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#### KEY PROVISIONS OF THE PROPOSED RULE ON THE 2010 MEDICARE PHYSICIAN FEE SCHEDULE

The American Academy of Family Physicians (AAFP) has prepared for members a summary of key provisions of the proposed rule on the 2010 Medicare physician fee schedule. It is determined that there are six issues of high impact to members which are outlined with the proposed provision, primary winners and losers, impact on family physicians, explanation of impact and AAFP's position. Those six provisions plus seven others of importance are summarized in a ten-page document which is posted in the current events section on MAFP's website at [www.mdafp.org](http://www.mdafp.org). The entire proposed rule (hundreds of pages in length) was published in the Federal Register on Monday, July 13. The Federal Register is available online through the Government Printing Office website at <http://www.gpoaccess.gov/fr/index.html>. If you have technical questions about the proposed rule, contact the MAFP office at [info@mdafp.org](mailto:info@mdafp.org) or 410-747-1980.

#### ANTIVIRAL GUIDANCE FOR SUSPECTED, PROBABLE, OR CONFIRMED NOVEL H1N1 INFLUENZA

The Centers for Disease Control and Prevention would like to emphasize that it is very important to get the word out to clinicians, particularly those in primary care, to emphasize early, empiric antiviral treatment for hospitalized patients and high-risk outpatients with suspected, probable, or confirmed novel swine-origin influenza A (H1N1) virus infection. Preliminary information indicates that some hospitalized patients with novel influenza A (H1N1) virus infection have not been treated with antivirals or that treatment with antiviral agents was delayed until confirmatory testing was completed. In particular, some patients with chest x-ray evidence of pneumonia and influenza symptoms have not received antivirals early. While data from seasonal influenza



indicates that early antiviral treatment is most effective (within 48 hours of symptom onset), some studies have reported a benefit in treating hospitalized patients.

Therefore, initiating therapy at the earliest possible time is desirable, including at hospital admission, if patients were not previously treated. Clinicians should be aware that influenza virus infection can cause primary viral pneumonia and early treatment of people with influenza-related pneumonia is desirable. Additionally, empiric treatment with influenza antiviral medications does not preclude empiric treatment for bacterial co-infections. Specific influenza testing should be performed for any hospitalized patient with suspected novel influenza A (H1N1) virus infection.

The CDC Antiviral recommendations are available at:

<http://www.cdc.gov/h1n1flu/recommendations.htm>. The CDC Testing recommendations are available at: <http://www.cdc.gov/h1n1flu/specimenscollection.htm>.

Accordingly, the CDC would like to emphasize antiviral treatment for the following:

1. All hospitalized patients with suspected, probable, or confirmed novel influenza A (H1N1) virus infection should be empirically treated with oseltamivir or zanamivir as early after illness onset as possible.

No comparative studies have been done to assess whether higher doses or longer treatment courses might be more effective for severely ill patients. However, a longer duration of treatment should be considered for severe illness that persists at the end of the usual 5 day course. Some experts also recommend higher treatment doses (e.g., 150 mg oseltamivir twice per day), based on concerns about the potential for lower oseltamivir absorption, higher viral loads, and reduced delivery of oseltamivir to damaged tissue among severely ill patients. Patients who have received higher treatment doses or longer treatment durations have tolerated these regimens without substantial increase in adverse events, based on limited data.

2. All outpatients with suspected novel influenza A (H1N1) virus infection who are at higher risk for influenza complications should be empirically treated with oseltamivir or zanamivir as early after illness onset as possible.

3. Groups with a higher risk for influenza complications:

- a. Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.

- b. Adults 65 years of age and older.

- c. Persons with the following conditions:

- i. Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);

- ii. Immunosuppression, including that caused by medications or by HIV;

- iii. Pregnant women;

- iv. Persons younger than 19 years of age who are receiving long-term aspirin therapy;



v. Residents of nursing homes and other chronic-care facilities.

#### FAMILY PHYSICIAN NOMINATED FOR AMERICA'S FAMILY DOCTOR!

As you have probably heard or read, Regina Benjamin MD, a family physician from Bayou La Batre, AL has been nominated for the position of Surgeon General of the United States. As family docs, let's support her with e-mails to Maryland Senators Ben Cardin <http://cardin.senate.gov/contact/> and Barbara Mikulski <http://mikulski.senate.gov/contact/> and let them know of your pride in Family Medicine and tell them to support Dr. Benjamin to be America's Family Doctor! The news release "Obama Taps FP to Become Next Surgeon General" appears in AAFP News Now at [www.aafp.org](http://www.aafp.org)

#### FREE ONLINE SKIN CANCER CME FOR PHYSICIANS AND CLINICAL STAFF!

The Center for a Healthy Maryland and the Maryland Department of Health and Mental Hygiene are offering 4.5 CME credits for "Skin Cancer Education for Primary Care" at no charge to physicians and clinical staff in the primary care setting. This case-based skill-building course includes the following modules:

- The Early Recognition and Management of Melanoma
- Skin Cancer Prevention, including the effects of ultraviolet radiation, sun avoidance strategies and the appropriate use of sunscreens
- Differentiating Common Benign Lesions from Melanomas

Coursework must be completed within 60 days of registration. Space is limited! Visit [www.skincancercme.org](http://www.skincancercme.org) for more information and to register. For questions contact Roberta Herbst, Program Manager for the Maryland Skin Cancer Prevention Program, at [rherbst@medchi.org](mailto:rherbst@medchi.org). Note: this course does not qualify for the MAFP CME membership requirement.

#### POSITION ANNOUNCEMENT, FP, RANDALLSTOWN

Chase Brexton Health Services, Inc, a fast growing federally qualified health center in Maryland is currently seeking a full-time family physician, who is either board certified or board eligible, for our office in Randallstown, Maryland. Join our interdisciplinary team providing comprehensive primary care and HIV care for a wide spectrum of patients regardless of income, insurance, race, or sexual preference. Experience with pediatrics is preferable; however, we do not provide OB care. We offer generous paid administrative time, and our malpractice coverage is unsurpassable. Please send your c.v./cover letter to Human Resources, Chase Brexton Health Services, Inc., 1001 Cathedral St., Baltimore, MD 21201, fax 443-573-5001, or email to [hr@chasebrexton.org](mailto:hr@chasebrexton.org).



## MARYLAND CHAMP PROGRAM SEEKS FP IN TALBOT COUNTY

The Maryland CHAMP program (CHild Abuse Medical Providers) is looking for a pediatrician or family physician to join the Talbot County Child Advocacy Center. Any interested physician will receive training in the evaluation of child abuse and neglect, access to 24/7 expert consultation, and reimbursement for time spent away from practice. For more information please contact Howard Dubowitz, MD, MS at (410) 706-6144 or [hdubowitz@peds.umaryland.edu](mailto:hdubowitz@peds.umaryland.edu).

## SUNDRIES

- MAFP Website Postings: For members only, the following are posted at [www.mdafp.org](http://www.mdafp.org) for your information:
  1. Minutes from MAFP Board of Directors meetings - meetings are held quarterly at the MAFP office (except for the Winter meeting which immediately follows the Winter Regional Conference at the conference facility). Meetings are open to members.
  2. Faculty presentations and handouts from the 2009 Annual CME Assembly, "Family Physicians Gathering Strength," held June 17-20 in Ocean City, MD. Files will be posted thru August 31, 2009.
- Have a Family Medicine position to fill? Get a special 15% off rate for all of your Family Medicine postings throughout the month of July. By taking advantage of this opportunity, your posting will be active during the National Conference of Family Medicine Residents & Medical Students. Web site traffic is traditionally higher around conference times and FP Jobs Online, the Maryland Academy of Family Physicians and *HEALTHeCAREERS* Network (commercial partner of MAFP) are here to assist you in filling your Family Medicine positions. Contact us today at 888-884-8242 or [info@healthcareers.com](mailto:info@healthcareers.com).
- The 14th annual international meeting of the Academy of Breastfeeding Medicine (ABM) is November 5-8 in Williamsburg, Va. The AAFP is a cooperating organization with the ABM. Registration for the meeting is available at <https://www.bfmed.org/Meeting/Registration.aspx>.
- Five New Chronic Assessment Categories Added to Bridges to Excellence. HealthLeaders Media, June 29, 2009  
"Bridges to Excellence will now assess the diagnosis, treatment, and management of new five chronic conditions: asthma, congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, and hypertension."  
[http://www.healthleadersmedia.com/content/235220/topic/WS\\_HLM2\\_PHY/Five-New-Chronic-Assessment-Categories-Added-to-Bridges-to-Excellence.html](http://www.healthleadersmedia.com/content/235220/topic/WS_HLM2_PHY/Five-New-Chronic-Assessment-Categories-Added-to-Bridges-to-Excellence.html)
- Insurers, patients, physicians embrace virtual office visits, The Wall Street Journal, June 30, 2009



“Patients and physicians are warming up to the idea of having office visits online - - usually for simple, mild conditions -- which can save both parties time and money. More health insurers are paying for virtual visits, often with a stipulation that doctors use certain technologies or formats to ensure that privacy requirements are met and that the visit is legitimate.”

[http://online.wsj.com/article/SB10001424052970203872404574257900513900382.html?mod=dist\\_smartbrief](http://online.wsj.com/article/SB10001424052970203872404574257900513900382.html?mod=dist_smartbrief)

- The Family Doctor: A Remedy for Health-Care Costs?, Business Week, June 25, 2009  
“Battles may be breaking out left and right over the various health-care bills emerging from Congress, but reformers on both sides agree that general practitioners should be given a central role in uniting the fragmented U.S. medical system.”  
[http://www.businessweek.com/magazine/content/09\\_27/b4138034173005.htm](http://www.businessweek.com/magazine/content/09_27/b4138034173005.htm)