

New CDC Guide Focuses on Infection Control in Ambulatory Settings

Infrastructure and resources dedicated to infection control in ambulatory settings, such as hospital-based outpatient clinics and physician offices, are lacking compared with those of inpatient acute care settings. Therefore, the Centers for Disease Control and Prevention (CDC) has released a guide summarizing the evidence-based recommendations for infection control in these practices. The recommendations include information on infection surveillance and reporting, hand hygiene, cough etiquette, personal protective equipment, injection safety, and proper cleaning and disinfection of environmental surfaces and medical equipment. In addition, the guide provides goals for these practices, including developing and maintaining an infection prevention program with written policies and procedures, and ensuring that at least one person with training in infection prevention be employed by or accessible to the practice. A companion checklist was also released by the CDC. It allows practices to ensure that appropriate infection prevention policies and procedures are in place and that proper supplies are available to allow personnel to provide safe care. The checklist also helps these practices to systematically assess personnel adherence to correct infection prevention practices. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110805infectioncontrol.html>, and <http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html>.

New Payment Models, Financial Risk Top List of Work Challenges for Physicians

The Medical Group Management Association recently released the results of its fourth annual survey on work-related challenges for physicians and their practice managers. The top five reported challenges were gearing up for new payment models that result in practices taking on a greater share of financial risk; taking part in the Centers for Medicare and Medicaid Services' (CMS) electronic health record (EHR) incentive programs; managing increasing operating costs; choosing and implementing an EHR system; and implementing or optimizing an accountable care organization. According to the Medical Group Management Association President and Chief Executive Officer William Jessee, MD, changes in top concerns, which include the top two challenges appearing on the list for the first time, seem to indicate

unease among survey respondents about the changing direction in U.S. health care. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110726mgmachallenges.html>, and <http://www.mgma.com/press/default.aspx?id=1366712>.

User Satisfaction Survey Garner Opinions from Family Physicians About EHRs

The most recent *Family Practice Management* survey of user satisfaction with EHRs, which was published in the July/August issue, gathered opinions from more than 2,700 family physicians on the EHR systems they use. Domains for evaluation included ease of ordering laboratory tests; ease and effectiveness of documenting care; rapidity and ease of electronic prescribing; potential for qualifying for Medicare or Medicaid incentive dollars; training and support from the EHR vendor; and satisfaction level. The ability to customize the EHR system topped the satisfaction list, with 77 percent of physicians indicating they were satisfied or very satisfied with this aspect of their system. This was followed by electronic prescribing capability (70 percent) and electronic messaging function (69 percent). Respondents were least satisfied with vendor support and training, with only 39 percent of respondents satisfied or very satisfied in this area. In addition, 49 percent of respondents were satisfied overall with their EHR system, and 39 percent agreed or strongly agreed that they would purchase their current system a second time. *Family Practice Management* Editor-in-Chief Robert Edsall says the survey indicates that physicians who provide input into the EHR selection process appear to be more satisfied with the system after it is implemented. He also notes that the survey does not recommend a specific system because it measures satisfaction on a number of different scales that may vary in importance from practice to practice, and that the variability in systems and their features precludes a single solution for all practices. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20110809fpmehrsurvey.html>, and http://www.nextbook.com/nxtbooks/aafp/fpm_20110708/#/26.

AHRQ Provides Free Guides on Treatment Options for Diabetes Mellitus, Autism

The Agency for Healthcare Research and Quality (AHRQ) recently released free guides for health care professionals and patients on treatment options for type 2 diabetes mellitus in adults and autism spectrum

disorders in children. The diabetes guide for physicians (<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=720>) summarizes oral medication options, including information on newer drugs and drug combinations. The guide is intended to help physicians discuss treatment options with patients. The corresponding consumer guide (<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=721>) provides information on the risks, benefits, and costs of diabetes medications. The autism spectrum disorders guide for physicians (<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=708>) evaluates therapies for children two to 12 years of age that focus on improving key deficits in social communication, addressing challenging behaviors, treating commonly associated difficulties, promoting functional independence, and improving quality of life. The corresponding consumer guide (<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=709>) discusses the types of programs and therapies available to children, the available evidence on these programs and therapies, and questions to ask when planning therapies and programs. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110809diabet-autismguides.html>.

AHRQ Releases Brief Highlighting Ways to Improve Patient Engagement in PCMH

The AHRQ has issued a brief highlighting opportunities to improve patient engagement in primary care through the patient-centered medical home (PCMH). The brief focuses on involvement at three levels: (1) engagement of patients and families in their own care; (2) quality improvement activities in the primary care practice; and (3) development and implementation of policy and research related to the PCMH. It also includes strategies to help put patients at the center of the PCMH. These include asking practices to demonstrate active engagement of patients and families in their care and quality improvement activities to qualify as a PCMH; using payment strategies that support the engagement of patients and families in care and quality improvement activities; providing practices with technical assistance, tools, and shared resources to accomplish a variety of tasks; establishing meaningful use and certification requirements to ensure health information technology promotes patient engagement; ensuring patients have substantive input in the design, implementation, and evaluation of

PCMH programs; and supporting additional research on the feasibility and effect of patient engagement strategies. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110727wklynewsbrfs.html#NewsArticleParsys97204>.

CMS Launches New Online Tools to Assist with Health Care Decision Making

CMS has unveiled new tools and enhancements to help patients and their caregivers make informed choices about health care, thereby improving the quality of care in health care settings in the United States. The resources include an enhanced quality improvement program in which technical assistance and resources are provided to help physicians make changes to how they deliver health care. Other tools include a quality care finder that provides patients with one online destination to access all of Medicare's comparison information on hospitals, nursing homes, and plans; and an updated hospital care Web site that includes information on topics such as how well hospitals protect outpatients from surgical infections and whether patients who have undergone surgery were given antibiotics at the right time to prevent infection. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110810wklynewsbrfs.html#NewsArticleParsys80730>.

HHS Requires Insurance Plans to Cover Preventive Services for Women at No Cost

Last year, the U.S. Department of Health and Human Services (HHS) released new insurance market rules that require all new private health plans to cover several evidence-based preventive services, including mammography, colonoscopy, blood pressure measurement, and childhood immunizations, without charging a copayment, deductible, or coinsurance. The rules were based on the Patient Protection and Affordable Care Act. The HHS has now issued new guidelines that require health insurance plans to also cover preventive services, such as well-woman examinations, breastfeeding support, domestic violence screening, and contraception, free of charge. According to the HHS, these new guidelines are an attempt to build on progress already made by making sure women have access to a full range of recommended preventive services. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110803wklynewsbrfs.html#NewsArticleParsys14165>.

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