

United States Making Little Progress in Increasing Adult Vaccination Rates

Although adult vaccination coverage increased slightly in 2010 compared with 2009, an analysis of data from the 2010 National Health Interview Survey shows that overall vaccination coverage remains low, and has demonstrated little progress in meeting the goals of the Healthy People 2020 initiative. The analysis was conducted by the Centers for Disease Control and Prevention (CDC), and published in a recent issue of *Morbidity and Mortality Weekly Report*. According to the data, between 2009 and 2010, coverage for the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine in adults 19 to 64 years of age increased 1.6 percent; coverage for the herpes zoster vaccine in persons 60 years and older increased 4.4 percent; and the number of women 19 to 26 years of age who received one or more doses of human papillomavirus vaccine increased 3.6 percent. However, coverage rates for the hepatitis A vaccine increased only slightly among adults 19 to 49 years of age, and coverage rates for the pneumococcal and hepatitis B vaccines remained virtually unchanged. Overall, adult vaccination coverage rates are significantly lower than those for children. According to Dr. Jamie Loehr, the American Academy of Family Physicians (AAFP's) liaison to the CDC's Advisory Committee on Immunization Practices, the differences in coverage rates can be attributed to several factors, including cost, adult patient beliefs, and fragmented care. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120215adultvaccs.html>.

RAND Report Identifies Obstacles to Boosting Adult Vaccination Rates

The RAND Health Corporation has issued a report that reviews the difficulties that prevent many adult patients from receiving vaccinations, and identifies ways to improve the promotion and delivery of vaccines in those patients. The authors of the report noted several obstacles that keep adult patients from getting vaccinated, including a lack of public knowledge about the risks of vaccine-preventable disease, skepticism and concerns about the safety and effectiveness of vaccines, and a lack of vaccination-related performance measures and incentives. The report also examines the role physicians play in vaccine delivery. According to the report, physicians are "a highly influential source of advice about vaccinations," yet a substantial number of physicians who treat adults do not administer vaccinations, nor do they

discuss vaccinations with their adult patients. To improve vaccine delivery, the authors provide a number of recommendations, including collecting data to measure the economic value of vaccine promotion; developing structured vaccination protocols; developing a decision tool that will help health care professionals decide whether to administer vaccinations on-site; normalizing procedures for patient referrals; and documenting efforts that support and recommend vaccinations in adult patients. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120221randadultvaccs.html>.

Enhanced Version of TransforMED Helps Physicians Gauge PCMH Progress

TransforMED, a wholly owned, nonprofit subsidiary of the AAFP, has released an enhanced version of its Medical Home Implementation Quotient (MHIQ), a free online assessment tool designed to help physicians determine their progress toward patient-centered medical home (PCMH) recognition. The enhanced tool, MHIQ 3, lets physicians see how their practices compare with essential elements of the National Committee for Quality Assurance's (NCQA's) PCMH 2011 standards and guidelines. MHIQ 3 builds on the success of TransforMED's original MHIQ tool, which was launched in 2008 and upgraded to MHIQ 2 soon after. First-time users of MHIQ 3 are taken through a series of questions across nine modules, including queries on how the practice handles issues such as quality and safety, care coordination, health information technology, and team-based care. Physicians who previously completed MHIQ 2 will not need to start the assessment process from the beginning. Established users simply log in, and the program will automatically convert their MHIQ 2 scores to MHIQ 3. After answering 17 additional questions, the program will provide a new MHIQ 3 score and allow users to compare results with the NCQA 2011 PCMH "must-pass" standards. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120221mhiq-update.html>.

HHS to Delay Implementation of ICD-10 Codes; No New Date Established

U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius recently announced that the agency will delay implementation of the ICD-10-CM code set for outpatient diagnosis coding. The federal government had originally established a deadline to move from the existing ICD-9 code set to ICD-10 on October

1, 2013. According to an HHS news release, the organization will announce a new compliance date sometime in the future. “We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead,” said Sebelius. “We are committing to work with the provider community to re-examine the pace at which HHS and the nation implement these important improvements to our health care system.” AAFP President Glen Stream, MD, MBI, remarked that he was “very encouraged” by the agency’s decision to delay implementing the ICD-10 codes, adding that any additional time “will allow the Academy to provide more help to members as they prepare for this big change in their practices.” According to resources developed by the AAFP, the switch would increase the number of diagnosis codes from about 14,000 to 69,000. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120217icd10delay.html>.

SAMHSA: One in 10 Children Lives with a Parent Who Has an Alcohol Use Disorder

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a report on children who live with a parent or parents with an alcohol use disorder. According to the report, 7.5 million children younger than 18 years, or 10.5 percent of all children in this age group, live with a parent who has experienced at least one alcohol use disorder in the past year. Of these children, 6.1 million live with two parents, with one or both parents experiencing an alcohol use disorder; the remaining children lived in a single-parent household. Alcohol use disorder as defined in the report includes dependence on or abuse of alcohol, and is based on definitions found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. The report also cites previously published evidence indicating that children who live in such environments are at increased risk of depression, anxiety disorders, cognitive and verbal problems, and parental abuse or neglect; and are significantly more likely than other children to develop an alcohol use disorder themselves. For more information, visit <http://www.samhsa.gov/data/spotlight/Spot061ChildrenOfAlcoholics2012.pdf>.

Family Physicians Account for More Than One-Fifth of EHR ‘Meaningful Users’

A new data set available from the Centers for Medicare and Medicaid Services (CMS) analyzes the distribution of certified electronic health record (EHR) vendors and products among health care professionals and other providers who have attested to meaningful use as part of CMS’ EHR incentive programs. The data set can be

analyzed by state, provider type, provider specialty, and practice setting. Of the 36,000 health care professionals who have attested to meaningful use, 7,700 are family physicians (21.3 percent). To access the data set, visit <http://explore.data.gov/Science-and-Technology/CMS-Medicare-and-Medicaid-EHR-Incentive-Program-el/eybk-7w2b>.

Federal Health Care Fraud Prevention Effort Recovers Record \$4.1 Billion in 2011

According to a joint press release issued by HHS and the U.S. Department of Justice, the federal government’s health care fraud prevention and enforcement efforts recovered nearly \$4.1 billion in fiscal year 2011, the largest amount recovered in a single year. The findings were included in the Health Care Fraud and Abuse Control Program’s annual report, and were released to coincide with an announcement by CMS of a proposed rule aimed at collecting overpayments made by the Medicare program. The rule will spell out a specific time frame by which self-identified overpayments to physicians, other health care professionals, and suppliers must be reported and returned. For more information, visit <http://www.hhs.gov/news/press/2012pres/02/20120214a.html>.

MEDWATCH: FDA Warns About Link Between PPI Use and Severe Diarrhea

The U.S. Food and Drug Administration (FDA) recently issued a drug safety warning regarding the use of proton pump inhibitors (PPIs). The warning, issued last month, suggests that PPI use may increase the risk of *Clostridium difficile*-associated diarrhea. This type of diarrhea is characterized by watery stool, abdominal pain, and fever; some patients may develop more serious intestinal conditions after being exposed to the bacteria. PPIs, which reduce the production of stomach acid, are marketed under a variety of brand and generic drug names, and are available as prescription and over-the-counter products. The FDA noted that limiting the dosage and duration of PPI use can reduce the risk of developing *C. difficile*-associated diarrhea, and recommends that patients immediately contact their health care professional if they take PPIs and develop diarrhea that does not improve. The FDA is also reviewing the risk of *C. difficile*-associated diarrhea in persons who use histamine H₂ blockers, which are used to manage the same types of conditions as PPIs. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120214cdad-ppis.html>.

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