## Screening Guide Created to Help Prevent Alcohol-Related Problems in Teenagers

Alcohol use and binge drinking are common problems in teenagers in the United States and can result in adverse consequences such as academic problems, injuries, increased risk of alcohol dependence, possible alteration of the function and structure of the brain, and even death. In response to this public health threat, the National Institute on Alcohol Abuse and Alcoholism and the American Academy of Pediatrics created the *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide* (http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf) to help prevent alcohol-related problems in teenagers, or detect these problems at an earlier age. The guide includes a two-question screening tool that asks about the patient's drinking habits, as well as the habits of the patient's friends, and a youth alcohol risk assessment chart that determines the patient's risk level based on his or her answers to personal drinking questions in the context of age and whether the patient has friends who drink. The guide also provides information about different levels of intervention, tips for alcohol-related topics to discuss with teenagers, and an overview of motivational interviewing. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20111130alcoholscreen.html and http://www.niaaa.nih.gov/NewsEvents/NewsReleases/Pages/guideunderage.aspx.

## CDC Report: Only One-Fourth of U.S. Patients with HIV Have Virus Under Control

The Centers for Disease Control and Prevention (CDC) recently released a report indicating that approximately 240,000 of the 1.2 million persons infected with human immunodeficiency virus (HIV) in the United States are unaware that they are infected, and that only 28 percent of persons are receiving the care needed to effectively manage the infection and keep it under control. Effective HIV treatment and care are important for prevention, and improve the health of affected persons. The authors of the CDC report underscore that improvements are needed at each stage of treatment and care, including increasing the number of infected Americans who are tested and linked to care, who remain in care, who receive prevention counseling, and who are successfully treated, which all combine to achieve viral suppression. To increase HIV testing rates, the CDC launched a new national awareness campaign called Testing Makes Us Stronger, which is aimed at black gay and bisexual men, one of the populations most affected by HIV. The Obama administration has also directed the U.S. Department of Health and Human Services (HHS) to provide approximately $50 million in new funding for the AIDS Drug Assistance Program to increase access to HIV and AIDS services. For more information, visit http://www.aafp.org/news-now/news-in-brief/20111207wklynewsbrfs.html#NewsArticleParsys55783 and http://www.cdc.gov/nchhstp/newsroom/WAD2011PressRelease.html.

## Medicare Now Covers Screening and Counseling for Patients with Obesity

The Centers for Medicare & Medicaid Services recently announced that Medicare will cover preventive services to reduce obesity, adding to the existing portfolio of preventive services that are available without cost sharing under the Affordable Care Act. Under this new benefit, screening and counseling for obesity by primary care physicians in settings such as the physician's office are covered. For persons who screen positive for obesity (body mass index of at least 30 kg per m$^2$), this would include one face-to-face counseling visit each week for one month, and one face-to-face counseling visit every other week for an additional five months. If the person achieves a weight loss of at least 6.6 lb (3 kg) in the first six months of counseling, he or she is also eligible to receive one face-to-face counseling visit every month for an additional six months (for a total of 12 months of counseling). It is estimated that more than 30 percent of persons in the Medicare population are obese. For more information, visit http://www.aafp.org/news-now/practice-professional-issues/20111207obesitypay.html and http://www.cms.gov/apps/media/press/release.asp?Counter=4189.

## System Facilitates Data Sharing Among Prescription Monitoring Programs

In July 2011, the National Association of Boards of Pharmacy (NABP) launched a program designed to allow interoperability and interstate data sharing among prescription monitoring programs (PMPs), called the NABP PMP Interconnect. The results have been positive, with the system processing 13,600 requests between Indiana, Ohio, and Virginia 60 days after launch. Data sharing among states has been shown to increase the likelihood of detecting actions leading to prescription drug abuse earlier, including a practice used by drug-seeking patients

called "doctor shopping." The NABP anticipates that as many as 30 states will be using the Interconnect system in 2012. For more information, visit http://www.aafp.org/news-now/news-in-brief/20111130wklynewsbrfs.html#NewsArticleParsys3534.

## Older Persons at Risk of Hospitalization from Adverse Drug Events, Says CDC

According to a recent CDC study, almost 100,000 emergency hospitalizations from adverse drug events occur annually in U.S. adults 65 years or older, with almost one-half of these occurring in persons 80 years or older. The study collected data between 2007 and 2009 from a nationally representative sample of 58 hospitals participating in the CDC's National Electronic Injury Surveillance System–Cooperative Adverse Drug Event Surveillance project. Of the thousands of available medications, four types of medications were found to cause two-thirds of hospitalizations from adverse drug events, with 33 percent involving warfarin (Coumadin), 14 percent involving insulin, 13 percent involving antiplatelet medications, and 11 percent involving oral hypoglycemic medications. Approximately 66 percent of hospitalizations were for overdose, or for situations in which the patient may have taken the prescribed amount of medication, but the medication had a greater-than-intended effect. The CDC study also identified specific medication safety issues that provide the greatest opportunities for reducing patient harm and health care use. As new medications are approved, continued national monitoring of adverse drug events will be important. One initiative, the Partnership for Patients (http://www.healthcare.gov/compare/partnership-for-patients/), includes an effort to decrease the number of preventable rehospitalizations by 20 percent by the end of 2013, with decreasing adverse drug events being a key area of focus. For more information, visit http://www.cdc.gov/media/releases/2011/p1123_elderly_risk.html and http://www.cdc.gov/medicationsafety/.

## IOM Report Recommends Steps to Reduce Adverse Events Linked to Health IT

A new Institute of Medicine (IOM) report, *Health IT and Patient Safety: Building Safer Systems for Better Care*, recommends that the HHS take the lead on working to minimize patient safety risks associated with the use of health information technology (IT). According to the report, the HHS should publish a plan within 12 months to reduce adverse events associated with the use of health IT and should report annually on the plan's progress. The plan should also set a timeframe for the private sector to assess the impact of health IT on patient safety. Other recommendations include funding a new health IT safety council

to evaluate criteria for assessing and monitoring the safe use of health IT; specifying the quality and risk management process requirements vendors will be required to adopt; and establishing a mechanism for vendors and users to report health IT–related deaths, injuries, and unsafe conditions. The report also indicates that health IT vendors should support the free exchange of information about health IT, the Office of the National Coordinator for Health Information Technology should work to make comparative user experience across vendors publicly available, and health IT vendors should be required to publicly register their products with the Office of the National Coordinator for Health Information Technology. For more information, visit http://www.aafp.org/news-now/practice-professional-issues/20111208iomhitrpt.html and http://books.nap.edu/catalog.php?record_id=13269.

## CDC Releases Recommendations on New Treatment for Latent Tuberculosis Infection

New CDC recommendations released in December 2011 provide guidance on how to administer a new 12-dose regimen for tuberculosis preventive therapy that will significantly shorten the course of treatment from about nine months to 12 weeks. The new regimen, consisting of 12 once-weekly doses of rifapentine (Priftin) and isoniazid, adds another effective treatment option and is not meant to replace other preventive treatment regimens for patients in whom the new regimen is not the best option. The new regimen is recommended for use in otherwise healthy persons 12 years and older who are at high risk of developing tuberculosis. Public health officials may also consider its use in persons who are unlikely to complete nine months of daily therapy (e.g., persons living in correctional facilities, recent immigrants, persons living in homeless shelters). The new regimen is not recommended for use in children younger than two years; women who are pregnant or planning to become pregnant; persons with HIV infection who are taking antiretroviral medications; and persons whose tuberculosis infection is presumed to be the result of exposure to a person with tuberculosis that is resistant to one of the two drugs. The regimen should be administered under the supervision of a health care professional, and the patient should be monitored for adverse effects and should undergo a clinical assessment at least monthly. These recommendations are based on the results of three clinical trials and expert opinion. For more information, visit http://www.cdc.gov/nchhstp/newsroom/LatentTB PressRelease.html.

— *AFP* AND *AAFP NEWS NOW* STAFF

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