International, U.S. Medical Graduates Comparable in Certain Care Aspects

Patients of physicians who graduated from international medical schools and who were not U.S. citizens had lower mortality rates for certain conditions when compared with matched patients cared for by physicians who graduated from U.S. medical schools, a recent study found. The study, published in the August 2010 issue of *Health Affairs*, was conducted by the Foundation for Advancement of International Medical Education and Research. Researchers examined hospitalizations of patients with congestive heart failure or acute myocardial infarction to assess whether mortality rates and lengths of hospital stay varied according to the physician's citizenship and location of medical school training. The researchers focused on care by family physicians, internists, and cardiologists. Physicians involved in the study were divided into three categories: non-U.S. citizen international medical graduates (IMGs); U.S. citizen IMGs; and U.S. medical school graduates. The study found that patients of non-U.S. citizen IMGs have the lowest mortality levels and patients of U.S. citizen IMGs have the highest. According to the study, part of the performance difference may be attributed to variability in the quality of medical schools that U.S. citizen IMGs attend. However, the differences in mortality rates between patients cared for by all IMGs (regardless of citizenship) and those cared for by all U.S. medical school graduates were not statistically significant. Overall, the patients of U.S. medical school graduates had the shortest lengths of hospital stays. For more information, visit http://www.aafp.org/news-now/professional-issues/20100921imgs-usmgs.html and http://content.healthaffairs.org/cgi/content/abstract/29/8/1461.

Practices in National Networks Improve on Depression Screening and Care

The American Academy of Family Physician's (AAFP's) National Research Network, and the American College of Physicians' Research Network set out in 2005 to help primary care practices make and sustain changes in the way they screen for depression and provide better quality of care for patients with depression disorders. A study recently published in the September-October issue of the *Journal of the American Board of Family Medicine* shows that practices that participated in the research collaborative have demonstrated long-term improvements in such care. A key tool in the change was the nine-item Patient Health Questionnaire, which is used for depression screening, diagnosis, treatment, and monitoring. The project also taught participating practices how to implement tracking, care management, and self-management support. An accompanying article found that changes were easier to make and sustain when practices used a process-improvement team with a physician and nonphysician staff member as coleaders. The nonphysician coleader was responsible for tasks such as arranging meeting times, facilitating meetings, coordinating the work of the improvement team between meetings, and following up on action items. The physician coleader focused more on clinical issues related to the project and were likely to take responsibility for setting priorities for the improvement team to address. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20100921aafpnrn-depress.html, http://www.jabfm.org/cgi/content/full/23/5/598, and http://www.jabfm.org/cgi/content/full/23/5/632.

Groups Emphasize Influenza Immunization in Pregnant and Postpartum Women

In a recent letter to health care professionals, eight medical groups, including the AAFP, the American Medical Association, the American Academy of Pediatrics, and the American Congress of Obstetricians and Gynecologists joined the U.S. Centers for Disease Control and Prevention (CDC) and the March of Dimes in emphasizing the need for pregnant and postpartum patients to be immunized against influenza for the current season. The CDC's Advisory Committee on Immunization Practices and the AAFP have recommended since 2004 that all women who are pregnant or who may become pregnant during influenza season be vaccinated. However, less than one fourth of pregnant women in the United States were vaccinated against seasonal influenza during the 2007-2008 season, according to the CDC. Pregnant women have the lowest rates of coverage among all adult populations recommended to receive influenza vaccination. The letter said that influenza vaccines have not been shown to cause harm to mothers or their infants; the vaccine can be given to pregnant women during any trimester; and although pregnant women should receive the inactivated vaccine injection and not the live attenuated vaccine spray, postpartum women can receive either form of the vaccine, even if they are breastfeeding. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20100915vaccinatepregnantwomen.html.

Quality Colonoscopy Referral Is Duty of Primary Care Physicians, Says Task Force

A consensus statement from the Quality Assurance Task Force of the National Colorectal Cancer Roundtable says that primary care physicians have a responsibility to choose the best possible colonoscopy services when referring patients to a subspecialist. The consensus statement, published online in August 2010 by the *Journal of General Internal Medicine*, says that quality is not measured by training, specialty, or experience alone. Instead, referrals should be based on actual performance. The statement outlines quality measures for the endoscopist's report, technical competence, and the need for a safe setting for the procedure. It reiterates the importance of the endoscopist reporting back to the primary care physician and covering the following key elements: depth of insertion; quality of bowel preparation; patient tolerance of procedure; description of polyps and whether they were removed or biopsied; pathology results from biopsies; clear recommendations for follow-up and surveillance; and recommendations for colorectal cancer screening in family members, when appropriate. The consensus statement acknowledges that many primary care physicians perform colonoscopies and should also follow these standards for reporting. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20100920colonscopy-qual.html and http://www.springerlink.com/content/54275h8t1rvk16g7.

Medical Groups Recommend Mandatory Influenza Vaccinations for Health Care Staff

Influenza vaccination should be mandatory for health care workers, according to separate documents recently issued by the Society for Healthcare Epidemiology of America and the American Academy of Pediatrics (AAP). The Society for Healthcare Epidemiology of America's position paper, published in the October 2010 issue of *Infection Control & Hospital Epidemiology*, endorses a policy in which annual influenza vaccination is a condition of initial and continued employment and professional privileges. The paper has been endorsed by the Infectious Diseases Society of America. AAP's new policy statement, published online in September 2010 by *Pediatrics*, reflects their long-standing recommendation that heath care workers, including those in ambulatory care settings, be immunized annually. The policy statement takes this stance one step further by calling for implementation of mandatory influenza vaccination programs. Although the CDC, the American Congress of Obstetricians and Gynecologists, the American College of Physicians, and the AAFP have recommended for years that all health care workers receive annual influenza immunizations, less than one half are immunized each year, according to the CDC. The CDC has reported that employer immunization recommendations were associated with two- and fourfold increases in coverage rates for seasonal influenza and novel influenza A (H1N1) vaccination, respectively, during the 2009-2010 influenza season. Coverage rates for both vaccines increased at least threefold when employers required influenza immunizations for health care workers. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20100915fluvaccine-hcws.html, http://www.journals.uchicago.edu/doi/full/10.1086/656558, and http://pediatrics.aappublications.org/cgi/reprint/peds.2010-2376v1.

New Research Institute Will Help Identify, Fund Evidence-Based Research Initiatives

Evidence-based research is a major focus of the recently enacted health care reform legislation. As part of this focus, the Patient Protection and Affordable Care Act calls for creation of a Patient-Centered Outcomes Research Institute (PCORI) to help patients, payers, physicians, and other stakeholders make decisions by providing them with evidence-based research. During the next few years, the PCORI could establish itself as the nation's leading source for evidence-based research and be in the position to influence decisions about coverage and, possibly, treatment, according to analysts. The PCORI will operate as an independent nongovernmental body, encompassing the public and private sectors. In time, it should be able to help identify what treatments work best for which populations and under what conditions, say experts in this area. The PCORI will be governed by a board of directors, including the director of the Agency for Healthcare Research and Quality, the director of the National Institutes of Health, and 17 additional members representing a broad section of public and private interests. These 17 members will include physicians, patients, health care consumers, private payers, and pharmaceutical representatives, as well as state and federal officials. The PCORI will be required to operate as an informational entity, and it will be prohibited by law from mandating coverage or payment requirements for public and private plans. However, its recommendations are expected to influence insurance coverage decisions and ultimately the patient-physician relationship. For more information, visit http://www.aafp.org/news-now/government-medicine/20100915pcori.html.

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