

HHS Report Finds Problems with the CDC's Vaccines for Children Program

The U.S. Department of Health and Human Services (HHS) Office of the Inspector General recently issued a report that revealed deficiencies in storage and documentation procedures among participants of the Centers for Disease Control and Prevention's (CDC's) Vaccines for Children (VFC) program. The report's findings were based on an assessment of 45 vaccine providers from five program grantees that had the highest volume of VFC vaccines ordered in 2010. Among the findings, 38 providers did not have all of the required documentation; 34 providers had vaccines that were exposed to inappropriate temperatures for at least five cumulative hours during the assessment period; 16 providers had expired vaccines; and 13 providers stored expired vaccines together with current vaccines. None of the providers met all of the vaccine management requirements established in the *VFC Operations Guide*. To address these issues, CDC Director Thomas Frieden, MD, MPH, stated that the agency will be implementing "substantial improvements in vaccine ordering and inventory management systems," which will improve vaccine management at the provider level. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120606vfc-vaccines-report.html>.

CMS Report Shows Distribution of Primary Care Incentive Payments

The Centers for Medicare and Medicaid Services (CMS) has released 2011 data on the Primary Care Incentive Program, a provision in the Patient Protection and Affordable Care Act that requires Medicare to pay quarterly bonuses to primary care clinicians whose primary care billings comprise at least 60 percent of their total Medicare allowed charges. The data show that the agency distributed approximately \$560 million in incentive payments in 2011, with the majority going to family physicians and general internists. According to CMS, 61,728 family physician practices participated in 2011, receiving just under \$213 million in primary care incentive payments. In comparison, 55,329 general internist offices received nearly \$280 million. The remaining funds were distributed among nurse practitioners (\$39.1 million), physician assistants (\$14.1 million), geriatricians (\$9.7 million), pediatricians (\$1.7 million), and certified clinical nurse specialists (\$858,000). Eighty-six percent of the funds went to clinicians in urban areas, with the remainder going to those in rural areas. For

more information, visit <http://www.aafp.org/news-now/government-medicine/20120531pcipresults.html>.

West, Midwest Experience Pertussis Outbreaks: Are Parents Responsible?

Several states in the West and Midwest have reported significant increases in pertussis cases. In Montana, the Department of Public Health and Human Services has documented more than 200 cases of pertussis, the highest number since 2005. Wisconsin has reported more than 1,500 confirmed and probable cases. In Washington, 2,092 cases were reported as of June 2. Some health officials believe that parental concerns about childhood vaccines may be a contributing factor. According to Michele Roberts of the Washington State Department of Health Immunization and Child Profile Office, 6 percent of kindergartners in Washington missed at least one required immunization in 2011 because a parent chose not to vaccinate. In response, health officials in all three states are encouraging everyone, including children and adults, to be vaccinated and to contact their physicians about proper treatment if they have symptoms. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120530pertussisupdate.html>.

USPSTF Recommends Against Menopausal Hormone Therapy for Chronic Conditions

The U.S. Preventive Services Task Force (USPSTF) has published its latest draft recommendations on the use of menopausal hormone therapy to prevent chronic conditions in postmenopausal women. Although some studies indicate that estrogen alone decreases the risk of breast cancer, and that estrogen alone or combined with progestin decreases the risk of fractures, it also increases the risk of gallbladder disease, stroke, thromboembolic events, and urinary incontinence. In addition, the combination of estrogen and progestin increases the risk of breast cancer and probable dementia. Based on those findings, the USPSTF recommends against the use of these hormone therapy regimens for the prevention of chronic conditions in women. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120605uspstfmenorecs.html>.

CDC Proposes New Recommendations for Hepatitis C Virus Screening

In May 2012, the CDC announced a proposal to expand screening for hepatitis C virus infection in adults to

include all persons born from 1945 through 1965. According to the CDC, hepatitis C virus persists as a chronic infection in approximately 75 to 85 percent of persons who have the virus, which increases the risk of liver cirrhosis, liver cancer, hepatocellular carcinoma, and complications involving other organ systems. Screening would allow persons to obtain appropriate services, receive the necessary care, and take steps to halt disease progression and prevent additional harm to the liver. However, the new recommendations would also seem to put the CDC at odds with the American Academy of Family Physicians (AAFP) and the USPSTF, which currently recommend against screening for hepatitis C virus infection in asymptomatic adults who are not at increased risk of infection, and do not recommend for or against routine screening in high-risk adults. USPSTF Co-vice Chair Michael LeFevre, MD, MSPH, acknowledged that the task force's recommendations have not been updated since 2004, and that they would release their own draft recommendations on the subject later this year. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120606cdc-hcvscreen.html>.

AAFP, USPSTF, CDC Address Minimizing Skin Cancer Risks

In May 2012, the AAFP and USPSTF updated their existing guidelines on the prevention of skin cancer, and now recommend counseling for children and young adults 10 to 24 years of age who have fair skin on how to minimize their exposure to ultraviolet (UV) radiation. That same month, a data analysis from the CDC on the use of indoor tanning devices was published in *Morbidity and Mortality Weekly Report*. The authors of the analysis noted that indoor tanning devices produce UV radiation levels that far exceed those from sunlight, which increases a person's risk of skin cancer as the number of indoor tanning sessions increases. To minimize the risks of UV radiation, the USPSTF recommends behavioral counseling, with an emphasis on cancer prevention and appearance-focused messages that stress the aging effects of UV radiation on the skin; these types of interventions can reduce indoor tanning behaviors by up to 35 percent. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120529skincarecs.html>.

How the RUC Affects Medicare Payment Rates: A Closer Look

Each year, the CMS makes adjustments to the Medicare fee schedule's resource-based relative value scale. To update the schedule, CMS consults with the American Medical Association's Relative Value Update Committee (RUC) to determine how much of a physician's time and effort, or "physician work," is involved in

providing a particular service. A recent study published in *Health Affairs* examined the CMS's decisions on updating physician work values between 1994 and 2010, and compared those decisions with the recommendations offered by the RUC during the same time. Analysis of the data found that CMS accepted 2,419 of the committee's 2,768 proposed work values, or 87.4 percent of the committee's recommendations. During this time, RUC decreased 298 work values and increased 51 work values. With regard to primary care physicians, an analysis of evaluation and management codes found that CMS was more likely to decrease recommended work values for medical specialty, surgical services, and radiologic services than for evaluation and management services. This is a finding the authors called "encouraging" for primary care physicians and others who bill the greatest proportion of those services. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120605ruc-cms-study.html>.

MEDWATCH: FDA Issues Warning on Counterfeit Adderall Products

The U.S. Food and Drug Administration (FDA) has issued a warning that a counterfeit version of Adderall, a medication used to treat attention-deficit/hyperactivity disorder, is being sold and purchased on the Internet. In a May 29 press release, the FDA announced that a preliminary analysis of counterfeit Adderall tablets showed that they contained the wrong active ingredients, and that they should be considered unsafe, ineffective, and potentially harmful. Authentic Adderall tablets are round, orange/peach in color, and scored, with the letters "dp" embossed on one side and the number "30" on the other. They are packaged only in 100-count bottles, and have the National Drug Code 0555-0768-02 listed on the packaging. In comparison, counterfeit Adderall tablets come in a blister package; are white, round, and smooth with no markings; and the product packaging may contain numerous spelling errors. Patients who believe they may have received counterfeit Adderall are urged to stop taking the product and contact their physician. They should also contact the FDA's Office of Criminal Investigations at 800-551-3989 or online at <http://www.fda.gov/oci>. Adverse events may be submitted to the MedWatch reporting system at <http://www.fda.gov/medwatch/report.htm>. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120604fakeadderall.html> and <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm305932.htm>.

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