



AAFP News: *AFP* Edition

Policy and Health Issues in the News

CMS to Cover HPV Testing with Pap Smear

Women covered by Medicare now have the option of screening for human papillomavirus (HPV) once every five years in conjunction with a Papanicolaou (Pap) smear under a decision finalized by the Centers for Medicare and Medicaid Services (CMS). CMS found sufficient evidence to include HPV testing as an additional preventive benefit, and Medicare will cover screening for cervical cancer with the appropriate laboratory tests approved by the U.S. Food and Drug Administration (FDA). The American Academy of Family Physicians (AAFP) had a role in CMS' action by first requesting that this coverage be considered—triggering a national coverage analysis—and then in encouraging CMS to follow through on its coverage proposal. In CMS' final decision memo, the agency noted that the AAFP's formal request for a national coverage determination initiated the analysis that led to the decision. For more information, go to <http://www.aafp.org/news/health-of-the-public/20150711CMS-HPVdecision.html>.

Physicians Unsure How ACA Affects Practice

Nearly one-half of primary care physicians still do not fully understand how the Patient Protection and Affordable Care Act (ACA) affects their practices, according to a survey conducted by the Kaiser Family Foundation and the Commonwealth Fund. The survey asked more than 1,600 primary care physicians and more than 500 nurse practitioners and physician assistants about their experiences with the ACA during the first year of its implementation. Only six out of 10 physicians knew whether their state chose to expand Medicaid. About one-half of physicians were aware of incentives such as a 10% increase in Medicare payments and the two-year Medicare-Medicaid parity payment program that expired in 2014. "There still seems to be confusion and a lack of knowledge about the specifics of the law," said AAFP President Robert Wergin, MD. "They don't understand the full context of it and some of its benefits, like being able to keep children on your policy until they are 26." For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150715acasurvey.html>.

Incentives Help Drive Medical Home Success

A study that examined a medical home initiative in Pennsylvania revealed that with the appropriate blend of financial incentives and clear targets for success, the model can reduce the number of costly procedures and

improve health care delivery. The three-year study, which was published online in *JAMA Internal Medicine* in June 2015, included 27 small primary care practice sites and two commercial insurers. Practices that participated in the initiative received a \$1.50 monthly payment per patient to be used for care manager salaries and another \$1.50 per month per patient for other practice transformation costs. In addition, practices that had lower total annual spending than anticipated and that met specified performance measures in 14 areas earned bonus payments ranging from 40% to 50% of savings. By the third year, participating practices reported lower hospitalization rates (8.5 vs. 10.2 patients per month per 1,000 patients) and fewer emergency department visits (29.5 vs. 34.2 patients per 1,000). Practices also had lower rates of ambulatory visits to subspecialists and higher rates of ambulatory primary care visits, as well as improved care of adults with diabetes mellitus and higher breast cancer screening rates compared with practices that were not in the medical home initiative. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150721pamedicalhome.html>.

MEDWATCH: Risk Updates for NSAIDs

The FDA is directing manufacturers of all non-aspirin nonsteroidal anti-inflammatory drugs (NSAIDs) to update their product labels to clearly indicate that these medications increase the risk of cardiovascular thrombotic events, including myocardial infarction and stroke. All prescription NSAIDs currently include information about a potential increased risk of such events. The new warning strengthens the existing language based on the FDA's review of new safety information on prescription and over-the-counter NSAIDs. Estimates of the increased risk of cardiovascular thrombotic events range from 10% to 50% or more, depending on the drugs and dosages studied. It is not clear whether the risk is similar for all non-aspirin NSAIDs, but the increased risk is observed most consistently at higher dosages. This risk may occur as early as the first few weeks of treatment. The FDA recommends that, when prescribing these drugs, physicians provide the lowest effective dosage for the shortest possible duration. For more information, go to <http://www.aafp.org/news/health-of-the-public/20150713nsaidrisk.html>.

— AFP AND AAFP NEWS STAFF

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