



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **AAFP Denounces “Arbitrary Elimination” of Physicians from Insurers’ Networks**

Changes that health insurance companies are making to their products—including eliminating primary care physicians from plan networks—have sparked frustration among patients and physicians. Patients who have long-established relationships with their physicians are learning that they must select another physician within only a few months. Patients and physicians are not aware of the reasons behind the changes and, in most cases, are unable to appeal the decision. In response, the American Academy of Family Physicians (AAFP) sent several letters outlining its concerns about the practice of limiting physician networks. In a letter to Marilyn Tavenner, administrator of the Centers for Medicare and Medicaid Services, AAFP Board Chair Jeff Cain, MD, asked the agency to protect the interests of Medicaid beneficiaries in Tennessee. At issue is that many of the state’s Medicaid patients who are insured by UnitedHealthcare (UHC) Community Plan recently received a letter stating that their primary care physician would no longer be included in the plan’s network. This is not the first time UHC has dropped family physicians and others from its rolls. Last year, thousands of physicians in multiple states, including Connecticut, Florida, Ohio, and Rhode Island, were affected by UHC’s efforts to downsize its Medicare Advantage physician networks. Physicians under contract with the company were dropped from its Medicare plan but not from other commercial plans, indicating that quality of care was likely not a factor in the policy change. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20140729narrownets.html>.

## **Preconception, Interconception Care Toolkit Now Available Online**

The Preconception Health and Healthcare Initiative has launched the National Preconception/Interconception Care Clinical Toolkit to help primary care clinicians prepare women for pregnancy. Based on a woman’s desire for and likelihood of pregnancy in the next year, the toolkit offers specific clinical recommendations for assessing and addressing 10 components of routine primary care, such as family planning guidance, nutrition, infectious diseases and immunizations, chronic diseases, and medication use. For each of these components, the toolkit provides background information, clinical guidance and tools, patient resources, and references. For more information, go to <http://www.beforeandbeyond.org>.

## **CDC: Despite Gains, HPV Vaccination Rates in Teens Still “Unacceptably Low”**

The number of adolescents 13 to 17 years of age who are receiving the human papillomavirus (HPV) vaccine remains “unacceptably low,” according to the Centers for Disease Control and Prevention (CDC). Although HPV vaccination rates increased in 2013 compared with the previous year, they are still especially low compared with the number of adolescents who received the tetanus, diphtheria, and pertussis (Tdap) vaccine. The 2013 National Immunization Survey-Teen report estimated that about 57% of adolescent girls and 35% of adolescent boys received one or more doses of HPV vaccine, compared with 86% of adolescents who had received one dose of Tdap vaccine. The CDC’s Advisory Committee on Immunization Practices recommends that preteens (i.e., those 11 or 12 years of age) receive one dose each of Tdap, meningococcal, and HPV vaccine during a single visit. For more information, go to <http://www.aafp.org/news/health-of-the-public/20140805hvpv-vacc.html>.

## **MEDWATCH: FDA Downgrades Rosiglitazone’s Cardiovascular Risk**

The U.S. Food and Drug Administration (FDA) has eliminated the restricted distribution requirements of the Rosiglitazone Risk Evaluation and Mitigation Strategy (REMS) Program based on new information about the cardiovascular risk associated with the drug. The FDA set up the training program based on data from randomized controlled trials of rosiglitazone (Avandia) vs. metformin (Glucophage) or sulfonylureas, which found no difference in overall mortality or major adverse cardiovascular events among intervention groups. The warning and precautions section of the prescribing information for rosiglitazone and other rosiglitazone-containing medications has been updated. Key changes to the REMS program are: Prescribers no longer need to be certified through the Rosiglitazone REMS Program; patients no longer need to be enrolled in the Rosiglitazone REMS Program to receive rosiglitazone-containing medications; and pharmacies no longer need to be specially certified to dispense rosiglitazone-containing medications. For more information, go to <http://www.rosiglitazonerems.com>.

— AFP AND AAFP NEWS STAFF

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