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AFP Edition

Policy and Health Issues in the News

AAFP Responds to Obama Administration's Proposed Budget for Fiscal Year 2012

The Obama administration recently released its proposed budget for the 2012 fiscal year, which includes some key components that affect family physicians. American Academy of Family Physicians (AAFP) President Roland Goertz, MD, of Waco, Tex., said the proposed budget is "a step in the right direction" for reinforcing the importance of family medicine. Goertz specifically praised the budget's proposed fix to the sustainable growth rate and a funding increase for health professionals training programs. Although it only lays out payment remedies for a two-year fix to the sustainable growth rate, the budget proposes a 10-year fix. Additionally, the proposed budget seeks a $101 million increase for Section 747 of Title VII, which is the only federal program specifically for the training of family physicians. Goertz also noted the budget's funding for the National Health Service Corps, which will help build up the primary care physician workforce. However, Goertz expressed disappointment that the proposed budget does not include a payment differential for primary care that the AAFP had requested. For more information, visit http://www.aafp.org/news-now/government-medicine/20110223budgetproposal.html.

CMS Postpones Implementation of Medicaid RAC Program Beyond April Date

The Centers for Medicare and Medicaid Services (CMS) is delaying implementation of its state-based Medicaid Recovery Audit Contractor (RAC) program, which was scheduled to begin on April 1, 2011. Instead, the final rule on the Medicaid RAC program will be issued later in 2011, along with a new implementation deadline for the states. CMS's action comes on the heels of a letter sent to CMS Administrator Donald Berwick, MD. The letter was initiated by the American Medical Association and was signed by the AAFP and more than two dozen other physician and medical organizations. The organizations ask CMS to limit the "look-back period" to no more than three years and preclude Medicaid RACs from reviewing claims from the past 12 months; impose the medical record limit established for the Medicare RAC record requests; require physician medical directors to be on Medicaid RAC staffs; require Medicaid RACs to document good cause for claims review; insist on the establishment of RAC Web sites and the posting of timely information; press for the return of payment upon successful provider appeal at any level in the process; order the use of certified coders to make coding determinations; guard against duplicative audits; focus on education and outreach to the physician community; and set forth Medicaid RAC underpayment fee structure requirements. For more information, visit http://www.aafp.org/news-now/government-medicine/20110223racdelay.html.

CMS Begins Processing Retroactive Medicare Payments for Physicians

In response to pressure from the AAFP and other physician organizations, CMS announced that it will reprocess a large number of Medicare fee-for-service claims to account for retroactive Medicare payment increases implemented in 2010. CMS recently sent an electronic message to physicians and other Medicare providers explaining the underpayment and assuring physicians that a plan was in place to make sure they receive full payment. CMS noted that any retroactive amounts due would be included in a physician's next regularly scheduled remittance after the adjustment is made. Medicare is extending its normal one-year time limit for reopening of claims that may need adjustment. Physicians need to ask their Medicare contractors to manually adjust or reopen any claim that contains services with submitted charges that are lower than the revised 2010 fee schedule amount because those claims cannot be automatically reprocessed at the higher rates. However, physicians should refrain from resubmitting claims because they will be denied as duplicate claims, which will slow the retroactive adjustment process. For more information, visit http://www.aafp.org/news-now/practice-management/20110216retroactiveclaims.html.

Increases in Pertussis Outbreaks Lead to CDC Health Alert on PCR Testing

Multiple parts of the country have been reporting ongoing outbreaks of pertussis, also known as whooping cough. In response, the Centers for Disease Control and Prevention (CDC) recently issued a health alert regarding best practices for the use of polymerase chain reaction (PCR) testing to diagnose the disease. The CDC's online pertussis resources say culture is considered the "gold standard" for pertussis testing, but that PCR, which is increasingly available, also is an important tool for timely diagnosis. In its alert, the CDC emphasizes that proper testing criteria, timing of testing, specimen collection techniques, protocols for avoiding specimen contamination, and appropriate interpretation of test results are necessary to ensure that PCR reliably informs patient diagnosis. PCR testing

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after five days of antibiotic use is unlikely to be of benefit, says the CDC, because this can result in false-negative findings for pertussis. The CDC recommends PCR testing to confirm the diagnosis only in those patients with signs and symptoms of pertussis; testing patients during the first three weeks of cough; obtaining specimens by aspiration or swabbing the posterior nasopharynx; using a semisolid or nonliquid transport media or transporting a dry swab without media; and checking which PCR target(s) are used by the laboratory doing the testing because PCR assays for pertussis are not standardized across clinical laboratories. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20110223pertussisbestpract.html, and http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00319.

MedWatch: FDA Updates Labeling for Use of Terbutaline, Antipsychotics in Pregnancy

The U.S. Food and Drug Administration (FDA) added a new boxed warning and contraindication to the labeling for terbutaline regarding its risks in pregnant women. The FDA also has reclassified terbutaline from pregnancy category B to pregnancy category C. Although terbutaline is approved to prevent and treat bronchospasm, it also has been used off-label for obstetric purposes, such as treating or preventing preterm labor. However, new safety information indicates that death and serious adverse reactions, including increased heart rate, transient hyperglycemia, hypokalemia, cardiac arrhythmias, pulmonary edema, and myocardial ischemia, have been reported in pregnant women after prolonged use of oral and injectable terbutaline. The FDA said administering the injectable form to pregnant women in urgent obstetric situations within a hospital setting may be appropriate based on a physician's clinical judgment, but that oral terbutaline is contraindicated for the treatment or prevention of preterm labor. Another recent labeling update from the FDA addresses the risks of extrapyramidal signs and withdrawal symptoms in newborns whose mothers received antipsychotics during the third trimester of pregnancy. The FDA updated the labeling for the entire class of antipsychotic drugs, which affected more than two dozen products (a list of affected drugs is available at http://www.fda.gov/Drugs/DrugSafety/ucm243903.htm). Antipsychotics cross the placenta during pregnancy, and associated symptoms in newborns may include agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress, and feeding disorder. The FDA recommends that physicians monitor neonates exhibiting these symptoms—some may recover within hours or days without specific treatment, but others may require prolonged hospitalization. The FDA also recommends counseling patients about the benefits and risks of taking antipsychotics during pregnancy. Physicians should report adverse effects to the FDA's MedWatch program. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20110223terbutaline.html, and http://www.aafp.org/news-now/health-of-the-public/20110223antipsychotics.html.

HHS Initiative Aims to Educate Women About Heart Attack Symptoms

The AAFP is one of several organizations supporting an initiative recently launched by the U.S. Department of Health and Human Services (HHS) that aims to educate women about the most common symptoms of heart attack and encourage them to call 911 as soon as they experience symptoms. AAFP Board Chair Lori Heim, MD, of Vass, N.C., said helping women understand their heart attack risks is one thing that family physicians can do to help. According to the American Heart Association, only one-half of American women know the symptoms of a heart attack. The HHS initiative's Web site lists the most common symptoms of heart attack as chest pain, discomfort, pressure, or squeezing; shortness of breath; nausea; light-headedness or sudden dizziness; unusual upper body pain, or discomfort in one or both arms or shoulders, the back, neck, jaw, or upper part of the stomach; unusual fatigue; and breaking out in a cold sweat. Some of these symptoms are somewhat more likely in women than in men, including shortness of breath; nausea and vomiting; fatigue; and pain in the back, shoulders, and jaw. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20110207heartattack.html, and http://www.womenshealth.gov/heartattack/.

Physician Guidelines for Food Allergies Aim to Help Reduce Misdiagnoses

Studies have demonstrated that at least 50 percent—and possibly as much as 90 percent—of self-reported food allergies are not allergies at all. With that in mind, the National Institute of Allergy and Infectious Diseases has released food allergy guidelines to help physicians diagnose and treat patients with true food allergies. Published as a supplement to *The Journal of Allergy and Clinical Immunology*, the guidelines contain more than 40 clinical recommendations, including tests that should and should not be used to diagnose food allergies. According to the guidelines, the preferred diagnostic test is the oral food challenge. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20110215foodallergies.html.

— *AFP* and *AAFP News Now* staff

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