

Study Links Extended Physician Office Hours with Lower Health Care Costs

Physicians who offer extended office hours may help patients keep their health care costs down, according to a study in the September/October issue of *Annals of Family Medicine*. The study, which was conducted by researchers at the Center for Healthcare Policy and Research at the University of California Davis School of Medicine, analyzed data from 30,714 patients and compared those who had access to extended office hours with those who did not. The researchers found that patients whose usual source of care remained open during evening and weekend hours had less use of and lower associated expenditures for office visits, prescription medications, emergency department visits, and hospitalizations than patients without such access. However, they concluded that it is not clear whether the extended hours account for lower costs or whether the extended hours are indicative of practices that generally do a good job of controlling expenditures. Overall, total health care expenditures for patients with extended access to their primary care physician were 10.4 percent lower than for patients without expanded access. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120919officehoursstudy.html>.

CMS Set to Begin Audits of Claims Containing Targeted CPT Codes

Audits are scheduled to begin on medical claims that contain higher-level current procedural terminology (CPT) codes for evaluation and management (E/M) services. Physicians who practice in region C of the Centers for Medicare and Medicaid Services' (CMS') Recovery Audit Contractor program will be the first to undergo the latest in a series of audits that will focus on claims using higher-level E/M codes—specifically, CPT codes 99214 and 99215—that are commonly billed by family physicians and that are vulnerable to fraud and abuse, according to a report from the U.S. Department of Health and Human Services (HHS) Office of Inspector General. Region C is made up of Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico, and the U.S. Virgin Islands. However, physicians in other states should be on alert, because the audit process is scheduled to be expanded to the rest of the United States. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120918raudaits.html>.

United States Trails Other Countries in Percentage of Avoidable Deaths

Although the percentage of deaths that could have been avoided with timely health care continues to decline in the United States, it still lags behind England, France, and Germany. According to investigators writing in *Health Affairs*, data from the Centers for Disease Control and Prevention and the World Health Organization show that the percentage of amendable mortality in the United States declined by 18.5 percent between 1999 and 2007. In England, however, amendable mortality decreased by 36.9 percent over the same time; in France and Germany, it fell by 27.7 and 24.3 percent, respectively. Although there was a decline in amendable mortality rates among adults 65 to 74 years of age in the other countries, these rates were unchanged in the United States. In addition, the rate of decline in amendable mortality among Americans younger than 65 years was far less than that in the other countries. One reason given for the lower decline was that many Americans failed to obtain recommended treatment for common chronic conditions. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120905wklynewsbrfs.html>.

Step-Off Approach to Beta₂ Agonist Therapy for Asthma May Be Risky

Stopping long-acting beta₂ agonist therapy in adults and older children who have asthma controlled by a combination of beta₂ agonists and inhaled corticosteroids results in increased asthma-related impairment, according to a study in the *Archives of Internal Medicine*. The study's findings clash with a drug safety communication issued by the U.S. Food and Drug Administration (FDA) in February 2010 recommending that beta₂ agonists be used for the shortest time required to achieve control of asthma symptoms, and discontinued, if possible, once asthma control is achieved. The study, a meta-analysis of five randomized controlled trials involving discontinuation of combination therapy in patients with asthma, found that available data suggest that a step-off approach increases the risk of loss of asthma control in adults. The study cautioned, however, that uncertainty exists regarding estimated effects "because of the risk of bias in the included studies, imprecision of the estimates, and indirectness of the evidence." For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120911asthma-labas.html> and <http://archinte.jamanetwork.com/article.aspx?articleid=1352787>.

MEDWATCH: FDA Requires REMS for Newly Approved Weight-Loss Drug

Pharmaceutical manufacturer Vivus has launched a risk evaluation and mitigation strategy (REMS) for its newly released weight-management drug Qsymia, which received FDA approval in July. Qsymia is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with a body mass index (BMI) of 30 kg per m² or more or a BMI of 27 kg per m² or more in the presence of at least one weight-related comorbidity, such as hypertension, type 2 diabetes mellitus, or dyslipidemia. Although Qsymia is a schedule IV drug, it contains the teratogenic substance topiramate, which has been associated with orofacial clefts in infants exposed to the drug during the first trimester of pregnancy. That risk of teratogenicity prompted the FDA to require a REMS for the drug that highlights the importance of pregnancy prevention for females of reproductive potential who receive the drug. The REMS includes a medication guide for patients, a training program for health care professionals, a patient brochure on risks associated with use of the drug, and other education tools. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120919qsymia.html>.

NIH Currently Accepting Applications for Extramural Loan Repayment Program

In the interest of encouraging health care professionals to pursue careers in biomedical, behavioral, social, and clinical research, the National Institutes of Health (NIH) is offering to help physicians-in-training pay off their education loans. NIH's Extramural Loan Repayment Programs may repay as much as \$35,000 of qualified student loan debt per year for those who commit at least two years to conducting qualified research funded by a domestic nonprofit organization or a U.S. federal, state, or local government entity. The agency's offer includes most undergraduate, graduate, and medical school loans. The NIH program is looking for researchers in the following areas: clinical research, pediatric research, health disparities research, contraception and infertility research, and clinical research for individuals from disadvantaged backgrounds. The 2013 extramural loan repayment application cycle runs from September 1 through November 15, 2012, with new contracts starting July 1, 2013. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120912wklynewsbrfs.html#NewsArticleParsys75891> and <http://www.lrp.nih.gov/index.aspx>.

Single Application Form Facilitates Patient Access to Drug Assistance Programs

Low-income and uninsured people with human immunodeficiency virus (HIV) infection and AIDS now can use one form, instead of multiple forms, to apply for HIV medication assistance programs provided by some of the nation's leading pharmaceutical companies, according to a recent announcement from the HHS. The single application is a result of a public and private partnership between HHS and seven major pharmaceutical companies. It is designed to facilitate access to patient assistance programs that provide free or discounted medications to qualifying persons with HIV infection who cannot otherwise afford the medications. The patient assistance programs provide medication assistance to at least 30,000 patients throughout the United States every year, according to HHS. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120919wklynewsbrfs.html#NewsArticleParsys313011>.

Grant Funding Aims to Improve Rural Veterans' Access to Health Care

HHS and the U.S. Department of Veterans Affairs (VA) have joined forces to expand health care services to veterans living in rural areas of the country. More than \$980,000 in new grant money will be devoted to implementing and upgrading telehealth equipment and services in rural America, coordinating care through the use of health information exchanges, and developing electronic health records (EHRs) that are compatible with the VA's EHR system, known as VISTA. Virginia, Montana, and Alaska, the three states with the highest number of veteran residents, each will receive about \$300,000 to move the work forward. VA Secretary Eric Shinseki called the effort an "outstanding example" of how to expand access to care and improve the quality of life for rural veterans who need medical, mental, and behavioral health care services. "Working with partners like HHS, the VA will continue to increase the reach of our services beyond our 152 major medical centers to ensure veterans receive the care they have earned and deserve," said Shinseki. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120919wklynewsbrfs.html#NewsArticleParsys39572>.

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