

Study Shows Potential Impact of Graduate Medical Education Funding Cuts

Cuts to graduate medical education funding could lead to dramatic reductions in core residency programs, which include family and general medicine, according to a study by the Accreditation Council for Graduate Medical Education (ACGME). The study was conducted in response to funding cuts that were under consideration by the Joint Select Committee on Deficit Reduction, also called the “supercommittee,” and included nearly 70 percent of all ACGME-accredited programs in the United States. Responders indicated how federal funding would affect their programs. Although stable funding would not lead to dramatic changes, a 33 percent drop in funding would prompt 68.3 percent of the programs to reduce core residency positions and 4.3 percent to close all core residency programs. A 50 percent funding decrease would prompt 82.3 percent of the programs to reduce core residency positions and 14 percent to close all core residency programs. The ACGME is concerned that anxiety about potential funding cuts may lead graduate medical education programs to reduce positions or eliminate programs, even if the funding cuts do not materialize. On November 21, 2011, the supercommittee announced that it had reached an impasse and would not be able to come to an agreement on the federal budget. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20111115gmefunding.html>, and <http://www.acgme.org/acWebsite/home/ImpactReductionFederalGMEFundingTJN.pdf>.

AHRQ Study Highlights the Benefits and Challenges of Electronic Prescribing

Although physicians and pharmacists have a positive view of electronic prescribing (e-prescribing), a study from the Agency for Healthcare Research and Quality (AHRQ) shows that there are barriers to realizing the full potential of the technology. “Transmitting and Processing Electronic Prescriptions: Experiences of Physician Practices and Pharmacies,” which was published online November 17, 2011, by the *Journal of the American Medical Informatics Association*, focused on the electronic exchange of prescription data between physicians and pharmacies and included 24 physician practices, 48 community pharmacies, and three mail-order pharmacies. All groups were generally positive about the electronic transmission of new prescriptions; however, problem areas included prescription renewals, connectivity between

the physician practices and mail-order pharmacies, and manual entry of some prescription information by the pharmacists (e.g., drug name, dosage, quantity, patient instructions). Approximately three-fourths of physician practices reported difficulty sending new prescriptions and renewals to mail-order pharmacies, and many believed that these pharmacies were unreliable. Pharmacies reported the need to sometimes manually edit prescription information, including rewriting instructions so that patients could understand them. The study concluded that resolving these issues will require collaboration among the federal government, organizations that set e-prescribing standards, and vendors. For more information, visit <http://www.ahrq.gov/news/press/pr2011/eprescribep.html>, and <http://jamia.bmj.com/content/early/2011/11/17/amiajnl-2011-000515.full>.

CMS Demonstrations Target Common Factors Leading to Improper Payment

The Centers for Medicare and Medicaid Services (CMS) is launching three demonstration programs aimed at reducing improper payments. The first two programs will focus on types of claims and states that are associated with a high rate of payment errors. The third program will include a representative sample of 380 hospitals around the United States that volunteer to be part of the program. The Recovery Audit Prepayment Review program will allow for prepayment reviews of certain claims to ensure correct payment, instead of looking for improper payments after they have been paid. The Prior Authorization for Certain Medical Equipment program will require review of certain medical equipment claims to confirm that the patient’s medical condition warrants the use of the equipment under current coverage guidelines. The Part A to Part B Rebilling program will allow hospitals to rebill for 90 percent of an outpatient Part B payment when a Part A inpatient short-stay claim is denied because it was billed for the wrong setting. For more information, visit <https://www.cms.gov/apps/media/press/factsheet.asp?Counter=4176&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500>.

More than 100,000 Primary Care Physicians Adopt EHRs Through Extension Centers

The U.S. Department of Health and Human Services (HHS) has announced that more than 100,000 health care professionals in primary care have worked with

their Regional Extension Centers to adopt certified electronic health records (EHRs). The nationwide network of Regional Extension Centers was created as part of the American Recovery and Reinvestment Act of 2009. They offer guidance and resources to health care professionals in primary care and in underserved areas who want to transition from paper records to EHRs. These physicians have limited budgets, information technology staff, and broadband access, which are barriers to EHR adoption. Those who meet certain meaningful use criteria are eligible for incentive payments through Medicare and Medicaid EHR Incentive Programs. One-half of those who have committed to adopting EHRs are in small group practices, 18 percent are in community health centers, 11 percent are in public hospitals, and 21 percent are in other underserved settings. For more information, visit <http://www.hhs.gov/news/press/2011pres/11/20111117a.html>.

Family Physicians Can Influence Patient Weight Loss, According to NIH Study

Two recent studies funded by the National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH) show that support by family physicians helps patients lose weight. The first study showed that patients who had support from their primary care physicians and additional coaching by telephone, Internet, or e-mail lost up to 5 percent of their body weight and were able to keep it off for two years. The second study supported these results, finding that lifestyle counseling sessions with the option of using a weight loss medication or meal replacements, such as liquid shakes or meal bars, helped one-third of patients lose weight and keep it off for two years. According to Susan B. Shurin, MD, acting director of the National Heart, Lung, and Blood Institute, these kinds of studies are important to empower health care professionals to help reduce obesity in the United States. The studies were part of the Practice-based Opportunities for Weight Reduction trials and were published online by *The New England Journal of Medicine*. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111123wklynewsbrfs.html#NewsArticleParsys37109>.

MEDWATCH: New Data Prompt Label Changes for Cholesterol Drug

Recent data have called into question the effectiveness of fenofibrate (Trilipix). The Action to Control Cardiovascular Risk in Diabetes (ACCORD) Lipid trial has shown that Trilipix does not reduce morbidity and mortality from coronary heart disease. The U.S. Food and Drug Administration (FDA) is requiring that these

data be added to the medication's label, and that the manufacturer conduct a clinical trial to evaluate the effects of Trilipix in patients at high risk of cardiovascular disease who are already taking statins. The FDA suggests that physicians consider the risks and benefits before prescribing the drug, counsel patients about these risks and benefits, and encourage patients to read the information that comes with the prescription. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20111116trilipix.html>.

U.S. Leads Other Nations in Preventable Hospitalizations from COPD, Asthma

Compared with other industrialized nations, the United States does not do enough to avoid hospitalizations from chronic conditions, such as chronic obstructive pulmonary disease (COPD) and asthma, that could be managed through appropriate primary care. This is according to a study from the Organisation for Economic Cooperation and Development (OECD), which is based in Paris, France. The "Health at a Glance 2011: OECD Indicator" study shows that although the United States leads in health care spending among the 34 nations studied, 121 per 100,000 U.S. adults were hospitalized for asthma in 2009, and 230 per 100,000 adults were hospitalized for COPD. Both numbers far exceed those of other nations in the study, which averaged 52 hospitalizations for asthma and 198 for COPD. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111123wklynewsbrfs.html#NewsArticleParsys65968>, and http://www.oecd.org/document/11/0,3746,en_2649_33929_16502667_1_1_1_1,00.html.

YouTube Video Educates Patients on the Appropriate Use of Antibiotics

The FDA has released a short consumer health video on YouTube to help curb the overuse of antibiotics. The video teaches patients about the importance of antibiotics in fighting bacterial infections, why the drugs are not effective for viral infections, and how misusing them can lead to resistance. It also urges patients to take antibiotics as directed, to not share or save antibiotics, and to avoid pressuring physicians to prescribe antibiotics. The video, "Get Smart About Antibiotics," is available at <http://www.youtube.com/watch?v=JiMrcOc3HBM>. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111116wklynewsbrfs.html#NewsArticleParsys86567>.

— AAFP AND AAFP NEWS NOW STAFF

For more news, visit **AAFP News Now** at <http://www.aafp.org/news-now>. ■