

New Report Highlights Success of Patient-Centered Medical Home Model

The Patient-Centered Primary Care Collaborative (PCPCC) has published a new report that details advances in patient care and quality of care, and reductions in health care costs, among private and public agencies that have adopted the patient-centered medical home (PCMH) model. The report, *Benefits of Implementing the Primary Care Patient-Centered Medical Home*, serves as a follow-up to a study released by the PCPCC in 2010, providing updates to existing PCMH programs as well as new data on a number of initiatives undertaken since the first study, including information on cost and quality outcomes. The report includes several examples of PCMH programs that have contributed to significant improvements in the delivery and quality of patient care, with substantial decreases in health care costs. According to the report, the results “provide substantial empirical support for the PCMH and the health care professionals, health plans, employers and policymakers who are adopting it, as well as the patients and their families receiving this care.” For more information, including a link to the new report, visit <http://www.aafp.org/news-now/practice-professional-issues/20120907pcpccreportpcmh.html>.

CDC Review Finds Differences in Adolescent Vaccine Coverage Rates

An analysis of data from the 2010 National Immunization Survey–Teen, published by the Centers for Disease Control and Prevention (CDC), has found mixed results with regard to adolescent vaccine rates. The analysis determined that although overall vaccine coverage rates are increasing among adolescents, there are significant differences in vaccination rates for human papillomavirus (HPV); meningitis; and tetanus, diphtheria, and acellular pertussis (Tdap). Although 69 percent of all adolescents 13 to 17 years of age received the Tdap vaccine and 63 percent received meningococcal conjugate vaccine, only 49 percent of girls 13 to 17 years of age received at least one dose of HPV vaccine, and only 32 percent received the full three-dose series recommended by the CDC and the American Academy of Family Physicians (AAFP). The CDC estimates that approximately 6 million persons become infected with HPV each year, and approximately 12,000 women are diagnosed with cervical cancer. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120904teenhpnnumbers.html>.

AAFP to Develop CME Programs on Prescription of Opioid Medications

In July, more than 4 million health care professionals received a letter through the PDR Network outlining the U.S. Food and Drug Administration’s (FDA’s) risk evaluation and mitigation strategy requirements for extended-release and long-acting opioid medications. In response, the AAFP has announced plans to develop and accredit continuing medical education (CME) opportunities for family physicians interested in receiving more training on these types of medications. The agents include oral formulations that contain hydromorphone, morphine, oxycodone, oxymorphone, or tapentadol; transdermal delivery systems containing fentanyl (Duragesic) and buprenorphine; and methadone tablets and solutions that are indicated for use as analgesics. Manufacturers of these products are required to fund the development and dissemination of FDA-specified CME programs on extended-release and long-acting opioids. According to Ann Karty, MD, medical director in the AAFP’s Continuing Medical Education Division, the AAFP will have CME products for physicians available by March 1, 2013. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120829remsletter.html>.

AAP Updates Policy Statement on Circumcision in Newborn Boys

The American Academy of Pediatrics (AAP) has issued an updated policy statement recommending that newborn male infants be circumcised. The AAP, in a statement published August 27 in *Pediatrics*, said that a multidisciplinary panel had reviewed the available evidence and determined that the benefits of circumcision, such as the prevention of urinary tract infections, penile cancer, and the transmission of some sexually transmitted infections, outweigh the risks and justify health insurance coverage of the procedure for families who choose to have their child circumcised. In a related press release, the AAP said that the decision to circumcise ultimately rests with the parents, and that parents should consider the medical evidence in the context of their own religious, ethical, and cultural beliefs. A recent study published in the *Archives of Pediatrics & Adolescent Medicine* found that circumcision rates in the United States have decreased from 79 to 55 percent in the past two decades, resulting in an estimated \$2 billion in additional health care expenditures from higher rates of sexually transmitted infections and related cancers among uncircumcised men and their

female partners. The study authors noted that the decrease in circumcision rates appeared to coincide with reduced insurance coverage for the procedure. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120828aap-circumcision.html>.

ICD-10 Readiness Date Pushed Back to 2014

After listening to the concerns of the AAFP and other medical organizations, the U.S. Department of Health and Human Services (HHS) has pushed back the compliance date for the International Classification of Diseases, Tenth Revision (ICD-10) code set for outpatient diagnosis coding to October 1, 2014. The agency extended the deadline after realizing that the transition could place unexpected administrative and financial burdens on family physicians and other health care professionals who run small practices. AAFP president Glen Stream, MD, MBI, thanked the HHS for extending the deadline, while acknowledging that the shift to ICD-10 “will require months of planning and execution” by family physicians and their staff. The AAFP is developing a number of resources to help family physicians make a smooth transition to the new code set, which is expected to increase the number of diagnosis codes available to physicians to more than 68,000. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120829icd-10deadline.html>.

Meaningful Use of Electronic Health Records, Stage 2: Positives and Negatives

Just as many family physicians were getting comfortable with the requirements of stage 1 of meaningful use of electronic health records (EHRs), the HHS has released the final rule for stage 2 of meaningful use. Although stage 2 requirements do not have to be met until October 2014, Steven Waldren, MD, director of the AAFP’s Center for Health IT, noted some provisions in the rule of which family physicians should be aware. For example, one criterion requires that a minimum of 5 percent of all unique patients seen by a physician view, download, or transmit their health information to a third party during the EHR reporting period for the physician to achieve meaningful use and receive an EHR incentive payment. Although this criterion was reduced from an original requirement of 10 percent and encourages patient engagement, Dr. Waldren noted that the rule creates a precedent whereby future Medicare penalties could be tied to the inactivity of individuals outside of a physician’s practice—in this case, patients. The AAFP also expressed concern about language that penalizes physicians and other health care professionals who are not meaningful users of EHRs by October 2014, and about a provision regarding computerized physician order entry for laboratory and radiology

orders. The AAFP recommends that family physicians contact regional extension centers sooner rather than later to help them implement EHRs and to achieve meaningful use. The AAFP is also working with its members to keep them updated on the additional rules included in stage 2, and to provide resources for their use. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120905stage2mu.html>.

Erectile Dysfunction May Help Predict Risk of Cardiovascular Disease

A report in *Mayo Clinic Proceedings* recommends that cardiovascular risk evaluation for all men include an assessment of sexual function. The authors of the report reached the recommendation based on a growing body of evidence suggesting that erectile dysfunction in young men is a red flag for cardiovascular disease later in life. Using data from previous studies, the authors found that erectile dysfunction was more predictive of coronary artery disease in men 40 to 49 years of age than in older men, and that the incidence of atherosclerotic cardiovascular events in men younger than 40 years who had erectile dysfunction was more than seven times higher than that in a reference population representative of men in Western Australia. The authors suggest that the presence of erectile dysfunction may be especially useful in determining cardiovascular risk in younger men and minorities, whose risk may be underestimated by global assessments such as the Framingham Risk Score. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120905wklynewsbrfs.html#NewsArticleParsys74944>.

The Importance of HIV Home Testing Kits

Rapid, oral fluid human immunodeficiency virus (HIV) home tests may play an important role in preventing HIV exposure in high-risk men who have sex with men. A study published in *AIDS and Behavior* examined the willingness of high-risk, non-HIV-infected men to use the kits and to ask potential casual partners to take an HIV test before having unprotected sex. No sexual intercourse took place after positive HIV tests were indicated. The tests were widely accepted; participants reported wanting to continue using the kits and to be able to purchase them without a prescription. The authors concluded that home tests may be a cost-efficient and effective prevention method if they are made available in networks in which high-risk sexual practices are common. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120905wklynewsbrfs.html#NewsArticleParsys98660>.

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