CMS' New Meaningful Use Timeline Leaves Stage 2 Requirements Unchanged

The Centers for Medicare and Medicaid Services (CMS) has proposed a new timeline for implementation of meaningful use for electronic health record (EHR) incentive programs. However, family physicians need to stay on task with stage 2 preparations, according to Jason Mitchell, MD, director of health information technology for the American Academy of Family Physicians. The revised timeline would extend stage 2 through 2016 and push the beginning of stage 3 to 2017 for physicians who have completed at least two years in stage 2. According to CMS and the Office of the National Coordinator for Health Information Technology, the changes would allow more analysis of feedback from stakeholders on stage 2 progress and outcomes, provide additional data on stage 2 adoption and measure calculations, give stakeholders more time to consider potential stage 3 requirements, and ensure that developers have ample time to create and distribute certified EHR technology before stage 3 begins. For more information, go to http://www.aafp.org/news-now/practice-professional-issues/20131211mutwodeadline.html.

Physician Groups Protest VA's Attempt to Expand APRNs' Scope of Practice

More than 60 organizations, including the American Academy of Family Physicians, are urging the Department of Veterans Affairs (VA) to revise a draft copy of its nursing handbook that would require all advanced practice registered nurses (APRNs) in the VA system to attain independent practice status. In a letter to the VA undersecretary for health, the groups argued that the nursing handbook, as drafted, effectively eliminates physician-led, team-based care within the VA system. Furthermore, local facilities would be prohibited from providing physician-led, team-based care. The organizations acknowledged the nation's shortage of physicians and nurses amid a growing demand for primary care, but pointed out that emerging models of care, including accountable care organizations and patient-centered medical homes, use team-based care to improve patient care and lower costs. The letter stressed that organizations such as the Mayo Clinic and Kaiser Permanente successfully use physician-led teams to achieve positive results. For more information, go to http://www.aafp.org/news-now/government-medicine/20131122valetteraprn.html.

AHRQ Publishes Guide to Help Practices Implement Health Assessment Programs

A new guide from the Agency for Healthcare Research and Quality (AHRQ) provides evidence-based guidance for primary care teams that are implementing health assessments in their practices. *Health Assessments in Primary Care: A How-to Guide for Clinicians and Staff* includes information on assessment, review, feedback, and follow-up for patients. The health assessment process involves systematic collection and analysis of health-related information that can be used by patients, clinicians, and other health care professionals to identify and support beneficial health behaviors while working to change potentially harmful behaviors. The guide is available at http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/health-assessments.

MedWatch: FDA Lifts Restrictions on Diabetes Drug Rosiglitazone

The U.S. Food and Drug Administration (FDA) has lifted restrictions on the diabetes drug rosiglitazone (Avandia) based on evidence that failed to confirm a link between use of the drug and an increased risk of cardiovascular events. In September 2010, the FDA limited the use of rosiglitazone to patients whose diabetes could not be controlled with other medications after a meta-analysis of clinical trials found an increased risk of myocardial infarction in patients who received the drug. The FDA also ordered the drug's manufacturer, GlaxoSmithKline, to develop a restricted-access program as part of a risk evaluation and mitigation strategy for the drug. However, an independent review of GlaxoSmithKline's Rosiglitazone Evaluated for Cardiac Outcomes and Regulation of Glycaemia in Diabetes clinical trial affirmed the original findings and showed no elevated risk of myocardial infarction or death in patients receiving the drug compared with those receiving standard diabetes medications. Changes to the product labels for rosiglitazone-containing medications are yet to be finalized, but the new indication is expected to state that the drug may be used with diet and exercise to improve glycemic control in patients with type 2 diabetes. For more information, go to http://www.aafp.org/news-now/health-of-the-public/20131127avandia.html.

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