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AFP Edition

Policy and Health Issues in the News

Federal Government Exempts Physicians from Red Flags Rule

Congress recently voted to exempt physicians from the Federal Trade Commission's antifraud identity theft regulation known as the Red Flags Rule. The Senate passed S. 3987, the Red Flag Program Clarification Act of 2010, on November 30, 2010, and the House gave the go-ahead by voice vote on December 7, 2010. President Obama signed the legislation before the January 1, 2011, compliance deadline. The Red Flags Rule, which was drafted in 2008 in connection with the implementation of the Fair and Accurate Credit Transactions Act of 2003, requires financial institutions and creditors, including—until now—physician practices, to address the risk of identity theft by implementing identity theft prevention programs. The American Academy of Family Physicians (AAFP) had long argued that the rule was an outgrowth of identity theft problems associated with financial institutions and credit card companies and was never intended to include physicians. Furthermore, the AAFP maintained that enforcement of the rule would unfairly burden physicians, particularly those working in small and solo practices. In August 2010, the AAFP joined a group of medical associations that asked to be added as plaintiffs in an existing court case that argued the rule should not apply to physicians. The AAFP helped write a December 6, 2010, letter to House Speaker Nancy Pelosi, D-Calif., and House Minority Leader John Boehner, R-Ohio, that urged the House to approve S. 3987 before Congress adjourned for the year. The letter was signed by the AAFP and 26 other national medical and dental associations. The Red Flags Rule went into effect on January 1, 2008, but enforcement of the rule was delayed at least five times in an attempt to give entities affected by the rule time to comply. Congressional action to amend the Red Flags Rule also gives exemptions to other professional groups, including lawyers, accountants, pharmacists, veterinarians, nurse practitioners, and social workers. For more information, visit http://www.aafp.org/news-now/practice-management/20101208redflagsexemption.html.

AAFP, Other Primary Care Organizations Adopt Joint Principles for Medical Education

The AAFP and three other primary care professional organizations have released a new policy to guide the education of U.S. medical school students in an era of health care reform that promotes preventive health services and a greater reliance on primary care. The policy, known as the Joint Principles for the Medical Education of Physicians as Preparation for Practice in the Patient-Centered Medical Home, builds on the Joint Principles of the Patient-Centered Medical Home (PCMH), which the groups adopted three years ago. The original PCMH principles comprise seven components: the concept of the personal physician; a physician-directed, team-based approach to medical practice; a whole-person orientation; coordinated and integrated care; quality and safety; enhanced access; and an appropriate payment framework. The new medical education principles relate each of these PCMH components to the pertinent Accreditation Council for Graduate Medical Education/American Board of Medical Specialties core competencies and describe the corresponding education subprinciples. The personal physician component of the PCMH joint principles calls for each patient to have an ongoing relationship with a personal physician trained to provide first-contact, continuous, and comprehensive care. The corresponding education subprinciples say that medical students are expected to experience continuity in relationships with patients in a longitudinal fashion within practices that deliver first-contact, comprehensive, integrated, coordinated, high-quality, and affordable care. Students also are expected to communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families and fellow professionals. The new principles acknowledge that integrating these features into undergraduate medical education will require additional resources. In some cases, students simply can be incorporated into existing patient-care and practice-based activities. However, additional faculty—such as those with expertise in economics, health policy, or business administration—and staff sometimes will be needed. For more information, visit http://www.aafp.org/news-now/resident-student-focus/20101217jointprinciplesmeded.html and http://www.aafp.org/online/etc/medialib/aafp_org/documents/news_pubs/ann/joint-principles-for-med-ed.Par.0001.File.dat/PCMH-educ-joint-principles-120710.PDF.

CDC Updates Guidelines on GBS Disease and Revises STD Guidelines

The Centers for Disease Control and Prevention (CDC) recently released updated guidelines for the prevention of perinatal group B streptococcal (GBS) disease. The CDC highlighted more than a dozen items as key changes to the guidelines, including expanded recommendations on laboratory detection of GBS; clarification of the

colony-count threshold required for reporting GBS detected in the urine of pregnant women; revised algorithms for GBS screening and intrapartum chemoprophylaxis for women with preterm labor or preterm premature rupture of membranes; a change in the recommended dose of penicillin G for chemoprophylaxis; and a revised algorithm for management of newborns with respect to risk of early-onset GBS disease. The CDC also recently published revised guidelines for the treatment and prevention of sexually transmitted diseases (STDs). Although the new guidelines focus largely on treatment approaches, they also discuss prevention strategies and diagnostic recommendations. Newly updated information contained in the revised guidelines includes expanded STD prevention recommendations; expanded diagnostic evaluation strategies for cervicitis and trichomoniasis; revised gonorrhea treatment regimens and new treatment regimens for genital warts and bacterial vaginosis; assessment of the clinical effectiveness of azithromycin (Zithromax) for chlamydial infection in pregnant women; insight into the role of *Mycoplasma genitalium* and trichomoniasis in the evaluation of urethritis and cervicitis; and revised guidance on the evaluation and management of syphilis. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20101215gbsguidelines.html and http://www.aafp.org/news-now/clinical-care-research/20101222cdcstdguide.html.

New AAFP Performance Improvement CME Program Focuses on Cardiovascular Disease

The AAFP soon will start rolling out a new performance improvement continuing medical education (CME) program, called the AAFP Healthy Communities Collaborative, that will help family physicians enhance the comprehensive care they provide to patients with cardiovascular disease. The AAFP is launching the 18-month longitudinal curriculum in collaboration with its Wisconsin and Indiana chapters, which will help 32 family medicine practice teams achieve practice-based improvements aimed at improving cardiovascular care. The program is being funded through a $1 million grant from the GlaxoSmithKline Center for Medical Education. The program's learning objectives note that family physicians who participate will be better able to provide leadership to help their practices ensure that care for patients with cardiovascular disease is continuous and reliable; apply quality improvement to understand and measure quality of care, and also design and test interventions to change processes and systems of care; provide relevant patient-centered care and communication; and appropriately screen and treat patients with coronary artery disease. Family physicians who complete the core components of the program will be eligible to earn up to 40 AAFP Prescribed CME credits. They also will fulfill Part IV of the Maintenance of Certification requirements of the American Board of Family Medicine. For more information, visit http://www.aafp.org/news-now/cme-lifelong-learning/20101206hcclaunch.html.

AAFP Responds to Call for Comments from CMS Regarding ACO Regulations

When the Centers for Medicare and Medicaid Services (CMS) recently asked for input from outside entities regarding creation of potential regulations for accountable care organizations (ACOs) and the Medicare shared savings program, the AAFP was quick to respond. In a recent letter to CMS Administrator Donald Berwick, MD, AAFP Board Chair Lori Heim, MD, of Vass, N.C., addressed a series of questions CMS posed on such topics as how to ensure participation by solo and small physician practices, create payment models and financing mechanisms that will provide access to funding capital for small practices; assess beneficiary and caregiver experiences, choose appropriate aspects of patient-centeredness to consider and evaluate, and decide what quality measures should be used to determine performance in the shared savings program. In addition to answering these questions, Heim pointed out that the AAFP recently crafted joint principles for ACOs (available at http://www.aafp.org/online/etc/medialib/aafp_org/documents/policy/private/healthplans/payment/acos/acosprinciples.Par.0001.File.dat/AAFP-ACO-Principles-200910.pdf) in concert with the American College of Physicians, the American Academy of Pediatrics, and the American Osteopathic Association. For more information, visit http://www.aafp.org/news-now/inside-aafp/20101217acoregsltr.html.

HHS Issues Proposed Rules Regarding "Unreasonable" Insurance Rate Hikes

The U.S. Department of Health and Human Services (HHS) recently issued proposed rules that would require health insurance issuers in all states to publicly justify any insurance rate increases that are 10 percent or higher. HHS or the states themselves will publicly disclose and review such rate increases to determine if the increases are reasonable. State-specific thresholds will be set using data and trends that better reflect cost trends particular to each state after 2011. During the past 11 years, average premiums for family coverage have risen by 131 percent, according to HHS. For more information, visit http://www.aafp.org/news-now/news-in-brief/20101222wklynwsbrfs.html#NewsArticleParsys62297 and http://www.ofr.gov/OFRUpload/OFRData/2010-32143_PI.pdf.

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