
 **AAFP News: AFP Edition**

Policy and Health Issues in the News

Medical Groups Throw Support Behind Bill That Would Safeguard CME

Elements of the Centers for Medicare and Medicaid Services' (CMS) interpretation of the Physician Payments Sunshine Act that could negatively affect continuing medical education (CME) continue to draw the wrath of organizations representing U.S. physicians. In a recent letter to U.S. Rep. Michael Burgess, R-Texas, 70 national medical organizations and 46 state medical associations commended the congressman for his introduction of H.R. 293, which would exempt certain items used for educational purposes from transparency reporting as outlined by the Sunshine Act. Although Congress deliberately created specific exclusions from the reporting requirement—exclusions that included educational materials that directly benefit patients—CMS interpreted the law differently and declared that items such as medical textbooks and reprints of peer-reviewed scientific clinical journals did not benefit patients. “This conclusion is inconsistent with the statutory language on its face, congressional intent and the reality of clinical practice where patients benefit directly from improved physician medical knowledge,” asserted the letter. For more information, go to <http://www.aafp.org/news/education-professional-development/20150618/sunshinecmebill.html>.

AAFP Warns of Fallout from ICD-10 Rollout

The American Academy of Family Physicians (AAFP) recently expressed its concern to federal officials about unintended consequences that could occur when the *International Classification of Diseases*, 10th revision (ICD-10) diagnostic code set is implemented on October 1, 2015. In a letter to CMS Deputy Administrator Sean Cavanaugh, the AAFP said it was worried about fallout related to Physician Quality Reporting System (PQRS) claims-based reporting and the work of CMS' recovery audit contractors to identify and recoup Medicare overpayments to physicians. The AAFP demanded assurances that Medicare administrative contractors would be able to handle the new codes and that “no family physician will be penalized financially by (an administrator's) failure to do so.” ICD-10 increases the number of codes from about 13,000 to more than 68,000, and the deadline for the switchover falls in the middle of 2015 PQRS reporting, said AAFP Board Chair Reid Blackwelder, MD. Claims-based reporting is the most common method employed by family physicians, he said. For more information, go to <http://www.aafp.org/news/government-medicine/20150622icd-10ltrs.html>.

White House Forum Spotlights Antibiotic Overuse in Medicine and Food Production

The Obama administration recently held a forum on antibiotic use to address antibiotic resistance and inappropriate use of these medications. Federal officials and panelists identified two areas of focus: judicious use of antibiotics to ensure that they are not prescribed when no medical need exists, and encouraging farms and food production businesses to reduce or cease their use of antibiotics to enhance animal growth. More than 250 million Americans per year—five out of six citizens—receive a prescription for antibiotics, twice the rate of Sweden and three times higher than that of the Netherlands. Centers for Disease Control and Prevention Director Tom Frieden, MD, MPH, who moderated the event, said that only one-half of those prescriptions were medically necessary. Jonathan Perlin, MD, president of the Hospital Corporation of America, noted that given patient expectations for antibiotics, the medical community needs to change patient behavior and its own distribution practices. Prescribing antibiotics is often the result of a physician being cautious, Wergin said. “There is an element of doubt about a diagnosis, so physicians do not want to miss something and have an adverse outcome,” he said. For more information, go to <http://www.aafp.org/news/health-of-the-public/20150608antibiotics.html>.

Falls Prevention Program Shows Investing in Safety Reduces Risk and Costs of Falls

New research shows that a federally funded falls prevention program helps keep seniors on their feet and lowers fall-related medical costs. The Living Independently and Falls-free Together Wellness Program was developed for community-dwelling seniors and tested from 2008 to 2012. Results of that study were published in the June issue of *Health Affairs*. Study participants assigned to the intervention group received a nurse-led clinical assessment, a customized action plan, a follow-up coaching call, and a quarterly newsletter with educational tips about fall prevention. Researchers said that overall, every \$1 invested in the program led to a savings of \$1.68 on long-term services and supports for patients. For more information, go to <http://www.aafp.org/news/health-of-the-public/20150617preventfalls.html>.

— AFP AND AAFP NEWS STAFF

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