



AAFP News: *AFP* Edition

Policy and Health Issues in the News

Hospitals' Use of Breastfeeding Standard Increases Dramatically

Since 2007, the percentage of U.S. hospitals using most of the Ten Steps to Successful Breastfeeding has increased dramatically, according to a recent issue of the Centers for Disease Control and Prevention's *Vital Signs*, from about 29% in 2007 to 54% in 2013. This increase in breastfeeding support could help increase the prevalence of mothers who breastfeed their infants, and subsequently lead to healthier children. The American Academy of Family Physicians (AAFP) has endorsed the Ten Steps to Successful Breastfeeding, which were developed by the World Health Organization and UNICEF in 1989 to boost breastfeeding initiation and duration. The steps form the core of the collaboration's Baby-Friendly Hospital Initiative, a global program launched in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. Some encouraging findings from the *Vital Signs* report include that across all survey years, hospital staff provided high levels of prenatal breastfeeding education (91% in 2007 and 93% in 2013) and instruction on specific breastfeeding techniques for new mothers (88% in 2007 and 92% in 2013). Also, early initiation of breastfeeding increased from about 44% in 2007 to nearly 65% in 2013. For more information, go to <http://www.aafp.org/news/health-of-the-public/20151026tensteps.html>.

ACIP Reconfigures Immunization Schedule for Children and Adolescents

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) will be reconfiguring its pediatric recommended immunization schedule to list vaccines from earliest to latest age at which each is first administered. The change is intended to improve the readability of the schedule by aligning the routine recommendation gold bars under the age when a vaccine is first given. Thus, when viewing vaccines recommended for a patient two months of age, for example, all recommended vaccines will be listed in a single unbroken column rather than the current layout that displays the vaccines in different rows. The ACIP unanimously supported the pediatric and adult immunization schedules for 2016, which will be finalized for distribution in early 2016. For more information, go to <http://www.aafp.org/news/health-of-the-public/20151028acipocmtg.html>.

CMS Alerts Physicians to Errors in Claims Processing for Vaccines, Mammography

The Centers for Medicare and Medicaid Services (CMS) recently announced that it mistakenly rejected Medicare claims for vaccine services. The agency says the glitch was caused by a "systems error" involving vaccine services other than pneumococcal and influenza vaccines, which are the only two vaccine groups that require the reporting of condition code A6. The claims processing system erroneously kicked out all vaccine service claims with dates of service on or after October 1 that were reported without that specific code. The rejected claims contained an error code of 32200. Another processing error involves mammography claims with diagnosis code Z1231 for dates of service on or after October 1. Those returned claims will be tagged with reason code 32016. Physicians do not need to take any action to fix the errors. In both instances, Medicare administrative contractors will correct all claims that were erroneously returned to physicians. For more information, go to <http://www.aafp.org/news/government-medicine/20151104claimerrors.html>.

AAFP Launches Tobacco and Nicotine Toolkit for Members

As part of its Healthy Interventions program, the AAFP's Health of the Public and Science Division has launched a Tobacco and Nicotine Toolkit to support family physicians' efforts to prevent and control tobacco and nicotine use in their patients. In addition, USB flash drives were mailed to active members and third-year residents in the seven states with the highest prevalence of tobacco use (Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, and West Virginia). These flash drives offer the same information as the online resource plus extra information specific to the member's state, including local and state advocacy resources. The toolkit's office-based tools for family physicians include tips for integrating tobacco cessation efforts into practices, coding and payment information, patient education materials, and guides on group visits, e-cigarettes, tobacco cessation medications, and behavioral health. For more information, go to <http://www.aafp.org/news/health-of-the-public/20151106tobaccotoolkit.html>.

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