

## **AAFP Urges CMS to Modify Changes to Accountable Care Organization Proposal**

The American Academy of Family Physicians (AAFP) recently expressed concern to the Centers for Medicare and Medicaid Services (CMS) that, as currently proposed, Medicare's accountable care organization (ACO) program will not offer the benefits of better care for patients, better health for communities, lower costs for Medicare beneficiaries, and improved physician coordination. AAFP said the program needs to be improved to ensure that family physicians and other primary care physicians can play an integral role in ACOs. In particular, the AAFP urged CMS to create alternative policies to allow primary care physicians to participate in multiple Medicare ACOs; employ a variety of payment approaches, such as blended fee-for-service payments and episode or case rate payments; outline quality reporting requirements for the full three-year program and reduce the number of required quality measures; offer greater program flexibility to encourage small- and medium-sized primary care practice participation; and ensure that primary care physicians hold top leadership positions in ACOs. AAFP expressed concern that only established integrated health systems with large amounts of capital would have the means to qualify as an ACO based on the proposed regulations. The AAFP also has concerns about the proposed quality measure scoring process, the overall performance score, the performance benchmarks, and the minimum attainment level for each quality measure. The AAFP is opposed to assigning beneficiaries to Medicare ACOs based only on a select set of primary care services provided, rather than the distinction of the physician specialty. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110524acocomments.html>.

## **HHS to Award \$100 Million in Community Grants to Help Combat Chronic Diseases**

According to the U.S. Department of Health and Human Services (HHS), seven out of 10 deaths in the United States stem from chronic disease, and treating patients with those chronic diseases accounts for more than 75 percent of the nation's annual health care expenditures. As part of the federal government's effort to reduce chronic diseases and health care costs, HHS has announced it will award more than \$100 million in grants to as many as 75 communities by the end of the summer. State and local nonprofit organizations are

among those eligible to apply for the five-year Community Transformation Grants. The grants will fund activities focused on one of the five following priorities: reducing tobacco use; promoting active living and healthy eating; increasing the use of preventive services; fostering social and emotional wellness; and developing healthy and safe physical environments. HHS said that successful applicants must use evidence-based strategies, ensure their activities have a broad population impact, and address health disparities. At least 20 percent of funding will be directed to rural areas. Applications are due July 15, 2011. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110523hhscommunitygrants.html>.

## **Women Make Up More Than 40 Percent of Full-Time Family Medicine Faculty**

According to a report from the Association of American Medical Colleges on women in academic medicine, women comprise more than 40 percent of full-time faculty members in family medicine departments in U.S. medical schools, with a total of 4,373 full-time family medicine faculty members in 2010. Of that total, 2,471 (57 percent) were men and 1,902 (43 percent) were women. By rank, the percentage of women was greatest at the instructor level, at 61 percent. It was least at the full professor level, at 25 percent. The annual report examines data on women faculty by rank, department, degree, and ethnicity, as well as levels of institutional support for women in medical education. A total of 117 medical schools responded to the survey. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110525wklynewsbrfs.html#NewsArticleParsys84788>, and <https://www.aamc.org/members/gwims/statistics/>.

## **CMS Checklist Useful in Examinations for Prescribing Power Mobility Devices**

According to CMS, for a patient's power mobility device to be covered by Medicare Part B, physicians must provide the medical equipment supplier with the requisite prescription and portions of the patient's medical record that support the medical necessity for a power mobility device. As part of documenting the need for the power mobility device, the physician must conduct a face-to-face examination, which consists of a personal visit and a medical evaluation. A checklist that guides physicians to include a detailed description of required items in the

patient's medical record was presented as part of a recent *MLN Matters* article. The checklist says the medical record should include signs and symptoms that limit ambulation; diagnoses that are responsible for the signs and symptoms; medications or other treatments prescribed for the signs and symptoms; progression of ambulation difficulty; other diagnoses that may relate to ambulatory problems; and a history of falls. In addition, the checklist flags physical examination findings that should be included in the patient's medical record. CMS said the checklist is intended as a guide and does not replace the underlying medical records. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110518scooter.html>, and <http://www.cms.gov/MLNMattersArticles/Downloads/SE1112.pdf>.

### **House Energy and Commerce Committee Approves Medical Liability System Bill**

The House Energy and Commerce Committee has approved a measure that would reform the nation's medical liability system by capping awards and attorney fees while modifying the statute of limitations for malpractice claims. The bill, introduced by Rep. Phil Gingrey, MD, R-Ga., would provide a three-year statute of limitations for malpractice claims that starts as soon as an injury is discovered. It also would cap noneconomic damages at \$250,000 and would create a safe harbor from punitive damages for manufacturers and distributors of medical products approved by the U.S. Food and Drug Administration (FDA). The Congressional Budget Office estimates that the bill, HR 5, could reduce the federal deficit by \$62 billion during the next 10 years. The House Judiciary Committee approved the same measure on March 17, 2011, and it appears as though the full House will debate the bill. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110518wklynewsbrfs.html#NewsArticleParsys16312>.

### **Research Shows Physicians Often Dislike Using Electronic Prescribing Systems**

The Center for Studying Health System Change recently released a research brief that highlights findings from a qualitative study of 24 physician practices that are using electronic prescribing systems. Although electronic prescribing provides benefits to physicians and their patients, the report highlights barriers that prevent physicians from using such systems. For example, physicians indicated that some systems are so cumbersome that the information extracted—such as patient formulary information—is not useful enough to warrant the effort expended. The research was funded by the Agency for Healthcare Research and Quality.

For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110518wklynewsbrfs.html#NewsArticleParsys29434>, and <http://www.hschange.org/CONTENT/1202/>.

### **Many Young Women Ignore Tanning Risks, According to Results of AAD Survey**

According to the results of a recent American Academy of Dermatology (AAD) survey of nearly 4,000 white females 14 to 22 years of age, more than 80 percent of respondents indicated they had tanned outdoors frequently or occasionally in the past year, and nearly one-third said they had used a tanning bed during the same time period. Of those who used tanning beds, 25 percent said they had done so at least once a week. Nearly 90 percent of respondents who used tanning beds said they knew tanning beds can cause cancer. The AAD, which released the survey results as part of its Melanoma/Skin Cancer Detection and Prevention Month, said the incidence of melanoma is increasing faster among females 15 to 29 years of age than among males in the same age group. The majority of young females with melanoma are developing it on their torso, which may be the result of using tanning beds. Of respondents who used tanning beds, 94 percent said their parents knew they were tanning, and 42 percent said their mothers also used tanning beds. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110518tanningsurvey.html>.

### **FDA Approves Quadrivalent Meningococcal Conjugate Vaccine for Infants, Toddlers**

The FDA has approved the use of Sanofi Pasteur's quadrivalent meningococcal conjugate vaccine (MCV4), which is marketed as Menactra, in children as young as nine months for the prevention of invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135. The FDA said the safety of MCV4 was evaluated in four clinical studies in which more than 3,700 children received the vaccine. Children were given a two-dose series at nine months and 12 months of age. It is not clear when the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices will vote on a recommendation related to the vaccine's expanded approval. MCV4 already had been approved by the FDA for use in persons two years through 55 years of age. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110427meningvaccine.html>.

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