

## **Study: Resident Duty Hour Reforms Had No Negative Effect on Patient Mortality**

Concerns that regulations on resident duty hours would increase patient mortality were unfounded, according to a study examining the long-term effects of the 2003 changes. Data were analyzed from more than 13.6 million Medicare patients admitted to 3,059 acute-care hospitals from July 1, 2000, to June 30, 2008. No consistent changes in 30-day mortality rates were noted for the first three years after duty hour reforms were implemented. However, significant relative improvements were noted in the fourth and fifth years for medical patients, and in the fifth year for surgical patients. The authors of the study pointed out other major policy changes that occurred concurrently with duty hour reforms that could have positively affected mortality rates in teaching and nonteaching hospitals. For more information, go to <http://www.aafp.org/news-now/education-professional-development/20130904dutyhoursstudy.html>.

## **AAFP, USPSTF: Evidence Shows Counseling Teens Against Using Tobacco Is Effective**

The American Academy of Family Physicians (AAFP) and U.S. Preventive Services Task Force (USPSTF) have changed their position on counseling children and teenagers against using tobacco. The groups now recommend such counseling; previously, both had cited a lack of evidence to recommend for or against it. According to USPSTF Co-Vice Chair Michael LeFevre, MD, MSPH, there is now enough evidence to recommend that physicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. A systematic review of trials designed to prevent tobacco use initiation, promote cessation, or both showed that behavior-based prevention interventions that target children and/or parents in health care settings reduce the risk of smoking initiation by 19% at six to 36 months' follow-up. For more information, go to <http://www.aafp.org/news-now/health-of-the-public/20130826uspstfteensmoke.html>.

## **CDC Launches Free App for GBS Treatment**

The Centers for Disease Control and Prevention (CDC) has released a new free application designed to simplify implementation of the latest guidelines for prevention of group B streptococcal (GBS) disease. Prevent Group B Strep is endorsed by and was developed with the AAFP, the American College of Obstetricians and Gynecologists,

the American Academy of Pediatrics, and the American College of Nurse-Midwives. Physicians using the app are prompted for specific clinical information, and then receive patient-specific GBS management recommendations based on the scenario entered. The free app is currently available for use on iPhones, iPads, and computers, and will be available for Android devices in the future. It may be downloaded at <https://itunes.apple.com/us/app/prevent-group-b-strep-gbs/id689290789>.

## **FAQs Offered on Transitional Care CPT Codes**

The Centers for Medicare and Medicaid Services (CMS) has clarified how physicians should use two new current procedural terminology (CPT) codes for transitional care management services. Answers to frequently asked questions (FAQs) about codes 99495 (moderate complexity) and 99496 (high complexity) are posted on the CMS website (<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-TCMS.pdf>). The questions cover a variety of topics, such as rejected or denied claims, dates of service, provision of services by multiple physicians or nonphysician staff, patient readmittance and death, and billing for other services. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130910tcfaq.html>.

## **MEDWATCH: Proposed Opioid Controls Include Label Changes, Research Mandate**

The U.S. Food and Drug Administration has proposed further steps to combat the misuse and abuse of extended-release and long-acting opioids. Those steps are mandating class-wide label changes—including a new boxed warning for pregnant women—and imposing a research directive on manufacturers of the drugs. The agency has sent letters to manufacturers of the drugs requiring them to conduct postmarketing studies and clinical trials to further assess the risks of misuse, abuse, hyperalgesia, addiction, overdose, and death associated with long-term use. The new boxed warning cautions that long-term maternal use of opioids during pregnancy can result in neonatal opioid withdrawal syndrome, which can be life-threatening. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20130911fdaopioidsproposal.html>.

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