

Macy Foundation Awards Grant to Study Direction of Graduate Medical Education

The Institute of Medicine (IOM) has been awarded a \$750,000 grant from the Josiah Macy Jr. Foundation to perform a comprehensive study of the governance and financing of graduate medical education (GME) in the United States. According to the Macy Foundation, GME has fallen behind the overall needs of the country's health care system, specifically individual health care needs of the public, and must evolve to keep up with current changes. This grant represents about one-half of the funding necessary to conduct the study. The remainder of the funds will be provided by other public and private entities. The IOM is expected to appoint the study panel by June 2012 and complete the project by early 2014. Panel members will review current regulation, financing, content governance, and organization of GME, and then make recommendations on how to modify the current system. The goal is to create a physician workforce sufficient to meet future needs. More information is available at: <http://www.aafp.org/news-now/education-professional-development/20120418macygmegrant.html>.

Adults Diagnosed with Mental Illness Have Higher Rates of Chronic Physical Ailments

According to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA), patients 18 years and older who had any mental illness, serious mental illness, or major depressive episodes in the past year had increased rates of high blood pressure, asthma, diabetes mellitus, heart disease, and stroke. The report also shows notable differences in emergency department use between adults with a serious mental illness (47.6 percent) in the past year compared with adults without mental illness (30.5 percent). Rates of hospitalization were also higher in patients with serious mental illness (20.4 versus 11.6 percent). The report, *Physical Health Conditions Among Adults with Mental Illnesses*, is based on data from SAMHSA's 2008-2009 National Survey on Drug Use and Health. For more information, go to: <http://www.samhsa.gov/newsroom/advisories/1204102228.aspx>.

Death Rates from Injury Among Children Have Decreased over the Past Decade

Death rates from unintentional injuries among children and teenagers declined by nearly 30 percent from 2000 to

2009, according to a report from the Centers for Disease Control and Prevention (CDC). Although injury rates have been dropping, suffocation rates are on the rise, with a 54 percent increase in reported suffocations in infants younger than one year. Poisoning death rates steadily increased among teenagers 15 to 19 years of age, largely because of prescription drug overdoses. This is the CDC's first study to show fatal unintentional injury trends by cause and by state for this age group. The most common cause of death is motor vehicle crashes, although this rate dropped by 41 percent from 2000 to 2009. Other leading causes include suffocation, drowning, poisoning, fires, and falls. More information is available at: http://www.cdc.gov/media/releases/2012/p0416_children_deathrate.html.

AMA Launches Online Resource to Help Diagnose and Treat Eating Disorders

The American Medical Association (AMA) has released an online training module to help family physicians and other clinicians screen for and manage eating disorders. The module, *Screening and Managing Eating Disorders in Primary Practice*, is part of the AMA's *Educating Physicians on Controversies and Challenges in Health* program. It provides a basic diagnostic overview of the range of eating disorders, reviews the screening and referral process, and briefly describes the role of the primary care physician in treating patients with these disorders. To view the module, go to: http://www.ama-cmeonline.com/eating_disorders/.

AAFP Issues Module to Help Members Keep Adolescent Immunizations Up to Date

The American Academy of Family Physicians (AAFP) has added a new module to the *Measuring, Evaluating, and Translating Research Into Care* performance improvement program that will help physicians keep adolescent patients' vaccinations up to date. It uses family physicians' own practice data to help develop an action plan to keep adolescent patients on schedule with their immunizations. The module also offers tips, templates, and resources based on the interventions chosen and allows physicians to track and evaluate their performance. This activity has been approved by the American Board of Family Medicine as an alternative program to fulfill Maintenance of Certification for Family Physicians Part IV requirements. Physicians are also eligible to earn as many as 20 prescribed continuing medical

education credits by completing the module within one to 12 months. For more information, go to: <http://www.aafp.org/news-now/education-professional-development/20120418teenvaccmetric.html>.

CMS Selects First Group of ACOs for Medicare Shared Savings Program

The Centers for Medicare and Medicaid Services (CMS) has chosen the first 27 accountable care organizations (ACOs) to participate in the Medicare Shared Savings Program. According to the CMS, these organizations have agreed to be responsible for the quality of care Medicare patients receive. In return, the ACOs have the opportunity to share in any savings gained through improved care. The ACOs must meet 33 established quality measures, which are intended to ensure that any savings in health care expenses are achieved through the provision of health care that is appropriate, safe, and timely. Quality measures include care coordination, patient safety, preventive health services, and care for at-risk populations. Five of the organizations are participating in an advance payment ACO model, which focuses on rural and physician-based ACOs. They will receive federal funding to help cover the costs of establishing the required infrastructure to coordinate patient care. The ACOs are expected to repay the advance payment from any savings they earn. More information is available at: <http://www.aafp.org/news-now/practice-professional-issues/20120417acoschosen.html>.

Number of Reported Measles Cases in United States Is Highest in 15 Years

According to the CDC, the number of measles outbreaks reported in the United States in 2011 jumped to more than four times the usual number, with 222 patients contracting the disease. Key factors in the higher incidence included disease importation by U.S. citizens returning from travel abroad, particularly in France, Italy, or Spain, and by foreign nationals visiting the United States who interacted with unimmunized persons. A compounding factor was that 86 percent of those infected were not vaccinated against measles or did not know if they had been vaccinated. For more information, go to: <http://www.aafp.org/news-now/health-of-the-public/20120423measlesbriefing.html>.

MEDWATCH: Finasteride to Carry Warning About Adverse Sexual Effects

The U.S. Food and Drug Administration has called for changes to the product labels of two brand-name formulations of finasteride. Proscar (5 mg) is used to treat symptoms of benign prostatic hyperplasia, and Propecia (1 mg) is used to treat male pattern baldness. Updates

to the package labeling will include an expanded list of adverse sexual effects and information about effects that persist after discontinuation of the medication. For Proscar, the revision includes decreased libido; and for Propecia, libido, ejaculation, and orgasm disorders will be added. Reports of male infertility and/or poor semen quality normalizing or improving after discontinuation will be added to both labels. More information is available at: <http://www.aafp.org/news-now/health-of-the-public/20120418finasteride.html>.

CMS Names Market Areas to Participate in Comprehensive Primary Care Initiative

The CMS's Center for Medicare and Medicaid Innovation has chosen seven geographic areas to participate in the four-year Comprehensive Primary Care Initiative. Primary care practices that participate in the initiative will have the support of commercial and state health insurance plans as they work to provide high-quality, coordinated, and seamless care to patients. The program blends fee-for-service payments with per-patient, per-month coordination fees, and also offers practices the opportunity to earn a portion of any shared savings after two years of participation. After CMS finalizes agreements with each market area, up to 75 primary care practices will be recruited in each region. If the initiative is shown to improve quality of care provided to patients and lower costs, CMS has the authority to expand the initiative nationwide. For the list of market areas and additional information, go to: <http://www.aafp.org/news-now/practice-professional-issues/20120411cpcimarketareas.html>.

CMS Develops Tool for Patients to Compare Medicare-Certified Home Health Agencies

Patients now have a new Web-based tool to compare local hospitals, nursing homes, physicians, and more based on feedback from other patients. The Quality Care Finder (<http://www.medicare.gov/quality-care-finder>) uses results from a CMS national survey that asked patients about their experiences with Medicare-certified home health agencies. The new tool offers prospective patients, their families, and caregivers the opportunity to review and compare feedback from other patients on home health agencies. Ratings cover a number of topics, including overall care, patient's willingness to recommend the agency, communication skills of physicians, courteousness and respectfulness of staff, medication review, pain assessment, and home safety issues.

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