

Congress Provides Near-Level Funding for Primary Care Training Programs

President Obama has signed the fiscal year 2012 appropriations bill that provides nearly \$40 million in funding for Title VII of the Public Health Service Act. This figure is roughly the same amount allocated for the program in 2011, but all U.S. Department of Health and Human Services (HHS) programs are subject to a 0.189 percent rescission, which means that the total amount of funding for Section 747 of Title VII will be slightly less in 2012 than in 2011. This is the only federal program that provides funds specifically to academic programs to increase the number of primary care health professionals. The \$40 million is less than the nearly \$140 million President Obama requested for the program in 2012. The spending measure, known as the “megabus” appropriations bill, also eliminates discretionary funding for the National Health Service Corps (NHSC). However, the Patient Protection and Affordable Care Act created an NHSC reserve fund that provides \$295 million for the program in 2012. Overall, the megabus bill provides \$69.7 billion for HHS in 2012—a \$700 million reduction from 2011—and \$6.5 billion for the Health Resources and Services Administration—a decrease of \$41 million from 2011. For more information, visit <http://www.aafp.org/news-now/government-medicine/20111222gmebudget.html>.

CMS Project to Test Home Health Delivery for Patients with Chronic Diseases

The Centers for Medicare and Medicaid Services (CMS) is introducing a new project to test the effectiveness of delivering primary care services in a home setting to Medicare patients with multiple chronic conditions. Physicians or nurse practitioners who provide primary care home health visits as part of their medical practices are invited to submit applications to participate in the Independence at Home Demonstration by February 6, 2012. As many as 50 practices will be chosen. Practices are eligible for incentive payments if they provide high-quality care and reduce Medicare expenditures. Practices must serve at least 200 fee-for-service Medicare patients who have multiple chronic conditions and functional limitations. If selected, practices will be responsible for patient care coordination with other health and social service professionals. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111221wklynewsbrfs.html> and <https://www.cms.gov/apps/media/press/release.asp?Counter=4231>.

Bill Establishes Pilot Project for Distributing GME Funds in Nonhospital Settings

A bipartisan graduate medical education (GME) bill that would establish a pilot project to test and support primary care training in nonhospital settings has been introduced in the U.S. House of Representatives. H.R. 3667, known as the Primary Care Workforce Access Improvement Act of 2011, would allow a portion of GME payments to go directly to community-based primary care residency programs. Those programs then would collaborate with local hospitals to provide necessary training in inpatient care. Currently, Medicare GME funding is funneled solely through hospitals. However, this model does not compensate for many of the costs of training in nonhospital settings, which is where most primary care services are provided and where primary care residents need to spend the bulk of their training time. The bill would establish a five-year pilot to test four models whose principal mission is the education and training of primary care physicians. The models identified for testing are: a community entity working with two or more hospitals; two hospitals working together to develop a primary care program; a hospital subsidiary or independent corporation working with the community to further primary care; and a medical school or university collaborating with a hospital. GME payments made directly to the medical education entity would be based on that entity’s number of full-time equivalent residents, according to the bill. For more information, visit <http://www.aafp.org/news-now/government-medicine/20111221gmebill.html>.

CMS Delays Enforcement of 5010 Version of Transaction Standards for Three Months

CMS will exercise a 90-day period of enforcement discretion regarding the transition by physicians and other entities to the version 5010 format for the electronic transfer of health information. The new timeline pushes the enforcement deadline to March 31, 2012. The 5010 version of the transaction standards was mandated by the Health Insurance Portability and Accountability Act, and replaces the 4010/4010A1 transaction standards. According to a CMS statement, the agency based its enforcement decision on industry feedback that a number of organizations and their trading partners would not be able to finalize system upgrades in time to meet the original deadline of January 1, 2012. From January through March 2012, CMS will continue to accept

complaints lodged against practices that are not compliant with the 5010 transaction standards, although no civil or monetary penalties will be assessed. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20111213transaction5010.html> and https://www.cms.gov/ICD10/11a_Version_5010.asp.

HHS Survey Data Show Increase in Insurance Coverage Among Young Adults

The percentage of adults between 19 and 25 years of age with health insurance has jumped by about 2.5 million since October 2010. According to HHS, which based its findings on data from the National Health Interview Survey, the increase is due, in large part, to a provision in the Patient Protection and Affordable Care Act that allows young adults to remain on their parents' insurance plans through the age of 26. This figure is consistent with data from the first three months of 2011, which showed that 1 million more young adults had insurance coverage compared with the same time in 2010. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111214wklynewsbrfs.html> and <http://aspe.hhs.gov/health/reports/2011/YoungAdultsACA/ib.shtml>.

CDC Report: Physician Use of Electronic Health Records Continues to Increase

According to a report from the Centers for Disease Control and Prevention (CDC), nearly 60 percent of office-based physicians used an electronic health record or an electronic medical record in 2011, compared with 51 percent in 2010. Prevalence of use ranged from 40 percent in Louisiana to 84 percent in North Dakota. About one-third of physicians said they had a system that met the criteria for a basic system, which was defined as having the following functionalities: patient history and demographics, patient problem list, physician clinical notes, comprehensive list of patient medications and allergies, computerized orders for prescriptions, and ability to view laboratory and imaging results electronically. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111214wklynewsbrfs.html> and <http://www.cdc.gov/nchs/data/databriefs/DB79.pdf>.

New Influenza Vaccine Manufacturing Plant Could Help Expedite Pandemic Response

The first cell-based influenza vaccine manufacturing plant in the United States was dedicated in Holly Springs, N.C., on December 12, 2011. Funded through a partnership between HHS and Novartis Vaccines and Diagnostics Inc., the Holly Springs plant uses cultured animal cells instead of fertilized eggs to create vaccine, according to an HHS news release. In the event of a pandemic, vaccine supplies could become available earlier because

the new process does not require embryonated chicken eggs to produce the vaccine. Because growing vaccine from chicken eggs is slow and costly, HHS invested \$1 billion in 2006 to develop a more efficient and effective method. The new plant is capable of making up to 25 percent of the vaccine necessary to treat a pandemic in the United States, according to HHS. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111214wklynewsbrfs.html> and <http://www.hhs.gov/news/press/2011pres/12/20111212a.html>.

Facebook Launches Tool for Users to Report Suicidal Comments

Facebook's newly launched "Report Suicidal Content" link uses social networking in conjunction with crisis support in an attempt to reduce the number of suicides throughout North America. The tool can be used to report suicidal comments from friends to the Facebook link or to other content-reporting links on the site. According to a news release from the Substance Abuse and Mental Health Services Administration, the person who posted the comment will immediately receive an email from Facebook encouraging them to call the National Suicide Prevention Lifeline 1-800-273-TALK (273-8255) or to click on a link to begin a confidential chat session with a crisis worker. According to the CDC, 35,045 suicide deaths were reported among persons 18 years and older in the United States in 2008, placing suicide among the top 10 leading causes of death for the first time since 1998. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111214wklynewsbrfs.html>.

Several States Plan to Decrease Funding of Community Health Centers in 2012

According to a study from the National Association of Community Health Centers, nearly 20 states plan to decrease funding for community health centers (CHCs) during the 2012 fiscal year, and six of these states will decrease funding for CHCs by more than 30 percent. The report, "Community Health Centers Face Growing Demand From Newly Uninsured Patients," found that 35 states will provide funding to health centers in the current fiscal year, appropriating a total of \$335 million for the CHCs in 2012. That amount is nearly \$60 million less than the 2011 fiscal year, and represents a seven-year low. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111214wklynewsbrfs.html>.

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