AAFP, AAPA Issue Joint Policy Statement on the Role of PAs in Collaborative Care

The American Academy of Family Physicians (AAFP) and the American Academy of Physician Assistants (AAPA) recently released a joint policy statement about the importance of PAs as part of a team-oriented practice model, such as the patient-centered medical home (PCMH). The joint statement outlines positions regarding legal, regulatory, and payment policies that encourage collaborative health care among and education of PAs, physicians, and students. The statement also indicates that the AAFP and the AAPA should continue to be represented on the accrediting and certifying bodies of the PA profession, and national and state policies should recognize PAs as primary care providers in the PCMH, in which they are part of a multidisciplinary, physician-directed team. The statement promotes flexibility in regulation so each medical practice can determine appropriate clinical roles within the medical team, physician-to-PA ratios, and supervision processes. The AAFP and AAPA also encourage interprofessional education programs for PA students, medical students, and residents that include expanding family medicine rotation sites, as well as national workforce policies that would ensure an adequate supply of PAs and physicians in family medicine. For more information, visit http://www.aafp.org/news-now/professional-issues/20110302aafp-aapastmt.html.

CMS Clarifies PCIP Rules for Physicians New to Medicare, Creates E-Prescribing Criteria

A recent article in *MLN Matters* clarifies how the Centers for Medicare and Medicaid Services (CMS) will handle physicians who have not participated in Medicare long enough to have the two-year claims history used to determine 2011 primary care incentive program (PCIP) bonus eligibility. CMS said these physicians may be eligible for the 2011 PCIP bonus based on claims submitted in 2010, with no minimum time of Medicare enrollment required. Physicians new to Medicare will receive their PCIP payments for the entire year in one lump sum after the fourth quarter of the bonus year. Another recent article in *MLN Matters* says physicians participating in CMS's electronic-prescribing incentive program must meet two sets of criteria if they want to avoid a penalty and earn an incentive payment. Physicians must submit 10 Medicare claims to avoid a 2012 e-prescribing penalty, and 25 Medicare claims to earn a 2011 incentive and avoid a penalty in 2013. To penalize physicians not deemed e-prescribers, CMS will reduce their Medicare payments by 1 percent in 2012, 1.5 percent in 2013, and 2 percent in 2014. For more information, visit http://www.aafp.org/news-now/practice-management/20110302pcipclarification.html, and http://www.aafp.org/news-now/practice-management/20110308erxprogram.html.

Updated Dietary Guidelines Emphasize Healthy Foods, Increased Activity

The recently released *Dietary Guidelines for Americans, 2010* reiterate the importance of eating a healthy diet and increasing physical activity. According to the report's executive summary, the guidelines cover 23 key recommendations for the general population, including eating more whole grains, moderating alcohol consumption, and restricting dietary amounts of sodium, saturated fat, and cholesterol. According to AAFP member and weight management expert Michelle May, MD, of Phoenix, Ariz., the overall message of the guidelines is congruent with the AAFP's Americans In Motion—Healthy Interventions (AIM-HI) initiative. However, the updated guidelines differ from AIM-HI's approach because they emphasize monitoring caloric intake. May said AIM-HI tries to avoid that because patients are not likely to count calories for the rest of their lives, and the majority who struggle with weight issues eat mindlessly or for emotional reasons. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20110228dietguidelines.html.

MEDWATCH: FDA Orders Removal of Hundreds of Unapproved Prescription Drugs

The U.S. Food and Drug Administration (FDA) recently took action to stop dispensement of prescription drugs that the FDA has not approved, ordering manufacturers to remove about 500 cough, cold, and allergy products from the market. Some of the more common brand-name products affected are Cardec, Lodrane 24D, and Organidin. Nonprescription products are not affected by the FDA's action. According to the FDA, unapproved prescription drugs have potential risks because the FDA does not know what is in these drugs, whether they work properly, or how they were made. The FDA said it was particularly concerned about extended-release products and drugs labeled for use in children. Some of the unapproved drugs are marketed in medical journals and listed in the *Physicians' Desk Reference*, the FDA said, which may add to physicians' confusion about prescribing these drugs. Adverse effects from the use of unapproved prescription cough, cold,

and allergy products should be reported to the FDA's MedWatch program. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20110302fdaprescripcrackdown.html, and http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/EnforcementActivitiesbyFDA/SelectedEnforcementActionsonUnapprovedDrugs/ucm245106.htm.

MedWatch: FDA Warns of PPI Adverse Effects, Topiramate Link to Birth Defects

The FDA recently announced that long-term use (i.e., more than one year) of prescription proton pump inhibitor (PPI) therapy can depress serum magnesium levels and may lead to serious adverse events such as tetany, arrhythmias, and seizures. The FDA advised physicians prescribing PPI therapy to first consider obtaining serum magnesium levels. In addition, levels should be checked periodically after beginning PPI therapy in a patient who is expected to need prolonged treatment or who also is taking a medication that causes hypomagnesemia. The FDA said checking levels was particularly important in patients taking the heart medication digoxin. The FDA also recently warned of an increased risk of oral clefts in infants born to women who use the anticonvulsant medication topiramate (Topamax) during pregnancy. Because cleft lip and cleft palate occur during the first trimester of pregnancy, before many women know they are pregnant, the FDA said physicians need to educate women of childbearing age about those risks, and that these women should use effective birth control if they decide to use topiramate. Physicians also should be aware of the potential for a decrease in hormonal exposure and a possible decrease in contraceptive effectiveness in patients who use estrogen-containing birth control while taking topiramate. Topiramate has been reclassified as an FDA pregnancy category D drug. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20110309ppi-hypomag.html, and http://www.aafp.org/news-now/health-of-the-public/20110308topiramate.html.

The PCMH Has a Role in Nonprofit Health Insurance Cooperatives, Says AAFP

The AAFP sent a letter to the U.S. Department of Health and Human Services emphasizing why the PCMH model should be incorporated into the Consumer Operated and Oriented Plan program, which will be developed over the next few years. The nonprofit health insurance cooperatives that the U.S. Department of Health and Human Services are helping to develop will provide insurance coverage on state insurance exchanges and through individual and small-group markets. Qualified plans are required to use any profits to lower premiums, improve benefits, or improve the quality of health care delivered to plan members. The AAFP noted the importance of plan enrollees having a strong provider network, especially in rural or medical shortage areas, and pointed out that data from PCMH demonstration and pilot projects around the country have shown significant potential for increasing quality and controlling costs. For more information, visit http://www.aafp.org/news-now/government-medicine/20110309coopprogram.html.

Gender Gap in Physicians' Starting Pay Reflects Differing Priorities

The results of a recent study show there is a significant and growing gender gap in the starting pay of new physicians, including family physicians. According to the study, which was conducted in New York state, newly trained male physicians across all specialties earned, on average, at least $16,800 more in 2008 than did their female counterparts. In 1999, the pay gap was only about $3,600. Among family physicians, the mean starting salary for men in 2008 was almost $147,900, whereas the mean for women was about $139,500. The study's authors said specialty choice, practice setting, hours worked, or other characteristics cannot solely explain the widening gap, nor do they believe that women have become worse negotiators. Instead, they suggest that along with salary and advancement potential, women also are paying attention to family considerations in their negotiations for employment. These types of arrangements, which more employers may be offering, compensate them in nonfinancial ways. For more information, visit http://www.aafp.org/news-now/professional-issues/20110228gendergap.html.

Coalition Launches Online Tool to Explain Impact of Health Care Reform Law

The Health Care and You Coalition, which includes the AAFP and other medical organizations, has launched a Web site (http://www.healthcareandyou.org/) to help physicians and patients understand the impact of the health care reform law. Although the Web site is aimed primarily at consumers, physicians can use it to help their patients make the right health care decisions for themselves and their families. Among other things, the site explains provisions of the Affordable Care Act currently in place and those scheduled to take effect in the future; provides information on how the law handles medical treatments, disease prevention, and coverage for preexisting conditions; and contains a state-by-state listing of health care coverage options. For more information, visit http://www.aafp.org/news-now/inside-aafp/20110302hcandyou.html.

— *AFP* AND *AAFP NEWS NOW* STAFF

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