

### **HHS Launches Initiatives to Encourage Coordinated Care of Medicare Beneficiaries**

The U.S. Department of Health and Human Services (HHS) has announced the launch of two new initiatives intended to help primary care physicians form Accountable Care Organizations to better serve Medicare beneficiaries. In such an organization, physicians, hospitals, and other health care professionals would collaborate in the treatment of individual patients across care settings (e.g., offices, hospitals, long-term care facilities), greatly improving the quality of care that these patients would receive. The first initiative, the Medicare Shared Savings Program, offers incentives to participating health care professionals who agree to work together and become accountable for coordinating patient care. Physicians who use this model and meet certain quality standards may share in the savings they achieve for the Medicare program. The higher the quality of care delivered, the more shared savings the physicians can keep. The second initiative, the Advance Payment model, offers support to physician-owned and rural health care practices taking part in the Medicare Shared Savings Program who would benefit from additional start-up resources to create the necessary infrastructure for an Accountable Care Organization, such as new staff or information technology systems. The advance payments would be recovered from any future shared savings achieved by this collaboration. The final rule on the Medicare Shared Savings Program is available at <http://www.healthcare.gov/law/resources/regulations/index.html>. For more information, visit <http://www.hhs.gov/news/press/2011pres/10/20111020a.html>.

### **Government Agencies Support AAP Infant Safe Sleep Recommendations**

The HHS, Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration, and many others have expressed their support for the recent expansion of the American Academy of Pediatrics (AAP) recommendations for reducing the risk of sudden infant death syndrome (SIDS) to include the creation of a safe sleep environment to lower the risk of all sleep-related infant deaths. The AAP recommendations now identify the risks of both SIDS and death from known sleep-related causes, such as suffocation from soft bedding materials and entrapment from inappropriate sleep situations, such as becoming lodged between a mattress and headboard. The accidental suffocation that occurs

in many cases of sudden unexpected infant death can be prevented with a few simple precautions, including use of a supine sleep position and a firm sleep surface; room sharing without bed sharing; breastfeeding; routine immunizations; and avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs. Physicians are also encouraged to educate patients on ways to reduce the risk of all sleep-related infant deaths, including SIDS, suffocation, and other accidental deaths. The AAP recommendations are available at <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284>. For more information, visit [http://www.cdc.gov/media/releases/2011/p1019\\_infantsleep\\_recs.html](http://www.cdc.gov/media/releases/2011/p1019_infantsleep_recs.html).

### **Major Reforms in Content and Format Are Needed to Ensure the Future of GME**

The Josiah Macy Jr. Foundation recently released a report calling for major reforms in the content and format of graduate medical education (GME) in the United States. The report, "Ensuring an Effective Physician Workforce for the United States: Recommendations for Reforming Graduate Medical Education to Meet the Needs of the Public," provides a summary of recommendations made with the input of 49 Macy Foundation workgroup participants, and complements an earlier Macy Foundation report that focuses on changing the way GME is financed and governed. According to the report, the United States could face a shortage of 100,000 primary care physicians by the middle of the next decade. The report offers recommendations for change in six specific areas: accountability, diversity, efficiency, lifelong learning, flexibility, and research. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20111019macyreportgme.html>.

### **CDC Renews Call for Family Physicians to Transition from PCV7 to PCV13**

A recent CDC data review showed that children younger than five years continue to develop invasive pneumococcal disease despite updated recommendations. This has prompted the CDC to renew its call for appropriate immunization against *Streptococcus pneumoniae* infection. According to the CDC, more than 4,000 U.S. children are diagnosed with invasive pneumococcal disease each year, which can manifest as bacteremia, pneumonia, and even meningitis. In December 2010, the CDC's

Advisory Committee on Immunization Practices (ACIP) recommended the use of a newly approved 13-valent pneumococcal conjugate vaccine (PCV13) in place of the seven-valent pneumococcal conjugate vaccine (PCV7) after pneumococcal strains not covered by PCV7 continued to cause disease. ACIP recommends that PCV13 be given to children at two, four, six, and 12 to 15 months of age. Because patients who have received only the PCV7 vaccine are still at risk of disease caused by serotypes unique to PCV13, the CDC strongly recommends that physicians review patient immunization records; provide patients 14 to 59 months of age who have completed the full PCV7 series a supplemental dose of PCV13 at the next scheduled office visit if they have not yet received the new vaccine; and use PCV13 rather than PCV7, even if office supplies of PCV7 are not yet exhausted. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20111019pcv13vacc.html>.

### **CDC Releases Initial FluView Report for the U.S. 2011-2012 Influenza Season**

The CDC has released its initial FluView report for the U.S. 2011-2012 influenza season, stating that because influenza activity is currently low, this is a good time for people to be vaccinated. The CDC routinely monitors influenza activity in the United States year-round with a system that determines when and where influenza activity is occurring, ascertains which influenza viruses are circulating, and detects changes in influenza viruses. The system also measures the burden of influenza disease in the United States, including tracking influenza-related illnesses, hospitalizations, and deaths. According to the report, more than 110 million doses of vaccine had been administered in the United States as of the end of September, with manufacturers projecting a total production of between 166 and 173 million doses. The CDC FluView report is published every Friday from October through mid-May, and appears at [http://www.cdc.gov/flu/weekly/fluactivity\\_surv.htm](http://www.cdc.gov/flu/weekly/fluactivity_surv.htm). For more information, visit [http://www.cdc.gov/media/releases/2011/p1014\\_fluview\\_report.html?source=govdelivery](http://www.cdc.gov/media/releases/2011/p1014_fluview_report.html?source=govdelivery).

### **NQF Launches New Web-Based Tool to Aid in Standardized Performance Measurement**

The National Quality Forum (NQF) has launched a Web-based tool to make it easier for health care professionals to access and use NQF measures. The new tool, the quality positioning system, lets users search for measures by name, number, or key search terms. Users can also browse measures by conditions, care settings, data source, and other variables, as well as develop individualized

portfolios of measures. The NQF is a nonprofit organization that evaluates and endorses tools for standardized performance measurement in health care. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111019wklynewsbrfs.html>.

### **Growing NHSC Enrollment Allows Members to Serve More Than 10 Million U.S. Patients**

According to the HHS, the number of physicians and other health care professionals who are members of the National Health Service Corps (NHSC) has nearly tripled in the past three years. In 2008, there were 3,600 members, but the number of enrollees increased this year to more than 10,000. The HHS attributes the increase in enrollment to investments made in the program by the Patient Protection and Affordable Care Act and the American Recovery and Reinvestment Act of 2009, in addition to annual appropriations. Because the NHSC has relied on these funding sources, it has been able to award nearly \$900 million in scholarships and loan repayments to physicians and other health care professionals in the past few years, making it possible to provide health care services to about 10.5 million patients nationwide in 2011. That is an increase of about 6.8 million patients over the number served by NHSC members three years ago. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111019wklynewsbrfs.html>.

### **MEDWATCH: Nasal Spray Recalled After Possible Bacterial Contamination**

Insight Pharmaceuticals has voluntarily recalled one lot of its Nostrilla Nasal Decongestant nasal spray because of possible contamination with the respiratory pathogen *Burkholderia cepacia*. Patients with immunocompromise and those with underlying pulmonary conditions, especially cystic fibrosis, are at increased risk of serious infection if exposed to *B. cepacia*. To date, no illnesses associated with the recalled nasal spray have been reported, and the possibility of *B. cepacia* infection in healthy persons is unlikely. The affected lot (no. 11G075) includes more than 34,000 bottles of product that were distributed to pharmacies and retail outlets nationwide. The bottles are marked with the Universal Product Code 6373673005 and an expiration date of 05/2014. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20111021nostrilla.html>, or <http://www.fda.gov/safety/recalls/ucm276771.htm>.

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