

Medical Colleges Association Calls for More Primary Care Residency Positions

For the first time, the Association of American Medical Colleges (AAMC) is calling for the enactment of four core recommendations to increase the number of U.S. physicians and alleviate a growing physician shortage that is projected to increase as a result of an aging population and expanded health care coverage. According to the group, an estimated 32 million Americans will gain insurance under the Patient Protection and Affordable Care Act. Additionally, each day a large number of Americans turn 65 years of age and gain coverage through Medicare. A shortage of more than 90,000 physicians is expected by 2020. Recommendations from the AAMC include the following: (1) the number of federally supported graduate medical education training positions should be increased by at least 4,000 new positions per year; (2) funding for new residency positions should be based on population growth, regional and state-specific needs, and changes in delivery systems, with one-half of the new positions in primary care and other generalist areas; (3) policymakers should use clinical reimbursement and other mechanisms to affect geographic distribution of physicians and influence specialty composition; and (4) the federal government should continue to invest in delivery system research and evidence-based innovations in health care delivery. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20121030aamcworkforcepaper.html>.

Practices Demonstrate Improved Diabetes Care Using PCMH Model and Peer Mentors

At the 2012 American Academy of Family Physicians' (AAFP) Scientific Assembly in Philadelphia, Pa., two presentations focused on recent achievements of the patient-centered medical home (PCMH) model and peer mentors in the care of patients with diabetes mellitus. Using the PCMH model, the WellMed Medical Group, a for-profit primary care network of 23 practices in San Antonio, Tex., increased its percentage of patients with A1C levels of less than 7 percent, improving from 81 percent in 2000 to 93 percent in 2008. The network relies on teams with defined roles. For example, medical assistants enter data for electronic health records, and health coaches on each team follow up with patients to reinforce the care plans set out by the physicians. A "complex care" team handles patients with multiple chronic problems, such as diabetes and heart failure. Additionally, WellMed

initiated a peer mentor program to maintain social interaction with patients. Through group processes and mentor activities, WellMed created educational and social interactions with more than 500 patients. Because mentors often met with patients at the patients' convenience, in their own environment, and without a set limit of contacts, the network was able to increase patient blood-testing rates and increase the percentage of patients who met or exceeded the A1C goal of less than 7 percent. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20121030nrndiabetesstudy.html>.

ACIP Votes to Recommend Tdap Vaccine for All Pregnant Women

The Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) has made a provisional recommendation that will change how physicians approach tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccination in pregnant women. The committee recommends that physicians administer a dose of Tdap during each pregnancy, irrespective of the patient's immunization history. The vaccine should be given during the late-second or third trimester. If not administered during pregnancy, the vaccine should be given immediately postpartum. Previously, ACIP had not addressed the administration of Tdap during subsequent pregnancies. Under the new recommendations, a woman who becomes pregnant twice in one year should be vaccinated during both pregnancies. The committee also voted to recommend that infants at increased risk of meningococcal disease receive four doses of *Haemophilus influenzae* type b–*Neisseria meningitidis* serogroups C and Y–tetanus toxoid conjugate vaccine at two, four, six, and 12 through 15 months of age. Infants at risk include those with recognized persistent complement pathway deficiencies and those who have anatomic or functional asplenia, including sickle cell disease. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20121108acipreqs.html>.

CMS Releases Final Rule to Bring Medicaid Payment Up to Medicare Levels

The Centers for Medicare and Medicaid Services (CMS) released a final rule that implements a provision in the health care reform law that brings Medicaid payment for certain primary care services up to Medicare levels for the next two years. The AAFP is urging states to act quickly to implement the payment provision so that low-income,

working families and older patients in nursing homes can immediately benefit from the provision. These patients are less likely to have a usual source of care, and they tend to skip needed preventive and acute care. Because of this, they often develop complications that require intensive and costly medical intervention, and they generally have poorer health. The final CMS rule requires state governments to take action before 2013 to implement the provision, prompting the AAFP's call for states to take immediate action. States will receive an estimated \$11 billion in new funds during 2013-2014 to bolster their Medicaid primary care delivery systems, although the funding is set to expire after two years unless Congress acts to permanently extend and fund the provision. More than 60 percent of family physicians accept new Medicaid patients, and Medicaid beneficiaries make up 15 percent of the average family physician's patient panel. For more information, visit <http://www.aafp.org/news-now/government-medicine/20121102parityfinalrule.html>.

CDC Issues Recommendations for Vaccine Storage but Will Not Enforce Compliance

The CDC has issued new vaccine storage and handling guidelines, although there is no deadline attached to the recommendations, and they will not be enforced. The CDC recommends that physicians use stand-alone refrigerator and freezer units suitable for vaccine storage rather than combination (refrigerator/freezer) models not designed for storing fragile biologics; biosafe, glycol-encased or similarly temperature-buffered probes; digital data loggers with detachable probes that record and store temperature information at frequent programmable intervals for 24-hour temperature monitoring; and a weekly review of vaccine expiration dates and rotation of vaccine stock accordingly. In addition, the CDC asks physicians to discontinue the use of dorm-style or bar-style refrigerator/freezers for even temporary vaccine storage. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20121105refrig-guidance.html>.

Study Shows Least-Experienced Physicians Account for Higher Health Care Costs

Physicians who are newer to the medical profession account for higher health care costs than their more experienced colleagues, and are more likely to be negatively affected by health care plans that employ physician cost profiles as a way to control expenditures. This is the conclusion of a recent study released by the RAND Corporation and published in the November 2012 issue of *Health Affairs*. The study, based on Massachusetts insurance claims from 2004-2005, found that physicians with less than 10 years of experience in the medical field

accounted for health care costs that were 13.2 percent higher than those of physicians who have worked in the field for 40 years or more. The study's findings could have far-reaching implications for physician payment now that commercial health plans and government payers increasingly are using physician cost profiles to control health care spending, according to the authors of the study. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20121107wklynewsbrfs.html>.

FDA Reports Voluntary Recall of All Ameridose Drug Products

According to the U.S. Food and Drug Administration (FDA), Ameridose, LLC, is voluntarily recalling all of its unexpired products in circulation. The manufacturer shares common management with New England Compounding Center, the firm associated with compounded drugs linked to the recent ongoing fungal meningitis outbreak. Preliminary findings have raised concerns about a lack of sterility assurance for products produced at and distributed by the Ameridose facility. Ameridose ceased all pharmacy and manufacturing operations on October 10, 2012. The FDA is not recommending that health care professionals follow up with patients who received Ameridose products, but physicians should stop using the company's products and return them to the firm. Health care professionals with Ameridose products on hand should contact the company at 888-820-0622 to obtain instructions on how to return them. Adverse events that may be related to the use of these products can be reported to MedWatch at <http://www.fda.gov/Safety/MedWatch/>. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20121031ameridoserecall.html>.

NIH Establishes Registry for Patients with Down Syndrome

The National Institutes of Health (NIH) has established a Down syndrome patient registry that will make it easier for patients, physicians, researchers, and patients' families to stay connected and share relevant information. According to an October 26, 2012, press release, the confidential online database will be accessible, with permission from patients and their families, to clinicians and researchers seeking participants for research studies. Development of a patient registry was a leading recommendation of the 2007 NIH Down syndrome research plan. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20121031wklynewsbrfs.html>.

— AFP AND AAFP NEWS NOW STAFF

For more news, visit **AAFP News Now** at <http://www.aafp.org/news-now>. ■