

Congress Passes Medicare Payment Patch, AAFP Urges SGR Payment Replacement

The American Academy of Family Physicians (AAFP), the American College of Physicians, and the American Osteopathic Association urged Congress to replace the sustainable growth rate (SGR) with a payment formula that more accurately reflects the work performed by physicians. In a June 4, 2010, letter to House and Senate leaders, they called for a framework that would provide stable and predictable updates that reflect increases in physician practice expenses and allow for more realistic and achievable spending growth for physicians' services. In the letter, the groups said higher growth targets and updates for primary care visits and prevention are essential because demand for primary care and prevention will continue to grow as the population ages and more Americans become eligible for Medicare. Meanwhile, on June 18, 2010, the Centers for Medicare and Medicaid Services (CMS) was forced by law to instruct its contractors to start processing claims with service dates of June 1, 2010, or later at a reduced payment rate. This happened because the House waited until June 24, 2010, to approve a bill already passed by the Senate that rescinds a 21.3 percent cut in the Medicare payment rate. After the bill passed, CMS said they will apply a payment patch retroactively to claims for services provided on or after June 1, 2010. The legislation also provides a 2.2 percent update in the Medicare payment rate until November 30, 2010, effectively blocking cuts called for by the SGR formula for the next few months. AAFP President Lori Heim, MD, of Vass, N.C., criticized the congressional infighting over this matter and said that although the passed bill provides a break from pay cuts that threaten primary care physicians' practices and patients' access to care, it does not provide long-term stability to Medicare. She added that physicians cannot invest in the changes that come with health care reform if they cannot rely on receiving payment for their services. For more information, visit <http://www.aafp.org/news-now/government-medicine/20100625sgrpatch0.html> and <http://www.aafp.org/news-now/government-medicine/20100623houseinaction.html>.

One Third of Family Physicians Failed to Follow Interim Vaccine Recommendations

During a shortage of *Haemophilus influenzae* type b (Hib) vaccine, one third of family physicians did not defer booster doses despite an interim recommendation to that effect made by the Centers for Disease Control and Prevention (CDC). A study in the May 2010 issue

of *Pediatrics* found that 98 percent of pediatricians and 81 percent of family physicians surveyed were aware of the interim recommendations, but 22 percent of pediatricians and 33 percent of family physicians reported not deferring the booster. According to the study, 21 percent of pediatricians and 37 percent of family physicians thought the interim recommendations were unclear. However, the study's researchers hypothesized that the lack of clarity had less to do with the recommendations themselves than with the varying formulations of the Merck and Sanofi vaccines, each of which require different numbers of doses to complete the respective primary series. For more information, visit <http://www.aafp.org/news-now/clinical-care-research/20100615hibvaccstudy.html> and <http://pediatrics.aapublications.org/cgi/content/abstract/125/5/914>.

CDC Survey Shows One in Five Teens Has Abused Prescription Medications

Twenty percent of U.S. high school students have taken prescription drugs without a prescription, according to the results of a CDC survey released June 3, 2010. The 2009 National Youth Risk Behavior Survey has been conducted every other year since 1991, but this is the first time the survey has included questions about prescription drug use. The announcement about the survey findings coincided with the release of a CDC report on unintentional drug poisoning among teens and adults that indicates 26,400 unintentional drug overdose deaths occurred in 2006. During that year, opioids were involved in more fatal overdoses than heroin and cocaine combined. The report offers several recommendations to physicians, such as prescribing opioids for acute or chronic pain only after ruling out alternative therapies; using the lowest effective dose; and considering random, periodic, targeted urine drug testing for any patient younger than 65 years who has non-cancer pain being treated with opioids for longer than six weeks. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20100616cdcdrugreports.html> and http://www.cdc.gov/healthyyouth/yrbs/pdf/us_overview_yrbs.pdf.

Federal Government to Invest in Training of Primary Care Physicians

The Obama administration recently unveiled a series of investments to expand the nation's primary care workforce by 2015. The initiative, which is funded by the recently enacted health care reform law, provides \$250 million to increase the number of primary care health professionals,

of which \$168 million will go toward creating more residency slots to train more than 500 new primary care physicians during the next five years, according to a June 16, 2010, news release from the U.S. Department of Health and Human Services. The \$250 million investment in the nation's primary care workforce is the first allocation from a new \$500 million prevention and public health fund for the current fiscal year created by the Patient Protection and Affordable Care Act. However, the initiative also provides \$15 million to establish 10 new nurse practitioner-led clinics, an approach that is misguided, according to Heim. Although nurse practitioners are an integral part of the health care team, they lack the comprehensiveness required to lead a patient-centered medical home, Heim said. The health care reform bill also includes several measures designed to increase student interest in primary care, including loan forgiveness and scholarship programs. For more information, visit <http://www.aafp.org/news-now/government-medicine/20100618hhsinvestments.html>.

Physicians Need to Educate Patients About Bisphosphonate Use, According to Study

According to a study published in the May 2010 issue of the *Journal of the American Dental Association*, physicians who prescribe bisphosphonates should counsel their patients about potential oral complications linked to using these medications and advise them to notify their dentists that they are taking the drugs. Previous research has shown that bisphosphonate-associated osteonecrosis affects 3 to 12 percent of patients who receive bisphosphonates intravenously and less than 1 percent of patients who take them orally. However, in the recent study, which involved a relatively small sample of patients who were receiving bisphosphonates for osteoporosis or osteopenia, 82 percent of participants reported that their prescribing physicians had not informed them of possible adverse effects. Patients also said their physicians had not advised them to inform their dentists about their use of these medications, and 80 percent said they did not know or were uncertain about the duration of their treatment. The study's authors concluded that more effective communication among physicians, dentists, and patients is needed. For more information, visit <http://www.aafp.org/news-now/clinical-care-research/20100611bisphosphonates.html> and <http://jada.ada.org/cgi/content/abstract/141/5/562>.

Study Shows That More U.S. Adults Are Controlling Their Hypertension

The Healthy People 2010 objective of adequately controlling blood pressure (i.e., systolic blood pressure less than 140 mm Hg and diastolic blood pressure of

less than 90 mm Hg) in 50 percent of Americans with hypertension has been achieved. That figure represents an improvement from 10 percent in 1980 and 31 percent just 10 years ago. These figures were reported in a study published in the May 26, 2010, issue of the *Journal of the American Medical Association*. Because obesity increased during the period covered by the study (1988 to 2008), it is unlikely that the overall increases in hypertension control can be attributed to positive lifestyle modifications. Instead, the study's authors said these figures probably reflect improvements in awareness levels and treatment protocols, as well as more patients receiving appropriate treatment. Adults 18 to 39 years of age were more likely than those 60 years and older to achieve adequate control of high blood pressure with treatment, and the study suggests that efforts to improve blood pressure in younger adults should focus on raising awareness and linking these patients to primary care services. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20100621hypertensioncontrol.html> and <http://jama.ama-assn.org/cgi/content/abstract/303/20/2043>.

CMS Proposes Rule to Help Hospitals with Telemedicine Credentialing Processes

CMS has proposed a rule that would implement new credentialing and privileging processes for physicians who provide telemedicine services. In the proposed rule, which appears in the May 26, 2010, *Federal Register*, CMS said small hospitals are concerned about the "burden of privileging" the hundreds of specialty physicians at large academic medical centers that would be available to them via telemedicine resources. Current CMS regulations require all hospitals to privilege each physician who provides telemedicine services to a hospital's patients as if the physician were on-site. The proposed regulations would allow the governing body of the hospital to grant privileges based on recommendations from its medical staff, which, in turn, would rely on information provided by the distant-site hospital. Hospitals that choose the proposed option would be required to follow certain guidelines to guarantee accountability. CMS will accept comments on the proposed rule through July 26, 2010. For more information, visit <http://www.aafp.org/news-now/practice-management/20100616telemedicinecredentialing.html> and <http://edocket.access.gpo.gov/2010/2010-12647.htm>.

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