

Historic Highs of *C. difficile* Infection-Related Incidence, Deaths, and Costs

Clostridium difficile infection has become a major issue in health care settings, causing nearly 337,000 infections and 14,000 deaths each year, according to a recent Vital Signs report in *Morbidity and Mortality Weekly Report*. Recent data from the Centers for Disease Control and Prevention (CDC) indicate that about 25 percent of *C. difficile* infections arise in hospitalized patients, whereas 75 percent occur first in nursing home patients or persons who recently visited a health care office or clinic. The CDC indicates that much of the blame for the high rate of *C. difficile* infection can be traced to overuse of antibiotics. Physicians need to educate patients about antibiotic misuse and advocate for preventive measures. Because *C. difficile* spores are not necessarily killed by hand sanitizer or hand washing, the CDC recommends that health care professionals wear gloves and gowns when treating patients with *C. difficile* infection, and that room surfaces be cleaned with bleach or another Environmental Protection Agency-approved sporicidal disinfectant after an infected patient has been treated there. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120430community-onsetcdi.html>.

IOM Central Management Plan to Monitor Safety of All FDA-Approved Drugs

The Committee on Ethical and Scientific Issues in Studying the Safety of Approved Drugs of the Institute of Medicine (IOM) reports that although approval of a new drug is based on evidence that its benefits outweigh its risks, the full range of effects may not become apparent until it has been used by many different types of patients over a longer period of time. Therefore, the committee recommends that the U.S. Food and Drug Administration (FDA) create a benefit and risk assessment and management plan for every prescription drug from approval throughout its time on the market. This would allow the FDA to document each product, including safety questions that exist at the time of approval or that emerge over the course of its use, and details on regulatory actions and the results of these actions. Much of this information is already gathered by the FDA, but is currently scattered across multiple records. Having the information available in a single comprehensive document would make it easier for the public to access. Copies of the report are available at <http://www.nap.edu>.

For more information, visit <http://www.iom.edu/drug-safetyethics> and <http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=13219>.

AHRQ Resource Libraries Provide Evidence-Based Outcomes Data

A series of resource libraries offering the latest research findings and patient outcomes data for select health care topics are now available through the Effective Health Care Program of the Agency for Healthcare Research and Quality (AHRQ). Current libraries cover topics such as chronic diseases, mental health issues, diabetes mellitus, and cancer. Each library includes resources for health care professionals and patients. Health care professionals can access research reports and abstracts, research reviews, slide libraries, and continuing medical education activities. Patients can get an overview of each health condition, consumer research summaries, comparisons of various treatment options, and patient decision aides. The libraries also offer podcasts and Webcasts for physicians and patients. The libraries will be updated—and new ones added—as additional materials become available. The information in the resource libraries is free for download at <http://www.effectivehealthcare.ahrq.gov/>, and publications are available in English and Spanish. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120501ahrqresources.html>.

Quality Improvement in Health Care: Progress Continues, But Pace Remains Slow

Although patients are receiving better quality care than in past years, the pace of quality improvement is slow. However, overall access to health care was down in 2011, compared with access in 2010. According to data from the AHRQ's *National Healthcare Quality Report, 2011*, and *National Healthcare Disparities Report, 2011*, the quality of and access to health care remain sub-optimal, especially among minority and low-income populations; although quality of care is improving, access to and disparities in care are not; and urgent attention is needed to ensure continued improvements in health care quality and progress in reducing disparities among certain services, geographic areas, and populations. Progress has been uneven in working toward national priorities identified in the *National Strategy for Quality Improvement in Health Care* and the *Action Plan to Reduce Racial and Ethnic Health Disparities*,

both published by the U.S. Department of Health and Human Services last year. For instance, the proportion of adult surgery patients who received prophylactic antibiotics within one hour before surgery led the list of quality measure improvements, but the percentage of children 19 to 35 months of age who received three doses of *Haemophilus influenzae* type B vaccine saw the worst decline. Disparity between the number of black versus white patients hospitalized for congestive heart failure per 100,000 narrowed, but the gap between black and white maternal deaths per 100,000 live births increased. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120502wklynewsbrfs.html#NewsArticleParsys89619>.

CMS Covers New Technology for Medicare Patients with Aortic Stenosis

According to the Centers for Medicare and Medicaid Services (CMS), transcatheter aortic valve replacement will now be covered for Medicare patients under certain conditions. Aortic valve replacements are used in patients who have aortic stenosis. Once patients experience symptoms of aortic stenosis, treatment is critical to improve their chances of survival. Until recently, the condition has been treatable only with invasive surgery. The use of transcatheter aortic valve replacement will allow physicians to replace an aortic valve by less invasive means, through a small opening in the leg. This national coverage decision is one of the first to be finalized under a mutual memorandum of understanding between CMS and the FDA, a joint effort to get lifesaving new technology to patients sooner. Because this technology is still relatively new, certain provider, facility, and data collection criteria must first be met to ensure that these patients receive the safest and most appropriate care. For more information, visit <http://www.cms.gov/apps/media/press/release.asp?Counter=4355&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>.

DTaP Vaccine Shortage at Sanofi Pasteur Expected to Last Through September

Because of a manufacturing delay, Sanofi Pasteur has begun to limit monthly orders of two of its combination vaccines, and this will likely continue through September of this year. Supplies of the combined diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, and *H. influenzae* type b conjugate (DTaP-IPV-Hib) vaccine (Pentacel), and the diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Daptacel) are currently limited to maximize availability

of the existing DTaP supply and minimize the impact on physician offices. Sanofi Pasteur anticipates little to no impact to the routine childhood immunization schedule because GlaxoSmithKline also manufactures a DTaP vaccine that can fill the gap. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120507sanofidtapshortage.html>.

Average Annual Income of Primary Care Physicians Lower Than Other Subspecialties

According to the results of the 2012 Medscape Physician Compensation Report, average annual income for most subspecialists is greater than that for primary care physicians, including family physicians. Radiologists and orthopedic surgeons were at the top of the list with an annual income of \$315,000; cardiologists, \$314,000; and anesthesiologists and urologists, \$309,000. At the bottom of the list were internists, with an average annual income of \$165,000; family physicians, \$158,000; and pediatricians, \$156,000. The rankings were based on survey data collected from 24,216 U.S. physicians in 25 medical specialties between February 1 and 17, 2012. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120502wklynewsbrfs.html#NewsArticleParsys87414>.

SAMHSA Offers Primary and Behavioral Health Care Integration Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for up to \$35.78 million in Primary and Behavioral Health Care Integration (PBHCI) grants over the next four years. The PBHCI program will support the provision of coordinated and integrated services by offering primary and specialty care medical services within community-based mental and behavioral health settings. The goal is to improve the physical health of adults with serious mental illness who have or are at risk of concurrent primary care conditions and chronic diseases. The program is also intended to enhance patients' quality of, access to, and reliability of care; and to reduce and control the cost of care. Qualified community mental health programs are eligible to apply for RFA No. SM-12-008 by calling 1-877-SAMHSA7 (1-877-726-4727) or by downloading the application at <http://www.samhsa.gov/grants/index.aspx>. Applications are due by June 8, 2012. For more information, visit <http://www.samhsa.gov/newsroom/advisories/1205045653.aspx>.

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