

AAFP Calls for Primary Care Investment, Criticizes House-Passed Budget Proposal

The American Academy of Family Physicians (AAFP) recently urged the House Appropriations Subcommittee on Labor, Health and Human Services, and Education to substantially invest in the primary care physician workforce for the fiscal year 2012 by financially supporting programs and grants that offer training and development in primary care. The AAFP asked the committee to invest at least \$449.5 million to fund training programs covered by Title VII of the Public Health Service Act. Additional funding increases called for by the AAFP included President Obama's requested funding of \$418.5 million for the National Health Services Corps, and at least \$405 million for the Agency for Healthcare Research and Quality. Meanwhile, the AAFP strongly criticized a fiscal year 2012 budget proposal, H.Con.Res.34, recently passed by the U.S. House of Representatives that would make fundamental changes to Medicare and Medicaid. The proposal would turn Medicaid into a block grant program, and convert Medicare into a voucher-style premium support program, eventually requiring Medicare beneficiaries to purchase health insurance on the open market. AAFP President Roland Goertz, MD, MBA, of Waco, Tex., said the proposed budget "is part of the needed discussion about controlling federal spending for Medicare and Medicaid," but that it threatens to undermine access to care for vulnerable patients and worsen the already serious problems in our health care system. Limiting financial support for Medicare and Medicaid overall will not reduce spiraling health care costs, but instead will shift them to patients, physicians, and other clinicians, Goertz said. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110420aproptestimony.html> and <http://www.aafp.org/news-now/government-medicine/20110426housebudgetltr.html>.

AAFP, CMSS Address Regulations on Physician Payments Sunshine Act

The AAFP has joined with other members of the Council of Medical Specialty Societies (CMSS) in asking the Centers for Medicare and Medicaid Services to ensure that regulations for the Physician Payments Sunshine Act are clear, contextual, and consistent. In 2012, the Sunshine Act will require companies to record any payments, cash equivalents, in-kind items or services, or other value transfers of more than \$10 given to physicians. This includes stock options, grants, knickknacks, consulting fees, and

travel to medical conferences. According to the legislation, details of any such items are to be made available via a searchable database by September 30, 2013. CMSS agreed that direct payments and value transfers should be disclosed, but also said that there is a lack of clarity about how the regulations relate to other potential relationships. The term "education" usually is not used to reflect a direct financial relationship between a physician and a company, CMSS said, and an honorarium could be a payment made as direct compensation to a physician from a company. CMSS also said patients should be provided with additional information that puts into context the financial relationship between a physician and a company. Additional suggestions were to address consistency in how program data are collected, and to establish an appeals process that allows physicians to contact the reporting body about erroneous information that needs to be corrected. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110413sunshineprovisions.html>.

Plan to Reduce Opioid Abuse Emphasizes Importance of Physician Education

Physicians seeking to obtain or renew a registration number from the U.S. Drug Enforcement Administration would be required to complete continuing medical education (CME) related to responsible opioid prescribing practices under the terms of a plan announced April 19, 2011, by the Obama administration. In addition to required CME, the U.S. Food and Drug Administration (FDA) announced it is requiring manufacturers of long-acting and extended-release opioids to develop a Risk Evaluation and Mitigation Strategy. The manufacturers will provide educational programs for prescribers, as well as materials clinicians can use when counseling patients about opioid use. Although the physician training called for by the FDA will be voluntary, the Obama administration plans to close that loophole with legislation mandating opioid-related CME. In March 2011, Sen. Jay Rockefeller, D-W.Va., introduced a bill (S 507) that would amend the Controlled Substances Act. Rockefeller's legislation calls for prescribers to complete 16 hours of training every three years on the following topics: treatment and management of opioid dependency; treatment guidelines for pain management; and early detection of opioid addiction, including screening, intervention, and referral for treatment. In addition to physician and patient education, the plan calls for increased tracking and monitoring of opioid use, proper disposal through

efforts such as increased take-back programs and events, and improved enforcement of statutes aimed at eliminating improper or illegal distribution of these drugs. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110427opioidsplan.html>; http://www.whitehousedrugpolicy.gov/publications/pdf/rx_abuse_plan.pdf; and <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm251752.htm>.

New AMA Requirements Prompt AAFP to Make CME Credit Available Online Only

Requirements governing the *AMA PRA Category 1 Credit* (the American Medical Association Physician's Recognition Award) will soon take effect for all accredited CME providers, including the AAFP. To comply with the new rule, credit for journal-based and self-study CME activities may be awarded only to participants who meet a minimum performance level. As a result, those who wish to claim CME credit for some AAFP-produced learning materials—including *American Family Physician (AFP)*, *Family Practice Management*, *FP Essentials*, and *FP Audio*—published on or after July 1, 2011, must submit credit online. The *AFP* printed quiz answer cards will no longer be published after July 1, 2011. Those who receive print copies of *AFP* in their own name or who have online subscription access will be able to take the quiz online. Printed quiz cards published before July 1, 2011, will continue to be accepted until the expiration date printed on the card, which is approximately one year from its publication date. To make this as easy as possible for its members, the AAFP is enhancing its online quizzes, which includes making it possible for the quizzes to be completed on Web-enabled mobile devices and receive instant credit. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110427amaaprachanges.html> and <http://www.aafp.org/online/en/home/publications/journals/afp/aboutafp/cme-changes.html>.

AAFP Releases Set of Principles to Help with State Health Insurance Exchanges

The AAFP recently created a set of eight principles to help its constituent chapters have discussions with policymakers about how state health insurance exchanges can encourage and support primary care. The setup for the state health insurance exchanges will allow individual persons and small businesses to compare and purchase private health insurance plans. The U.S. Department of Health and Human Services will guide the initial formation of these exchanges, but states will have flexibility in decisions related to operation protocols, included benefits, and the interactions of patients and physicians with insurers and their products. The AAFP's principles include having fair

representation of stakeholders; providing enhanced access and payment for the patient-centered medical home; using standardized contracting; setting primary care targets; requiring primary care-based essential benefits; presuming eligibility; rewarding quality; and protecting patients and physicians. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110427exchangeguidance.html>.

"AFP By Topic" Now Available as a Free Mobile App in Apple and Android Markets

For the past year, the *AFP* Web site has offered "*AFP By Topic: Editors' Choice of Best Current Content*" (available at <http://www.aafp.org/afp/topics>), which provides content collections on more than 45 of the most commonly sought clinical topics. Now "*AFP By Topic*" is also available as a free mobile app for iPhones, iPods, and Android devices. The app can be downloaded from the Apple Store at <http://www.apple.com/iphone/apps-for-iphone/>, and from the Android Market at <https://market.android.com/>. Each topic collection in "*AFP By Topic*" has its content sorted into clinically relevant categories, such as screening and diagnosis, treatment, complications, and patient education. *AFP* editors consistently update the collections to provide the most current and useful content available. For more information, visit the recent article in the April 15, 2011, issue of *AFP* at <http://www.aafp.org/afp/2011/0415/p874.html>, and the recent *AFP* Community Blog post at <http://afpjournal.blogspot.com/2011/04/afp-by-topic-now-available-for-iphone.html>.

IOM and ABFM to Offer Fellowship Opportunity in Family Medicine

The Institute of Medicine (IOM) and the American Board of Family Medicine (ABFM) have established the James C. Puffer, MD/American Board of Family Medicine Fellowship to advance the careers of future family medicine leaders. Fellowship awardees will assist in the work of an IOM study committee or roundtable for two years, be invited to attend the IOM's annual meeting, and participate in a weeklong health policy-intensive orientation in Washington, DC. Additional application information and details about eligibility and selection criteria are available at <http://iom.edu/Activities/Education/PufferABFMFellowship.aspx>. Applications are due June 1, 2011, and awardees will be notified on July 1, 2011. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110419abfm-iomfellows.html>.

— *AFP* AND *AAFP NEWS NOW* STAFF

For more news, visit *AAFP News Now* at <http://www.aafp.org/news-now>. ■