

HPV4 Vaccine Linked to Notable Decrease in HPV Cases Among Young Women

Data from a recent *Pediatrics* study suggest that the quadrivalent human papillomavirus (HPV4) vaccine is responsible for a notable downturn in cases of HPV infection caused by strains included in the vaccine. Researchers recruited 368 sexually active, unvaccinated young women 13 to 16 years of age in 2006 and 2007, and later recruited an additional 409 young women in the same age range, of whom more than one-half had received at least one dose of the HPV4 vaccine. When the two groups were compared, researchers found that cases of vaccine-type HPV infection were reduced by 58 percent overall, by 69 percent among vaccinated participants, and by 49 percent among unvaccinated participants. The lower prevalence of vaccine-type HPV infection among unvaccinated young women is attributed to herd protection. However, researchers also reported an increase in nonvaccine-type HPV infection among vaccinated participants, which may be caused by type replacement and warrants further study. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120727hpvstudy.html>.

Interactive Preventive Health Records Increase Use of Preventive Care Services

According to a recent study published in *Annals of Family Medicine*, use of an interactive preventive health record (IPHR) can be highly effective for physicians and patients who want to ensure the delivery of indicated preventive care. In a randomized controlled trial, 4,500 randomly selected patients from eight primary care practices were assigned to an intervention or a control group. The intervention group received up to three mailed invitations explaining the importance of preventive care, describing the purpose of the IPHR, and providing an individual identification number to allow each patient to set up an account. The IPHR then individualized recommended preventive screenings for each patient by extracting 167 clinical data elements; patients also completed a health risk assessment. Once a patient used the IPHR, the system automatically informed his or her primary care physician. Patients in the control group received usual preventive care but were given no information about the IPHR and did not have access to the system. At the beginning of the study, only 2 percent of patients were up-to-date on all 18 U.S. Preventive Services Task Force–recommended preventive services,

but after 16 months more than 25 percent of IPHR users were up-to-date on all services—double the rate of those who did not use an IPHR. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120806iphrr-study.html>.

AAFP METRIC Module Developed to Keep Children's Vaccinations Up-to-Date

The Measuring, Evaluating, and Translating Research into Care (METRIC) performance improvement program of the American Academy of Family Physicians (AAFP) recently added a module on childhood immunizations to help members keep their young patients' vaccinations up-to-date. In addition to completing Part IV of the American Board of Family Medicine's Maintenance of Certification for Family Physicians, those who take the METRIC module are eligible to earn up to 20 Prescribed continuing medical education credits. Users may take up to one year to finish the module. The METRIC program, which launched in 2005, offers family physicians online learning modules on a variety of clinical topics, such as asthma, chronic obstructive pulmonary disease, coronary artery disease, depression, diabetes mellitus, and hypertension. The module is available for purchase at https://nf.aafp.org/Shop/performance-in-practice/metric-childhood-immunization?cmpid=chim12_ed_cme_metr_enl_2. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120725wklynewsbrfs.html#NewsArticleParsys1568>.

HHS Initiative to Help States with Health Care Delivery Transformation Models

The U.S. Department of Health and Human Services (HHS) has launched a new initiative to help states test existing health care delivery transformation models or develop new models to improve care and eliminate unnecessary costs for beneficiaries in Medicare, Medicaid, and the Children's Health Insurance Program. About \$275 million in competitive funding will be available to help states design and test multipayer payment and delivery models that provide high-quality health care and improve health system performance. States can apply for model testing awards to assist them in implementing already developed models, or they can apply for model testing awards to help determine what type of system improvements would work best for them. HHS will select up to five states for the initial round of model testing awards and up to 25 states for the model design awards.

The Center for Medicare and Medicaid Innovation at the Centers for Medicare and Medicaid Services (CMS) developed the initiative and will offer technical assistance to state awardees. States will be required to work with multiple payers, including employers, insurers, community leaders, health care providers, and consumers. The successful innovations are expected to benefit both privately and publicly insured residents of participating states because of the breadth and scope of the initiatives. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120725wklynewsbrfs.html#NewsArticleParsys48368>.

CBO Reports New Cost Projections for Medicare Payment Patch

According to a Congressional Budget Office (CBO) scoring document released in July, the cost of offering a one-year Medicare payment patch to block a 27 percent reduction in the Medicare physician payment rate in 2013 would require offsets of \$18.5 billion over the next 10 years. The sustainable growth rate formula CMS uses has called for steep cuts in the Medicare payment rate for the past several years, forcing Congress to step in, often at the last minute, to override the impending reductions. According to the CBO document, the cost of averting a 27 percent Medicare payment cut for the next two years would require offsets of \$48 billion for the next nine years. Both estimates assume that Congress would hold Medicare physician payment rates at their current levels. The cost of a Medicare payment patch represents the amount of money Congress would need to cut elsewhere in the budget to pay for a patch or raise through taxes or federal spending cuts to finance a temporary payment fix. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120801wklynewsbrfs.html#NewsArticleParsys33828>.

FSIS/FDA Created Booklets Offering Food Safety Advice to At-Risk Populations

The U.S. Department of Agriculture's Food Safety and Inspection Service (FSIS) and the U.S. Food and Drug Administration (FDA) have created six booklets offering food safety advice for populations most susceptible to foodborne illnesses. These include older adults; transplant recipients; pregnant women; and persons with cancer, diabetes mellitus, and human immunodeficiency virus infection or AIDS. Each booklet offers practical advice on how to prevent foodborne illness and features easy-to-read charts, illustrated how-tos, and explanations of why each group is at higher risk. The booklets contain tear-out cards with quick reference tips for grocery shopping, cooking to the proper temperature,

and eating at restaurants. The booklets are available to the public free of charge and are downloadable in PDF format at <http://www.foodsafety.gov/poisoning/risk/index.html>. They can also be ordered by e-mailing fsis.outreach@usda.gov. For more information, visit <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm314077.htm>.

SAMHSA Report on Rates of Major Depressive Episodes in Adolescents

A report by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that the percentage of girls who have had a major depressive episode in the past year triples between the ages of 12 and 15 years (from 5.1 percent to 15.2 percent, respectively). The report also shows that, in the past year, an annual average of 1.4 million girls 12 to 17 years of age experienced a major depressive episode and, in this age group, girls are three times more likely than boys to have had an episode. About two-fifths of girls 15 to 17 years of age received treatment, compared with only one-third of those 12 to 14 years of age. A major depressive episode is defined as a period of depressed mood or loss of interest or pleasure for at least two weeks with at least four other symptoms that reflect a change in functioning (e.g., problems with sleep, eating, energy, concentration, and self-image). The full report is available at <http://www.samhsa.gov/data/spotlight/Spot077GirlsDepression2012.pdf>. For more information, visit <http://www.samhsa.gov/newsroom/advisories/1207241656.aspx>.

Medicare Prescription Drug Premiums Holding Steady for Third Straight Year

According to HHS Secretary Kathleen Sebelius, average basic premiums for Medicare prescription drug plans are projected to remain the same in 2013. The average 2013 monthly premium for basic prescription drug coverage is expected to be \$30. Average premiums for 2012 were projected to be \$30 and ultimately averaged \$29.67. Since the law was enacted, seniors and persons with disabilities have saved \$3.9 billion on prescriptions as the Affordable Care Act began closing the "donut hole" coverage gap. "Premiums are holding steady and, thanks to the health care law, millions of people with Medicare are saving an average of over \$600 each year on their prescription drugs," said Sebelius. For more information, visit <http://www.cms.gov/apps/media/press/release.asp?Counter=4425>.

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