

AAFP Supports New Bill That Would Make Medicare Payment Process More Accurate

The American Academy of Family Physicians (AAFP) recently supported a House bill that is attempting to bring more accuracy and transparency to the process used to assign relative values to Medicare services. Currently, the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC), created in 1991, provides the only guidance on values for Medicare services. However, the Medicare Physician Payment Transparency and Assessment Act (HR 1256), introduced by Rep. Jim McDermott, D-Wash., would require the Centers for Medicare and Medicaid Services to hire independent contractors who would augment the work of the RUC by identifying and analyzing misvalued codes for medical services provided to Medicare beneficiaries and conducting an annual review of these codes. The Medicare Payment Advisory Commission has found that although the RUC tends to identify and correct undervalued codes, it does not have the same incentives to find and correct overvalued codes. McDermott pointed out that the income disparity between primary care physicians versus procedure-heavy subspecialists has grown from 61 to 89 percent since the RUC was created. "The mechanism for how (Medicare payment) codes are evaluated has contributed to the devaluation of family medicine and primary care through the years," said AAFP President Roland Goertz, MD, MBA, of Waco, Tex., noting that the AAFP has repeatedly asked for better primary care physician representation on the RUC and for greater transparency in the RUC's voting process. Even though primary care physicians provide about one-half of Medicare physician visits, they currently represent only one-sixth to one-thirteenth of the RUC's 29 members. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110405ruclegislation.html>.

Proposed MCAT Revisions May Help Identify Applicants Likely to Go into Family Medicine

Preliminary recommendations for a new version of the Medical College Admission Test (MCAT) include key changes to the content and format of the current MCAT that can help medical schools select students who are more likely to go into family medicine and primary care, according to AAFP medical educators. The recommendations were developed by a 22-member advisory panel appointed by the Association of American Medical Colleges in 2008 to review the MCAT. The revisions would help balance the current MCAT's natural-sciences focus with testing

applicants' critical analysis and reasoning skills. The proposed recommendations call for testing the behavioral and social sciences concepts that underlie students' capacity to learn about the human and social issues of medicine, as well as revising the verbal section of the MCAT to include passages in ethics and philosophy, cross-cultural studies, population health, and other subjects that would require students to read broadly in preparation for their medical education. Another recommendation involves gathering data about medical school applicants' personal characteristics, including their level of integrity and service orientation, which would be beneficial for screening applicants likely to choose careers in family medicine and primary care. The advisory panel will continue to discuss the recommendations with stakeholders until February 2012. If approved, the recommendations would be introduced with the 2015 MCAT. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110411mcatrev.html>.

AAFP Joins ACOG, Others in Criticizing Price of Drug Used to Reduce Preterm Birth Risk

The AAFP and other health care organizations that focus on providing care for pregnant women and their children are applauding the U.S. Food and Drug Administration's (FDA's) decision to not prevent compounding pharmacies from continuing to produce 17-alpha-hydroxyprogesterone caproate (17P) for the prevention of preterm births. The AAFP and six other organizations recently joined the American College of Obstetricians and Gynecologists (ACOG) in developing a joint statement criticizing manufacturer KV Pharmaceutical for its plan to charge \$690 per dose for Makena, its branded version of the medication. The statement said there are benefits to having an FDA-approved version of 17P, but that there is no evidence Makena is more effective or safer than the currently used compounded version, which compounding pharmacists produce at a cost of \$10 to \$20 per dose. The FDA approved Makena in February 2011 under its accelerated approval program and gave KV Pharmaceutical seven years of exclusivity under the Orphan Drug Act. However, after a subsidiary of KV Pharmaceutical announced plans to charge \$1,500 per dose for Makena, the FDA said it will not prevent compounding pharmacies from making 17P. In their statement, however, the health care organizations asserted the changes do not go far enough. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110404makenacost.html>.

FDA Warns of Risk Posed by Benzocaine Products, Including Those Used for Teething

The FDA recently issued a safety announcement that warns against giving nonprescription gel or liquid benzocaine products (e.g., Anbesol, Orajel) to children younger than two years except on the advice of and with supervision by a physician. Therefore, family physicians providing care for infants may receive more questions from parents about how best to soothe children who are teething. The FDA's announcement was prompted by nearly two dozen reports of methemoglobinemia, a rare but potentially fatal condition in which the amount of oxygen carried through the bloodstream is greatly reduced, stemming from use of these medications. The products, which are used to treat canker sores and other irritations of the mouth and gums in addition to teething, have been associated with methemoglobinemia in adults as well as children. As an alternative to the commonly used teething medications, the FDA referred parents to recommendations from the American Academy of Pediatrics that suggest gently rubbing or massaging their teething child's gums or giving the child a firm rubber teething ring. The FDA said consumers should contact a physician to identify other treatments if these methods do not provide relief. The FDA also issued a separate safety announcement related to more than 300 reports of methemoglobinemia associated with the use of benzocaine sprays to numb the mucous membranes of the mouth and throat, including 32 cases that were categorized as life-threatening. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110412benzocaine.html>.

House Committee Asks for AAFP Input on Medicare Physician Payment Reform

As the effort to eliminate or reform the sustainable growth rate formula continues, the House Energy and Commerce Committee, which plans to hold a hearing on the issue early this month, recently sent a bipartisan letter to the AAFP and 50 other organizations asking them to submit ideas and proposals for reforming the system. Specifically, the committee asked for ideas on how to reform the Medicare physician payment system to reduce spending, pay physicians and other clinicians fairly, and provide a fair value for services. In its letter, the committee said it is determined to achieve a permanent, sustainable solution this year. However, the committee said two current obstacles to reform are a budgetary hole of \$300 billion and a lack of consensus about what kind of payment system should replace the Medicare physician fee schedule, the latter of which prompted its letter seeking input from the AAFP and others. According to AAFP President Roland Goertz, MD, MBA, the committee's request for proposals

demonstrates it is "at least taking a positive step toward a longer-term, if not a permanent (payment) solution." For more information, visit <http://www.aafp.org/news-now/government-medicine/20110330committeinput.html>.

Physician Empathy Makes a Positive Difference in Patient Outcomes, Study Says

A recent study on physician empathy and clinical outcomes for patients with diabetes mellitus found that when physicians are highly empathetic, their patients' clinical outcomes are likely to improve. The study defined empathy as a physician's ability to understand a patient's experiences, to communicate this understanding, and to convey the intention to help. This tool may be especially important for family physicians because they must get information from patients, counsel them about behavior change and medications, and see them regularly. According to the study, a direct, positive relationship between physicians' empathy (measured by the Jefferson Scale of Empathy) and patients' clinical outcomes was confirmed statistically. Physicians with high empathy scores had more patients with good control of A1C and low-density lipoprotein cholesterol levels—the odds of good control of these indicators increased by 80 percent in patients whose physicians had high empathy scores. For more information, visit <http://www.aafp.org/news-now/professional-issues/20110323physempathy.html>.

Resources Available to Help with Concerns About Radiation from Japan Disasters

Several federal agencies are addressing questions about radiation, potassium iodide, and food safety related to the recent disasters in Japan, and resources and information are available to help physicians answer patients' questions. The Centers for Disease Control and Prevention (CDC) said in a recent health advisory that, based on Environmental Protection Agency monitoring of air and rainwater, there is no indication for anyone in the United States to take potassium iodide or to switch to bottled water. The CDC also said there are risks and adverse effects associated with potassium iodide, which should be taken only on the advice of emergency management officials, public health officials, or a physician. The CDC has a Web site (<http://emergency.cdc.gov/radiation/clinicians.asp>) with resources for radiation emergencies, including training opportunities, patient communication guidance, and clinical guidelines and recommendations. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110405japanresources.html>.

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