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# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **AAFP Responds to Senator's Call to Take Lead on Opioid Epidemic**

The American Academy of Family Physicians (AAFP) recently responded to a senator who asked the Academy and other members of the medical community to work on solutions to the problem of opioid addiction. Sen. Richard Durbin, D-Ill., wrote to AAFP President Wanda Filer, MD, MBA, encouraging family physicians to take a leadership role in solving the epidemic of opioid addiction. "The AAFP, as a leading voice in the medical community, and your members must accept greater responsibility for the role you have played, and continue to play, in the ongoing prescription opioid epidemic," Durbin wrote. The Academy's reply pointed out that the AAFP is an active participant in ongoing national initiatives targeting the reduction of opioid abuse, and that opioids are not the first choice for family physicians treating patients with chronic pain. A 2012 survey of AAFP members showed that they prescribed or recommended four other methods of treating nonmalignant chronic pain before opioids: physical and occupational therapy, oral nonsteroidal anti-inflammatory drugs, acetaminophen, and antidepressants. The high ratio of opioid prescriptions that family physicians write, the AAFP said, is tied to the volume of patient visits they handle. For more information, go to <http://www.aafp.org/news/government-medicine/20160525opioidletter.html>.

## **Study: Health Coaching Has Long-term Value**

Health coaching can be an effective tool for physicians who want to encourage patients to self-manage their chronic diseases, and it has been shown to improve outcomes in patients with cardiovascular risk factors. New research shows that most of the improved clinical outcomes persist one year after the completion of the health coaching intervention. Researchers conducted an observational study to follow up on a one-year randomized controlled trial involving a health coaching intervention among patients in a safety-net population. Their end goal was to determine whether patients were able to maintain significant improvements in their control of diabetes mellitus, hypertension, and hyperlipidemia. The results, published in the May/June 2016 issue of *Annals of Family Medicine*, showed that 47.1% of patients in the coaching arm were at goal for A1C, systolic blood pressure, or low-density lipoprotein cholesterol at 12 months, with only a slight drop to 45.9% at 24 months. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160601healthcoaching.html>.

## **CDC Report Points to Missed Opportunity in Caring for Children with ADHD**

A new report from the Centers for Disease Control and Prevention (CDC) found that young children with attention-deficit/hyperactivity disorder (ADHD) are more likely to be prescribed drugs than behavioral therapy for their condition, despite recommendations to the contrary. The American Academy of Pediatrics recommends that once ADHD is diagnosed, the first line of treatment for young children should be behavioral therapy administered by the child's parents. Physicians should resort to medication only if behavioral interventions do not achieve significant improvement and patients continue to have moderate to severe functional impairment. However, that is often not happening, the CDC wrote in a recent *Vital Signs* report. Rather than leveraging the opportunity to teach young children how to control their own behavior—which has been shown to have lasting positive effects on how they function at school, at home, and in relationships—these children are more often being prescribed potent drugs to help reduce their impulsive behaviors in the short term. For more information, go to <http://www.aafp.org/news/health-of-the-public/20160525vitalsigns-adhd.html>.

## **Report Shows Need for Primary Care Support**

Balancing patient care with administrative demands is one of the toughest tasks faced by primary care physicians, according to a recent report by the Commonwealth Fund. The report examined the level of job satisfaction of primary care physicians in the United States and the United Kingdom. The physicians surveyed said their profession is highly rewarding, but many are weary of demands imposed by reporting requirements and the limited support insurers provide for increasingly complex care. The authors noted that the fee-for-service model rewards expensive procedures over primary care, and they examine how new payment models can change that. Physicians who were interviewed expressed frustration with resources available to support better health outcomes, including care coordination and connections to community services for patients who are homebound. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160606jobsatisfaction.html>.

— AFP AND AAFP NEWS STAFF

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