

New Study Shows Patients Benefit from More Than Verbal Communication Alone

According to a recent study published in *BMC Family Practice*, using more than just verbal communication helps patients better comprehend their condition. The authors found that using graphics, bar charts, or a combination of visual aids led to a greater understanding by patients of their conditions than using verbal communication alone. Although many physicians rely solely on verbal communication, the Internet, electronic health records, and patient education materials are making it much easier to communicate information to patients. The study also found that patients prefer a richer format of discussion over conversation alone. This richer format of communication is being incorporated into the curriculum for medical school training in the United States. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110706riskcommunication.html>.

ACCME Issues a Statement Explaining How the CME Accreditation Process Works

The Accreditation Council for Continuing Medical Education (ACCME) has published a document explaining the accreditation system and its services, and includes answers to frequently asked questions about how the organization works. This document also outlines what actions the ACCME has taken to become a more transparent and accountable organization. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110706wklynewsbrfs.html#NewsArticleParsys51122>, and <http://education.accme.org/ACCME-at-work>.

Family Medicine Organizations Call for Changes to Proposed ACO Model

The American Academy of Family Physicians (AAFP), with four academic family medicine organizations, issued a call for change to the Centers for Medicare and Medicaid Services (CMS) proposed accountable care organization (ACO) model. The AAFP says that without changes to the current version of the model, physician workforce shortages in the United States will increase, and the training of family and primary care physicians will suffer. In a letter sent to CMS, the AAFP noted that provisions in the current model that include graduate medical education (GME) payments to teaching hospitals in the ACO benchmark and performance

expenditure calculations will have negative effects on family medicine. These provisions mean that patients will be referred for care in nonteaching hospitals, and therefore will have fewer care options. Additionally, physicians in training will not have optimal exposure to innovations in the health care system. AAFP President Roland Goertz, MD, MBA, says, "Our belief is that the method of educational support within Medicare must change in order to increase the needed family medicine workforce." Because of these undesirable effects, the letter recommends that GME payments to teaching hospitals be excluded from the calculations. The letter suggested several proposals, including initiation of a pilot program directed by CMS that would provide financial incentives to support training at all sites where primary care is delivered, provide structured GME payments for primary care residencies, increase payments for primary care training, and provide incentives for training in rural and underserved areas. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110628acos-education.html>.

Partnership for Patients Funding to Help Health Care Organizations Improve Care

The Department of Health and Human Services (HHS) announced that it would release up to \$500 million in funding under the Partnership for Patients program. The program works to reduce harm in hospitals by 40 percent and reduce hospital readmissions by 20 percent over three years. The funding will help hospitals, physicians, and health care organizations improve care and prevent preventable injuries and complications. The program will also assist organizations in redesigning their care processes and will develop and share ideas and practices among organizations that can improve patient safety and care. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110706wklynewsbrfs.html#NewsArticleParsys75339>.

U.S. Medical Schools See Increase in Enrollment of First-Year Students

The Association of American Medical Colleges released a report indicating that medical schools in the United States are on target to meet a goal set in 2006 of increasing first-year medical school enrollment by 30 percent. The 30 percent increase could be met as soon as the year 2016. Enrollment increased by at least 13 percent from 2002 to 2010, and is expected to increase by 28 percent by

the year 2015. A total of 75 percent of the medical schools that participated in the study have plans to initiate programs or policies that will encourage student interest in primary care. Some of these programs include elective clinical rotations, refined admissions criteria, changes to mandatory clinical rotations, and expanded extracurricular opportunities. The report also emphasized the importance of monitoring trends in enrollment as health insurance coverage expands as part of the Patient Protection and Affordable Care Act, which will therefore create a need for more physicians. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110706medschoolenrollment.html>.

ACIP Updates Recommendations for Vaccines, Including Tdap and Influenza

Several provisional recommendations were made during a recent meeting of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). The ACIP announced that the tetanus, diphtheria, and acellular pertussis (Tdap) vaccination can now be administered to pregnant women in the second or third trimesters if they have never received the vaccination and they are up to date on tetanus and diphtheria toxoids (Td) vaccinations. If a woman's history of the Td vaccination is unknown, or if she has never received it, she should be updated with a series of immunizations, including a single dose of Tdap. This recommendation resulted from an increase in reported pertussis cases in California in 2010. The committee also released a recommendation that in patients who have not had anaphylaxis, an egg allergy should no longer be considered a contraindication for the tetravalent inactivated influenza vaccine (TIV), and instead should be considered a precaution. This recommendation applies only to TIV, and patients should be observed for 30 minutes after receiving the vaccination. Additionally, the ACIP notes that vaccine providers should be trained to handle anaphylactic emergencies. Another recommendation states that children in certain high-risk groups should be given a two-dose series of quadrivalent meningococcal conjugate vaccine beginning at nine months of age, instead of two years of age. However, children with asplenia should still receive the vaccine at two years of age. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110629acipnewreqs.html>.

Medicare Part D Recipients Receive Help with Their Prescription Bills

Medicare Part D recipients who have reached the gap in their prescription drug coverage are eligible to receive an automatic 50 percent discount. The discount is

applied to covered brand-name prescription medications and has saved beneficiaries more than \$260 million in 2011, according to CMS. Participation in the discount increased by 76 percent in May, and the savings increased by 56 percent, indicating that the number of persons eligible for the discount is continuing to grow. CMS estimates that up to 4 million beneficiaries will incur the gap this year and will benefit from the discount. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110629wklynewsbrfs.html#NewsArticleParsys65585>.

National Directory Assists Patients in Finding Information About Health Care

The Robert Wood Johnson Foundation has launched a new Web site that helps patients research information about the quality and cost of health care in their communities. The Comparing Health Care Quality: A National Directory provides links to reports in 46 states. By pointing a cursor over a United States map, patients can view links to other online resources that compare the health care provided by hospitals and physicians. These comparisons are based on recommended tests and treatments, outcomes, overall cost of care, and patients' experiences. The online directory is free to users. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110629wklynewsbrfs.html#NewsArticleParsys97393>, and <http://www.rwjf.org/qualityequality/product.jsp?id=71857>.

New Toolkit Helps Practices Evaluate Efficiencies Before Implementing Health IT

The University of Wisconsin–Madison's Center for Quality and Productivity Improvement recently released a toolkit designed to help small and medium-sized practices evaluate their workflow, and redesign their practice before implementing health information technology (IT). The Workflow Assessment for Health IT Toolkit, which is funded by the Agency for Healthcare Research and Quality, is based on the premise that successful implementation of health IT in a practice is proportional to how the new technology will impact clinical and administrative workflow. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110706wklynewsbrfs.html#NewsArticleParsys78241>, and http://healthit.ahrq.gov/portal/server.pt/community/health_it_tools_and_resources/919/workflow_assessment_for_health_it_toolkit/27865.

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