Physicians Required to Pay Taxes on EHR Meaningful Use Bonus Money

Physicians who meet incentive payment criteria from the Centers for Medicare and Medicaid Services for meaningful use of electronic health records (EHRs) are eligible to earn as much as $44,000 from Medicare or $63,750 from Medicaid, but they will need to pay taxes on these payments. According to Steven Waldren, MD, director of the American Academy of Family Physician's (AAFP's) Center for Health Information Technology, health technology incentive payments received as a part of the American Recovery and Reinvestment Act of 2009 and the accompanying Health Information Technology for Economic and Clinical Health Act are viewed by the Internal Revenue Service as taxable income. However, there are some tax advantages for medical practices implementing EHRs, according to Mark Estroff, CPA, a principal at Gates Moore and Co. in Atlanta. For example, when physicians buy hardware or software, the Internal Revenue Service allows them to write off as much as 100 percent of the cost of that equipment, although that write-off is subject to limitations. Estroff advises physicians to review their state tax laws to see if there are additional tax incentives for upgrading their practice technology or for training staff to use EHRs. For more information, visit http://www.aafp.org/news-now/practice-management/20101020ehrtaxes.html.

Study Criticizes Lack of Nutrition Education in U.S. Medical Schools

According to a recent study, even though the importance of nutrition in preventing obesity and other diseases is universally acknowledged, nutrition education in U.S. medical schools remains inadequate—25 years after a national scientific organization announced specific recommendations for including nutrition instruction in medical education. The study, which was conducted as part of the University of North Carolina's Nutrition in Medicine (NIM) project, found that few medical schools incorporate 25 hours of nutrition instruction in their undergraduate curriculum, the minimum that was recommended by the National Academy of Sciences in 1985. For the study, nutrition educators at U.S. medical schools completed a two-page online survey between August 2008 and July 2009. The NIM project conducted a similar survey in 2004. Although most of the 109 medical schools that responded to the 2008-2009 survey reported requiring some form of nutrition education, only 27 percent of schools met the recommended minimum of 25 hours, compared with 38 percent in 2004. Medical students received an average of 19.6 contact hours of nutrition instruction, whereas the average in 2004 was 22.3 hours. Only 25 percent of schools required a dedicated nutrition course, down from 30 percent in 2004. Moreover, NIM researchers noted that medical students receive nutrition education primarily during the first two years of school, although it ideally should be incorporated into the later clinical years, when students can see the relationship between nutrition principles and medical treatment. The researchers said more than one half of graduating medical students rate their nutrition knowledge as "inadequate," and physicians also report they have not received adequate training to counsel their patients. The study cites two major reasons for the deficits in nutrition education in medical schools: the lack of expert nutrition faculty and the lack of time for new courses or more lectures. For more information, visit http://www.aafp.org/news-now/resident-student-focus/20101020nutritioneduc.html and http://journals.lww.com/academicmedicine/Fulltext/2010/09000/Nutrition_Education_in_U_S__Medical_Schools_.30.aspx.

MedWatch: FDA Warnings on Fentanyl Patches, Teething Tablets, Chelation Products

Actavis Inc. recently recalled 18 lots of its fentanyl (Duragesic) transdermal patches, 25 mcg per hour, because the opioid-containing products may release the active ingredient faster than permitted in approved specifications. A safety alert from the U.S. Food and Drug Administration (FDA) said that accelerated release of fentanyl can lead to adverse events for at-risk patients, including excessive sedation, respiratory depression, hypoventilation, and apnea. Actavis said it was unaware of any injuries associated with the affected patches, but the company recalled the product as a precaution. Fentanyl patches are indicated for the management of moderate to severe chronic pain that requires around-the-clock opioid administration for an extended period and cannot be managed by other means. The FDA also recently issued a safety alert concerning Hyland's Teething Tablets, which are sold over-the-counter. The tablets are manufactured to contain a small amount of belladonna, which can cause serious harm at larger doses. An FDA laboratory analysis found Hyland's Teething Tablets to contain inconsistent amounts of belladonna, and the FDA received reports of serious adverse events in children taking this product that were consistent with belladonna toxicity (e.g., seizures, difficulty

breathing, lethargy, excessive sleepiness, muscle weakness, skin flushing, constipation, difficulty urinating, agitation). The FDA also received reports of children who consumed more tablets than recommended because the containers do not have child-resistant caps. After consultation with the FDA, the manufacturer, Standard Homeopathic Company, agreed to voluntarily recall the product from the market. Eight companies that sell another type of over-the-counter product recently received warnings from the FDA. There are no FDA-approved over-the-counter chelation products, yet these companies claim their products treat a range of diseases (e.g., autism spectrum disorder, cardiovascular diseases, Parkinson disease, Alzheimer disease, macular degeneration) by removing toxic metals from the body. These claims are unsubstantiated, and the products have not been evaluated by the FDA for treatment of these diseases. The only FDA-approved chelation agents are available by prescription only and are approved for specific indications, such as lead poisoning and iron overload. Even when used under medical supervision, chelation products can cause serious harm, including dehydration, kidney failure, and death. Physicians and consumers should report adverse reactions associated with any of these drugs to the FDA's MedWatch program. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20101025fentanylrecall.html; http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm230761.htm; and http://www.fda.gov/Newsevents/newsroom/pressannouncements/ucm229320.

MEDWATCH: Label Warnings Updated for GnRH Agonists, Bisphosphonates, Saquinavir

The FDA is requiring manufacturers of gonadotropin-releasing hormone (GnRH) agonists to update their products' labeling with new safety information because the medications, which are used primarily to treat advanced prostate cancer, have been linked to an increased risk of diabetes mellitus and cardiovascular disease. The following medications are affected by the label changes: leuprolide (Lupron), goserelin (Zoladex), triptorelin (Trelstar Depot), and histrelin (Vantas). Another FDA safety announcement said physicians should be aware of the risk of atypical fractures of the femur in patients taking bisphosphonates. Information regarding the risk of atypical subtrochanteric and diaphyseal femoral fractures will be added to the warnings and precautions section of the labels of all bisphosphonate drugs approved for the prevention or treatment of osteoporosis. The following products are affected by the labeling update: alendronate (Fosamax, Fosamax Plus D); risedronate (Actonel, Actonel with Calcium, Atelvia); ibandronate (Boniva); and zoledronic acid (Reclast). The update does not affect bisphosphonates that are used only to treat Paget disease or cancer-induced high blood calcium levels. The FDA is also requiring label changes for the commonly prescribed human immunodeficiency virus (HIV) drug saquinavir (Invirase) to warn of potentially life-threatening adverse effects on the heart when used with ritonavir (Norvir), another HIV antiviral medication. The FDA is also requiring a medication guide for patients using saquinavir that will describe these potential risks. Patients at greater risk of developing a serious adverse event include those with underlying heart conditions or those who have existing heart rate or rhythm problems. Report adverse events with any of these drugs to the FDA's Medwatch program. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20101021gnrhlabelchanges.html; http://www.aafp.org/news-now/clinical-care-research/20101018bisphosphonatelabel.html; and http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm230442.htm.

Committee Places Partial Freeze on ICD Coding Updates to Prepare for ICD-10

The committee responsible for maintaining the International Classification of Diseases (ICD) code sets in the United States announced it is putting a partial freeze on the code sets as part of the process of transitioning from ICD-9 to ICD-10, which will be implemented on October 1, 2013. The partial freeze will allow for the creation of codes needed to capture new technologies and diseases. For example, new codes were necessary when the novel influenza A (H1N1) virus pandemic arose in 2009. Regular updates to ICD-10 will resume on October 1, 2014. For more information, visit http://www.aafp.org/news-now/practice-management/20100928icd10freeze.html.

AAFP Offers Resources on Coding, Billing for Influenza Vaccine, Tobacco Cessation

An AAFP coding specialist recently offered answers to questions about vaccine protocols for the 2010-2011 influenza season, available at http://www.aafp.org/news-now/practice-management/20101013fluvaccoding.html. In addition, the AAFP has created resources to help with Medicare coding for recently expanded coverage of tobacco cessation counseling. The resources include an overview of the change, which extends coverage to patients who are asymptomatic. Previously, only patients with a medical condition that was adversely affected by tobacco use were covered. For more information, visit http://www.aafp.org/news-now/practice-management/20101012tobaccocoding.html.

— *AFP* AND *AAFP NEWS NOW* STAFF

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