

## CMS Campaign Raises Awareness of New Preventive Benefits for Medicare Patients

Physicians could see a dramatic increase in the number of Medicare beneficiaries seeking preventive services after the recent launch of the Centers for Medicare and Medicaid Services' (CMS) "Share the News; Share the Health" campaign. The campaign aims to make Medicare patients aware of free preventive services available to them as a result of the Patient Protection and Affordable Care Act. As of January 1, 2011, beneficiaries can receive an annual wellness visit free of charge. During this visit, patients can work with their physician to develop and update a personalized health care plan that considers preventive services and additional services appropriate to their needs. Approximately 5.5 million beneficiaries have used one or more of the new preventive benefits, according to CMS; however, the campaign is aimed at the total Medicare population of 33 million. The campaign will include public service announcements on radio and television, as well as an online advertising campaign on the Medicare Web site. The U.S. Department of Health and Human Services (HHS) also will distribute posters and collateral materials to senior centers, retirement communities, and other places where older adults gather. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110713wellexamcampaign.html>, and <http://www.medicare.gov/share-the-health/>.

## New Telemedicine Project Connects Primary Care Physicians with Dermatologists

A telemedicine pilot project funded by the American Academy of Dermatology is linking primary care physicians and patients with local dermatologists. Now available in 26 clinics in six states, the project provides participating clinics with a cell phone loaded with telemedicine software. With the new software application, a primary care physician seeking a dermatologic consultation is prompted to answer a series of questions. Then the physician sends the patient's history with a photo of the patient's condition (taken with the patient's permission) to a local dermatologist via a specific Web portal. The dermatologist responds with a diagnosis and a treatment plan at no cost. If the dermatologist thinks the condition warrants further specialty care, the patient gets an appointment within 10 days. Although teledermatology works well for conditions such as eczema and psoriasis, participants warn that it is not a substitute for total body examination if malignancies are suspected. Participating

physicians hope this type of program will improve access to dermatologists for uninsured and underinsured patients, and eventually for patients in underserved areas. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110713telederm.html>.

## Revised Medicare ABN Form Is Available Now, Becomes Mandatory This Fall

A revised Advance Beneficiary Notice of Noncoverage (ABN) form is now available online from CMS. Use of the revised form will become mandatory on November 1, 2011, and the previous version will be considered invalid. The ABN is issued to patients by physicians and other health care professionals, laboratories, and suppliers in situations where Medicare payment is expected to be denied. Because using the appropriate form is critical to getting paid, physicians are advised to start using the revised form before the deadline. The revised forms have "Form CMS-R-131" and the date "03/11" in the lower left-hand corner of the document. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110712revisedabnform.html>, and [http://www.cms.gov/BNI/02\\_ABN.asp](http://www.cms.gov/BNI/02_ABN.asp).

## AHRQ Brief Highlights Ways to Improve Patient Engagement in the PCMH

The Agency for Healthcare Research and Quality (AHRQ) has issued a brief that highlights opportunities to improve patient engagement in primary care through the patient-centered medical home (PCMH). The brief focuses on three levels of involvement: engagement of patients and families in their own care, quality improvement activities in the primary care practice, and the development and implementation of policy and research related to the PCMH. It also outlines six strategies for decision makers to help put patients at the center of the PCMH. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110727wklynewsbrfs.html>.

## Cross-training Family Physicians, General Surgeons Could Enhance Care in Rural Areas

Instituting programs in medical schools and residencies to cross-train family physicians and general surgeons could enhance the level of care for rural populations, according to American Academy of Family Physicians President Ted Epperly, MD. Epperly spoke at a forum sponsored by the American Board of Family Medicine where he advocated for the development of combined

family medicine/surgical training or combined fellowships to ensure that family physicians and general surgeons are prepared for conditions in rural settings. Because there is a shortage of physicians in many rural areas, family physicians and general surgeons often provide coverage for each other and collaborate to ensure patients can get the care they need. Ultimately, Epperly said, family physicians will need to learn certain endoscopic, obstetric, and surgical skills to provide better care for patients in these areas. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110720ruralgcforum.html>.

### **Tdap Vaccine Booster Now Approved for Use in Adults 65 Years and Older**

The U.S. Food and Drug Administration (FDA) has approved a request by pharmaceutical manufacturer GlaxoSmithKline to further supplement its biologics license application for its tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine to include adults 65 years and older. The vaccine, marketed as Boostrix, initially was approved in 2005 as a single booster dose for patients 10 to 18 years of age. In 2009, the FDA approved expanded use of the drug as a booster for adults 19 to 64 years of age. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110713wklynewsbrfs.html>.

### **MEDWATCH: Varenicline May Increase the Risk of Cardiovascular Adverse Events**

The FDA has notified the public that use of the smoking cessation aid varenicline (Chantix) may be associated with an increased risk of cardiovascular events in persons with cardiovascular disease (CVD). Results of a randomized controlled trial of smokers with CVD showed an increase in certain events, including myocardial infarction, in those treated with varenicline compared with those treated with placebo. Physicians are encouraged to weigh the benefits of varenicline against the risks before prescribing the drug in patients with CVD. For more information, visit <http://www.fda.gov/Drugs/DrugSafety/ucm259161.htm>.

### **HHS Proposes Rules to Assist States with Development of Health Insurance Exchanges**

HHS has issued proposed rules to help states create health insurance exchanges. The exchanges, which are called for in the Patient Protection and Affordable Care Act, are expected to allow individuals and business owners to purchase private health insurance through state-based competitive marketplaces. The proposed rules establish minimum standards for the exchanges, and are intended to give states flexibility to design

exchanges that fit their insurance markets and are compatible with steps states have already taken to develop exchanges. Although the health care reform law requires insurance plans in the exchanges to provide an "adequate" network of physicians and other providers, states are permitted to determine what is considered adequate. Exchanges officially open on January 1, 2014, but the law requires open enrollment periods for consumers to sign up before that date. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110713wklynewsbrfs.html>, and [http://www.ofr.gov/OFRUpload/OFRData/2011-17610\\_PI.pdf](http://www.ofr.gov/OFRUpload/OFRData/2011-17610_PI.pdf).

### **Academic Family Medicine Groups Launch New Educational Research Resource**

The Council of Academic Family Medicine (CAFM) Educational Research Alliance has created a new clearinghouse of data on family medicine. Residents and faculty can use these data for research and analysis to meet scholarly activity requirements. Data for the clearinghouse will be collected through surveys of family medicine department chairs, residency program directors, clerkship directors, and behavioral science directors. Each survey will combine queries about core family medicine education information with specific questions submitted by CAFM members. The initial round of data is expected to be available by November. Specific topics covered in the inaugural survey are managing the early assessment of residents' clinical skills, physician workforce issues, an assessment of Society of Teachers of Family Medicine's Shots program, and oral health curricula in residencies. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110719cera.html>.

### **Physicians Report Top Work-Related Challenges in Annual MGMA Survey**

The Medical Group Management Association (MGMA) has released results from its fourth annual survey, "Medical Practice Today: What Members Have to Say," which covers work-related challenges for physicians and practice managers. The top two challenges reported in this year's survey appeared on the list for the first time. These included gearing up for new payment models in which practices assume a greater share of financial risk, and taking part in CMS' Medicare or Medicaid electronic health record incentive programs. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110726mgmachallenges.html>.

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