

Outcomes Data Demonstrate Effectiveness of Patient-Centered Medical Homes

Outcomes data presented in November at the Patient-Centered Primary Care Collaborative (PCPCC) meeting in Washington, DC, showed the benefits of a patient-centered medical home (PCMH) model of care through improved quality of health care, greater patient access to health care, and lower costs of health care. Several pilot programs reported reductions in areas such as emergency department visits, inpatient hospital admissions, and ambulatory care-sensitive admissions. The PCPCC has also released two new publications. The first is "Core Value, Community Connections: Care Coordination in the Medical Home," which addresses the theory and practice of collaborative health care and is available online at http://www.pcpcc.net/guide/coordination_guide. The second, "Putting Theory into Practice: A Practical Guide to PCMH Transformation Resources," is a resource guide that identifies organizations offering PCMH support services and is available online at http://www.pcpcc.net/guide/transformation_guide. For more information on the PCPCC presentation, visit <http://www.aafp.org/news-now/practice-professional-issues/20111102pcpccmtg.html>.

Academy Creates Summary of Final Rule on Medicare Accountable Care Organizations

The American Academy of Family Physicians (AAFP) has created a summary of the U.S. Department of Health and Human Services (HHS) final rule on Medicare Accountable Care Organizations. The AAFP's 19-page summary, "Medicare Shared Savings Program: Accountable Care Organizations Final Rule," includes information on such topics as historical background, Accountable Care Organization eligibility, structure and governance, shared savings methodology, quality measures, and the advance payment model. It also includes links to additional online material, including eight tables that explain payment details, such as the creation and use of quality performance standards for Accountable Care Organizations, a shared savings program overview, and the proposed minimum savings rate based on the number of assigned beneficiaries. The final rule on the Medicare Accountable Care Organizations is available at <http://www.gpo.gov/fdsys/pkg/FR-2011-11-02/pdf/2011-27461.pdf>. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20111109acosummary.html>.

Deadline Approaching for Implementation of 5010 Electronic Transaction Standards

The deadline for compliance with submitting and receiving claims using the 5010 electronic transaction code set is January 1, 2012. These transaction standards are mandated by a provision of the Health Insurance Portability and Accountability Act. As the deadline approaches, it may be time to assess whether your practice is ready to submit and receive electronic claims in this 5010 format. In an October 17, 2011, entry to the *Family Practice Management* blog "Getting Paid" titled "5010 and 2012: Time for a Backup Plan?," Cynthia Hughes, CPC, an AAFP coding and compliance specialist, recommends that practices develop a contingency plan in the event they are not able to send and receive claims in the new format. To decrease the chances for potential disruptions to cash flow, Hughes recommends the following: contact your claims clearinghouse and ask if it will be able to receive claims in the current 4010 A format and then convert those claims to the new 5010 format for transmittal to payers; consider other options, such as the purchase of new billing software or an Internet-based product if the current vendor offers only a costly upgrade; hold billings for a short time beginning on January 1, 2012, and let other claims be applied to patient deductibles; and use free software offered by Medicare contractors to submit Medicare claims. According to a survey by the Medical Group Management Association regarding contingency plans, approximately one-third of physician practices indicated they would establish a line of credit with a local financial institution to sustain practice operations, nearly 36 percent would set up cash reserves, and more than one-half would revert to paper claims if they are unable to electronically transfer claims in the new format by the deadline. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20111025implement5010.html>.

Study Shows Primary Care Physicians Think Their Patients Receive Too Much Care

Forty-two percent of primary care physicians surveyed think their patients are receiving too much medical care, whereas only 6 percent of those surveyed think their patients are receiving too little care. This is according to a study conducted by researchers at Dartmouth Medical School in Hanover, N.H., and the Dartmouth Institute for Health Policy and Clinical Practice and published in the *Archives of Internal Medicine*. The

study, which was based on a nationwide survey that included 627 family physicians and general internal medicine physicians, found that 28 percent of primary care physicians surveyed indicated they were practicing medicine more aggressively than they would prefer. Twenty-nine percent responded that they believed other primary care physicians in the community were also practicing too aggressively. The reasons physicians listed for practicing too aggressively were malpractice concerns (76 percent), having to meet clinical performance measures (52 percent), and not having enough time with patients (40 percent). For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20111027toomuchcare.html>, and the Archives of Internal Medicine Web site at <http://archinte.ama-assn.org/cgi/content/abstract/171/17/1582>.

USPSTF Issues Draft Recommendations on Obesity, Cervical Cancer, and Skin Cancer

The U.S. Preventive Services Task Force (USPSTF) has issued new draft recommendations for adult obesity, cervical cancer screening, and counseling to prevent skin cancer. The current draft recommendations call for physicians to screen adults for obesity, and “offer or refer patients with a body mass index greater than 30 kg per m² to intensive, multicomponent behavioral interventions.” Behavioral interventions include setting weight-loss goals; improving nutrition and increasing physical activity; addressing barriers to change; and self-monitoring. For cervical cancer screening, the current draft recommends: (1) that cervical cancer screening be performed every three years in women 21 to 65 years of age who have had vaginal sex and have a cervix; (2) that women younger than 21 years, regardless of sexual history, should not be screened because there is moderate certainty that the harms of screening in this age group outweigh the benefits; and (3) that screening for cervical cancer using human papillomavirus (HPV) testing, alone or in combination with cytology, in women younger than 30 years should not be conducted because the harms outweigh the benefits. The draft recommendation on prevention of skin cancer included a recommendation to counsel patients 10 to 24 years of age who have fair skin about minimizing their exposure to ultraviolet radiation to reduce their risk of skin cancer. The draft recommendations are available at: <http://www.uspreventiveservicestaskforce.org/draftrec5.htm> (adult obesity); <http://www.uspreventiveservicestaskforce.org/draftrec4.htm> (cervical cancer); and <http://www.uspreventiveservicestaskforce.org/draftrec6.htm> (skin cancer prevention). For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20111109uspstf-obessk-incervca.html>.

ACIP Recommends Major Changes in the Use of the HPV and Hepatitis B Vaccines

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has recommended major changes to the use of the HPV and hepatitis B vaccines. The committee agreed to a provisional recommendation to expand the routine use of quadrivalent HPV vaccine to adolescent boys 11 or 12 years of age, a catch-up dose for males 13 to 21 years of age, and permissive use of the vaccine in men 22 to 26 years of age. The recommendation is intended to protect males from genital warts and certain cancers caused by HPV infection and to protect their sex partners from infection. ACIP also recommends the use of hepatitis B vaccine in all adults with diabetes mellitus who are younger than 60 years and who have not previously received the vaccine. The ACIP recommendations must be evaluated and approved by the CDC before becoming official through publication in *Morbidity and Mortality Weekly Report*. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20111026acip-hpv-hepb.html>.

Two Initiatives Seek to Help Older Adults Stay Healthy, Improve Health Literacy

Two new initiatives are aimed at improving overall health and health literacy in older adults. The National Institute on Aging has launched a new campaign called Go4Life, which was designed to motivate persons 50 years and older to maintain a healthy lifestyle by making physical activity a part of their everyday lives. The Go4Life Web site, <http://go4life.niapublications.org/>, provides tools and resources, including tip sheets for physicians to give their patients; free posters and bookmarks for examination and waiting rooms; articles about exercise and physical activity to include in patient newsletters; and a Go4Life exercise video. In addition, the CDC has enhanced the health literacy section of their Web site (<http://www.cdc.gov/healthliteracy/Develop-Materials/Audiences/index.html>) by adding resources designed to help physicians and other health care professionals enhance communications with older adults and address barriers to health literacy. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20111109wklynewsbrfs.html>, and <http://www.aafp.org/news-now/news-in-brief/20111026wklynewsbrfs.html>.

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