Attributes of PCMH Model of Care Translate to Lower Mortality in Primary Care

According to a recent study published in the *Annals of Family Medicine*, patients whose usual source of primary care involves certain key attributes typical of the patient-centered medical home (PCMH) model of care—namely enhanced patient access to comprehensive, patient-centered care—have lower individual mortality risk. The authors of "Primary Care Attributes and Mortality: A National Person-Level Study" compared data on more than 60,000 adults 18 to 90 years of age who participated in the Medical Expenditure Panel Survey with mortality data from the National Death Index. Certain groups, including racial and ethnic minorities, poorer and less educated persons, and those without health insurance, reported much lower access to health care services with PCMH attributes. The authors suggested interventions to promote access to health care that provides the PCMH attributes measured in the study and recommended a move toward ensuring uniform dissemination of health care services across the United States. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20120118mortalitystudy.htm.

AAFP Position Paper on Collaboration Between Family Physicians and Pharmacists

The American Academy of Family Physicians (AAFP) has issued a revised position paper to better define the collaborative relationship between family physicians and pharmacists in an integrated health care delivery system. The paper was written in response to efforts by pharmacists to expand their influence and scope of practice. Collaborative drug therapy management legislation and regulations currently allow physicians and pharmacists to participate in voluntary written agreements to manage the drug therapy of an individual patient or group of patients. According to the paper, "The AAFP believes that only licensed doctors of medicine, osteopathy, dentistry, and podiatry should have the statutory authority to prescribe drugs for human consumption." Although the AAFP supports health care professionals working together, current policy defines the family physician as the coordinator of care and the pharmacy professional as a member of an integrated team, and the AAFP is concerned that independent prescription authority for pharmacists will further fragment the American health care system and undermine the national goals of accountable care and the PCMH model. For more information, visit http://www.aafp.org/news-now/inside-aafp/20120118pharmacypaper.htm and http://www.aafp.org/online/en/home/policy/policies/p/pharmacistspositionpaper.html.

CDC Toolkit to Help Control and Prevent Norovirus Outbreaks in Health Care Settings

The Centers for Disease Control and Prevention (CDC) has released a new toolkit for health care professionals who are faced with possible or confirmed outbreaks of norovirus gastroenteritis in health care settings. The toolkit is a complementary resource to the "Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings," which was developed in 2011 by the CDC's Healthcare Infection Control Practices Advisory Committee. Resources in the toolkit are intended to help health care professionals carry out many of the recommendations from the guideline, and include infection control measures and tools for outbreak response and reporting. The toolkit also includes sample worksheets, a poster and fact sheet, and a slide presentation on how to manage an outbreak in the health care setting. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20120118norovirus.html.

SAMHSA Reports One in Five U.S. Adults Experienced Mental Illness in the Past Year

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a report on rates of mental illness in the United States. According to the National Survey on Drug Use and Health, 20 percent of adults 18 years and older experienced mental illness in the past year, with 5 percent of adults having serious mental illness. Only 39.2 percent of adults with any mental illness and 60.8 percent of those with serious mental illness in the past year received mental health services during that time. Mental illness was experienced by 29.9 percent of persons 18 to 25 years of age, and 14.3 percent of those 50 years and older. Women were more likely than men to have had mental illness in the past year. Adults experiencing any mental illness in the past year were more than three times as likely to have met criteria for substance dependence or abuse during that time compared with persons who had not had a mental illness. The report also indicated that an estimated 8.7 million adults had serious thoughts of suicide. Mental illness in adults is defined as having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental

and substance use disorders) in the past year, based on criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. Serious mental illness is defined as one that resulted in serious functional impairment that substantially interfered with or limited one or more major life activities. The complete survey findings are available at http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/. For more information, visit http://www.samhsa.gov/newsroom/advisories/1201185326.aspx.

AHRQ, Others Report Inappropriate Cancer Screening in Older Adults Continues

The authors of a recent study in the *Annals of Internal Medicine* report that many physicians continue to screen older adults for prostate and other types of cancer, despite evidence-based clinical guidelines from the U.S. Preventive Services Task Force and the AAFP that recommend against such screening practices. The authors note that patients' recollection that a physician had recommended screening was a significant predictor of screening behavior, reinforcing the importance of physicians making informed screening decisions for older adults. In addition, in a new evidence report from the Agency for Healthcare Research and Quality (AHRQ), a panel of investigators examined the role of active surveillance in men with low-risk prostate cancer. The panel concluded that there is no clear standard for determining whether active surveillance or watchful waiting is most likely to optimize patient outcomes, and states that further research is needed to determine the best protocols for managing low-risk disease. The AHRQ report also recommends eliminating "the anxiety-provoking term 'cancer'" when referring to low-risk prostate cancer because of the often favorable prognosis of the condition. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20120116cancerscreenlowrisk.html.

CDC Reports Data on High Rate, Frequency of Binge Drinking in the United States

According to survey data published in *Morbidity and Mortality Weekly Report*, nearly 38 million Americans engage in binge drinking. The CDC defines binge drinking as having four or more drinks for women and five or more drinks for men during a single occasion. Among binge drinkers, the frequency is 4.4 episodes per month, and the average largest number of drinks consumed is 7.9 per occasion. Although adults 18 to 24 years of age have the highest rates of binge drinking and the average largest number of drinks per episode, the frequency of binge drinking is highest among binge drinkers 65 years and older. Survey respondents with household incomes of at least $75,000 had the highest binge drinking prevalence (20.2 percent), but those with household incomes of less than $25,000 had the highest frequency (5.0 episodes per month) and intensity (8.5 drinks per episode). The CDC reports that excessive alcohol use leads to approximately 80,000 deaths in the United States each year, and binge drinking is responsible for more than one-half of those deaths. For more information, visit http://www.aafp.org/news-now/news-in-brief/20120118wklynewsbrfs.html.

AMA Tutorials on Implementing Health Information Technology in Practice

The American Medical Association (AMA) recently released three online educational tutorials meant to help physicians better implement health information technology in their practices. The tutorials discuss ePrescribing, previsit planning, and point-of-care documentation. They feature downloadable tools and best practices on health information technology. For more information, visit http://www.ama-cmeonline.com/health_it_workflow.

FDA Completes Recommendations for Three Drug User Fee Programs

The U.S. Food and Drug Administration (FDA) has completed its recommendations for three drug user fee programs that will help get safe and effective drugs and lower-cost generics and biosimilar biological products to patients. The programs include the fifth authorization of the Prescription Drug User Fee Act, the proposed Generic Drug User Fee program, and the proposed Biosimilar and Interchangeable Products User Fee program. In a user fee program, the pharmaceutical industry agrees to pay fees to help fund part of the FDA's drug review activities, and the FDA agrees to overall performance goals such as reviewing a certain percentage of drug applications in a particular time frame without compromising the FDA's high standards. The Generic Drug User Fee program would give the FDA the funding to help ensure that consumers have timely access to safe, high-quality, and effective generic drugs. The Biosimilar and Interchangeable Products User Fee program would be used for products approved under a new abbreviated approval pathway for biological products that have been shown to be biosimilar to or interchangeable with an FDA-licensed biological product. For more information, visit http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm287723.htm.

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