

Legislature Promotes Primary Care Training

The Primary Care Workforce Access Improvement Act of 2013 would establish pilot projects to test and support primary care training models in four community-based settings. This legislation would allow a portion of graduate medical education payments to go directly to community-based primary care residency programs, which would then collaborate with local hospitals to provide necessary training in inpatient care. The models that will be tested include a community entity working with two or more hospitals, two hospitals working together to develop a primary care program, a hospital subsidiary or independent corporation working with the community to further primary care, and a medical school or university collaborating with a hospital. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130314gmebillreintroduced.html>.

HHS Seeks Input on Accelerating the Process of EHR Adoption

The Department of Health and Human Services (HHS) is currently considering the best way to move forward with stage 3 of the electronic health record (EHR) meaningful use objectives meant to improve the quality, safety, and efficiency of health care. The HHS is seeking input on potential options to accelerate the existing process of EHR adoption throughout the U.S. health care system. The agency is asking physicians and other stakeholders to comment on its ideas and offer additional options that they think can be effective in meeting the agency's goals. Specifically, this would address the current low rates of EHR adoption and use of health information exchanges among postacute and long-term care professionals, low use of health information exchanges across health care settings, and low levels of consumer and patient engagement. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130311mustage3delay.html>.

CMS Toolkit to Aid in Transition to ICD-10

On October 1, 2014, the *International Classification of Diseases*, 10th revision, clinical modification (ICD-10-CM) code sets for outpatient diagnosis coding will be implemented. The latest version will increase the number of codes by nearly fivefold. To help physicians with the transition, the Centers for Medicare and Medicaid Services (CMS) updated its resources for small, medium, and large physician practices to include "at-a-glance" timelines and comprehensive checklists. The checklists recommend that

all practices currently be engaged in planning, communication, and assessment activities, and provide a project plan that identifies tasks, deadlines, and responsible parties. CMS urges all practices to allow enough time for staff training and system testing for the transition. Physicians should continue to use ICD-9 codes to bill for services provided before October 1, 2014, even if the billing process takes place after the transition. ICD-10 codes must be used for all services provided on or after October 1, 2014. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130314icd-10cms.html>.

E-visits vs. Office Visits: Pros and Cons

Electronic visits (e-visits) are becoming more commonplace, but how do they compare with traditional office visits? A group of researchers sought to determine whether physicians can make a good diagnosis without actual patient contact, and if protocols for diagnostic testing and patient follow-up are different for an e-visit versus an office visit. Researchers examined the care patients received when seeking treatment for two common medical conditions: sinusitis and urinary tract infection. The researchers found that, during e-visits, physicians were more likely to prescribe antibiotics and less likely to order additional preventive care for either condition. However, patient response to e-visits has been positive, and these types of visits could lower health care costs. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130313researchevisits.html>.

AHRQ Report on Patient Safety Strategies

A new report issued by the Agency for Healthcare Research and Quality (AHRQ) identifies 22 patient safety strategies that have been proven effective. "Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices" is an update of a 2001 AHRQ report. It strongly encourages adopting 10 of the 22 strategies based on the strength and quality of evidence supporting them. Among the top 10 strategies are preoperative and anesthesia checklists, interventions to reduce catheter use, multicomponent interventions to reduce pressure ulcers, and hand hygiene protocols. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20130306wklynewsbrfs.html#NewsArticleParsys77215>.

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