated with the misuse of acetaminophen has prompted the U.S. Food and Drug Administration (FDA) to limit its amount to no more than 325 mg per tablet or capsule in prescription combination products. The FDA also is requiring manufacturers to update prescription product labels with new safety information, including a boxed warning that highlights the potential for severe liver injury and a warning that describes the potential for allergic reactions. Nonprescription products that contain acetaminophen are not affected by this action. Product manufacturers have three years from publication of the FDA notice in the January 14, 2011, *Federal Register* to comply with the new requirements. The FDA said patients should not stop taking their acetaminophen-containing prescription pain medications during that time unless told to do so by their physician. FDA officials also issued the following advice for physicians: advise patients to not exceed the maximum total dose of 4,000 mg of acetaminophen per day, to not drink alcohol while taking acetaminophen, and to seek medical help immediately if they have taken more acetaminophen than directed or if they experience an allergic reaction; educate patients to ensure they are not taking multiple acetaminophen-containing products; and be aware that rare cases of anaphylaxis and other hypersensitivity reactions have occurred with the use of acetaminophen. Physicians should report adverse events to FDA's MedWatch program. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20110118acetamin-limits.html and http://edocket.access.gpo.gov/2011/pdf/2011-709.pdf.

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