



# AAFP News: AAFP Edition

## *Policy and Health Issues in the News*

### **Physician Groups Urge CMS to Preserve Medicare Beneficiaries' Continuity of Care**

Several national medical organizations are warning the Centers for Medicare and Medicaid Services (CMS) that the annual wellness visit for Medicare beneficiaries may be undermined by allowing certain commercial entities to perform the examination. In a letter to the agency, the groups said the visit is intended to encourage beneficiaries to engage with their primary care physicians for prevention and early detection of illness. The letter stressed the importance of continuity of care, and described the visit as a way for physicians to determine on an annual basis whether patients have risk factors and whether they are eligible for other preventive services and screenings that Medicare covers. Patients may be denied some of the essential benefits because the commercial entities offer the service even though they “often have no prior relationship with the patient and have no intention of caring for the patient” after the visit, the letter said. “Another concern is that the patient’s primary physician often does not know that the patient has received (a visit) from one of these entities until his or her claim is denied after the fact.” For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150508cmsawvltr.html>.

### **Groups Advise House Committee Against Changes to ACIP Processes**

The American Academy of Family Physicians (AAFP) and 13 other organizations have voiced concerns to the House Committee on Energy and Commerce about immunization-specific provisions in a discussion draft of the 21st Century Cures Act. The groups are concerned about language in the draft that imposes rigid deadlines for recommendations from the Advisory Committee on Immunization Practices (ACIP), requires additional transparency for ACIP research and recommendation processes, and calls for the Centers for Disease Control and Prevention to meet with vaccine industry officials during set timeframes and notify them of each change with a vaccine’s data review. In the letter, the groups explain that the process of developing, approving, and recommending vaccines for use in the general public is designed to examine the safety and efficacy of immunizations as thoroughly as possible before widespread use. “Recognizing the well-established, deliberate, methodical nature of this system, we would like to express our concerns about provisions of the discussion draft that could disrupt this balance by imposing rigid requirements and deadlines for action,”

the letter reads. “It is unclear whether the Committee has identified a particular issue or problem these provisions are intended to address.” The committee’s discussion draft was updated soon after the letter was sent, but the language about immunizations remained unchanged. For more information, go to <http://www.aafp.org/news/government-medicine/20150429houseaciplt.html>.

### **Free CME Available for Using HHS' New Opioid Training Tool**

The U.S. Department of Health and Human Services (HHS) has released its Pathways to Safer Opioid Use tool, which is an interactive training resource that uses the opioid-related recommendations outlined in the National Action Plan for Adverse Drug Event Prevention. The training uses the principles of health literacy and a multi-modal, team-based approach to promote the appropriate, safe, and effective use of opioids to manage chronic pain. This Web-based training tool allows clinicians to assume the role of four playable characters who respond to a given scenario by making decisions intended to prevent opioid-related adverse effects. Free continuing medical education (CME) credits are available for training completed by February 16, 2017. The tool is available at <http://www.health.gov/hcq/trainings/pathways/index.html>.

### **New Resource Helps Physicians Encourage Tdap Vaccination for Pregnant Patients**

The AAFP has created a comprehensive resource to remind family physicians about the importance of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccination during every pregnancy—ideally, between 27 and 36 weeks of gestation. Jennifer Frost, MD, medical director for the AAFP Health of the Public and Science Division, said the goal of this resource is to increase rates of Tdap vaccination in pregnant women. A strong recommendation from a family physician can go a long way toward making sure these patients’ children are protected against pertussis, she said. The resource includes information on pertussis risks and dangers, the evidence behind the recommendation, and tips for discussing the vaccine with pregnant patients. It is available at <http://www.aafp.org/patient-care/immunizations/disease-population/tdap.html>.

— AAFP AND AAFP NEWS STAFF

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