## AAFP Helped Spur CMS' Final Rule in Favor of Primary Care Bonus Program

The Centers for Medicare and Medicaid Services (CMS) has changed its implementation rules for the Medicare Primary Care Incentive Program (PCIP). These changes allow approximately 20 percent more family physicians to qualify for the bonus program than previously anticipated. As of January 2011, the Patient Protection and Affordable Care Act will require Medicare to pay primary care physicians a 10 percent bonus if their primary care billings comprise at least 60 percent of their total Medicare-allowed charges. The bonus program will last until December 2015, and bonuses will be paid quarterly. However, CMS' original proposed implementation of the program would have precluded a significant number of primary care physicians who are providing comprehensive and longitudinal care from receiving the 2011 incentive payment. The American Academy of Family Physicians (AAFP), both on its own and with several other primary care organizations, repeatedly pointed out the drawbacks of CMS' implementation proposal. In response, CMS made eligibility rules for the PCIP more inclusive. They excluded laboratory charges and other charges from the bonus payment eligibility calculation and subtracted physician hospital visits from the allowed charges. These changes will ease the PCIP's eligibility requirements and allow as many as 80 percent of family physicians to qualify for the bonus payment, according to initial estimates from CMS. For more information, visit http://www.aafp.org/news-now/government-medicine/20101103pcipchanges.html.

## Harvard Medical School Opens $30 Million Center for Primary Care

Less than two years after Harvard Medical School, Boston, Mass., defunded its primary care division and sparked an outcry from students, faculty, and physicians, primary care leaders are applauding the school's recent launch of a new Center for Primary Care. The medical school described the new center—the result of a $30 million anonymous gift—as "a center of excellence geared toward transforming primary care education, research, and delivery systems." The new center will focus on three broad areas of primary care education and investigation: medical education; local, national, and international leadership; and research in primary care delivery and innovation. AAFP President Roland Goertz, MD, MBA, of Waco, Tex., said it is significant that one of the nation's leading medical schools has taken steps to revitalize and expand its focus on primary care education and training. For more information, visit http://www.aafp.org/news-now/resident-student-focus/20101103hmsprimcarectr.html.

## Many Medical Schools, Residencies Teaching Medicare, Medicaid Compliance

Although U.S. medical schools and specialty training programs are not required to provide instruction on Medicare and Medicaid laws aimed at preventing fraud and abuse, almost one half of schools and more than two-thirds of institutions offering postgraduate training do so, according to a survey from the U.S. Department of Health and Human Service's Office of Inspector General (OIG). In medical schools, most instruction took place in the classroom and covered federal laws. In the residency and fellowship programs, instruction most often was provided in conferences and lectures. To facilitate instruction efforts, the OIG plans to develop and distribute more training materials on Medicare and Medicaid compliance issues, which would be beneficial to family medicine educators and family physicians with patients insured through the two government programs. The OIG said that it will prepare educational materials appropriate for medical schools and institutions offering residency and fellowship programs; distribute the materials to the medical schools and institutions; and seek their feedback on ways to improve the materials. For more information, visit http://www.aafp.org/news-now/professional-issues/20101027hhsoigsurvey.html and http://oig.hhs.gov/oei/reports/OEI-01-10-00140.pdf.

## ACIP Expands Pertussis, Meningococcal Vaccination Recommendations

With the pertussis outbreak in California nearing a 60-year high in the number of cases reported, the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) recently voted to recommend the off-label use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine in two specific patient groups. The ACIP now recommends that children seven to nine years of age who did not complete the recommended childhood series of diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine receive a catch-up dose of Tdap. The ACIP also now recommends a dose of Tdap for adults 65 years and older who have close contact with infants or who have not previously

received Tdap. The ACIP has also recommended changes for meningococcal vaccination. Children in certain high-risk groups already had been recommended to receive the meningococcal vaccine (MCV4) as early as two years of age, with a booster dose in three or five years, depending on the age at which they received their first dose. The ACIP voted to recommend that a second MCV4 dose be added to the primary series for high-risk children. The recommendation for a booster dose three or five years after that second dose remains in place. In addition, all adolescents already were recommended to receive one dose of MCV4 at 11 or 12 years of age (or 13 to 18 years of age if not previously vaccinated). The ACIP now recommends a booster dose at 16 years of age for adolescents who received their first dose at 11 or 12 years of age. Those who received their initial dose at 13 to 15 years of age should get a booster dose five years after the first dose. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20101103aciprecs.html.

## NIH Alerts Parents and Caregivers of Increased SIDS Risk in Cold Weather

The National Institutes of Health (NIH) recently alerted parents and caregivers that infants are at higher risk of sudden infant death syndrome (SIDS) during the winter months. Parents often place extra blankets or clothes on infants during cold weather. However, infants are sensitive to extremes in temperature and cannot regulate their body temperatures well. The NIH said studies have shown that multiple layers, heavy clothing, heavy blankets ,and warm room temperatures increase the risk of SIDS, and instead recommends dressing infants in light clothing for sleep and keeping rooms at a temperature comfortable for adults. The NIH also said that unless there is a medical reason not to, infants should be placed on their backs to sleep, which is the most effective way to reduce the risk of SIDS. A study released last year identified three principal factors that prevented parents and caregivers from placing infants on their backs to sleep: lack of a physician's recommendation, fear that the infant might choke, and concerns about the infant's comfort. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20101108sidsalert.html.

## CMS Creates Several New Codes for Influenza Immunizations

CMS created five new Healthcare Common Procedure Coding System (HCPCS) codes for physicians to consider when reporting seasonal influenza immunizations they give their patients. Beginning January 1, 2011, physicians should use these new codes when administering products previously reported with Current Procedural Terminology (CPT) code 90658. The new HCPCS codes and the specific products for which they should be used are: Q2035 for Afluria, Q2036 for Flulaval, Q2037 for Fluvirin, Q2038 for Fluzone, and Q2039 for influenza virus vaccine, split-virus, when administered to patients three years and older—for intramuscular use (not otherwise specified). Certain other codes remain valid, 2010-2011 influenza vaccine codes, so physicians should use CPT codes 90655, 90656, 90657, 90660, and 90662 when using appropriate vaccine products. According to AAFP Coding Specialist Cynthia Hughes, CPC, CMS has deemed CPT code 90658 a nonpayable code, and physicians who use this code for dates of service after December 31, 2010, will see that portion of the claim denied. Hughes attributed the coding changes to wording in the final 2011 Medicare Physician Fee Schedule. The rule allows Medicare to base vaccine payments on the average wholesale price of each vaccine. Private insurers may make independent decisions about whether or not to adopt CMS' coding changes. For more information, visit http://www.aafp.org/news-now/practice-management/20101109qcodes.html.

## Medical Student Burnout Linked to Unprofessional Conduct, Study Finds

Like many residents and practicing physicians, U.S. medical students are prone to burnout, which is when they are more likely to engage in unprofessional conduct. Students who are burned-out rarely engage in academic dishonesty, such as cheating, but they may shortcut aspects of patient care, such as reporting a test result as normal when they actually omitted the test. These are among the findings presented in a Mayo Clinic study published in the September 15, 2010, issue of the *Journal of the American Medical Association*. The survey of 2,682 students from seven U.S. medical schools also found that students experiencing burnout had less altruistic views about physicians' responsibility to society, including less desire to provide care for the medically underserved. More than one half of the surveyed students were experiencing burnout, based on their measures of emotional exhaustion, depersonalization, and sense of personal accomplishment as assessed by the Maslach Burnout Inventory. The study authors recommend that future research investigate whether interventions designed to reduce burnout help students cultivate professional values and behavior. For more information, visit http://www.aafp.org/news-now/resident-student-focus/20101026studentburnout.html or http://jama.ama-assn.org/cgi/content/full/304/11/1173.

— *AFP* AND *AAFP NEWS NOW* STAFF

**For more news, visit *AAFP News Now* at http://www.aafp.org/news-now.** ■