AAFP News: *AFP* Edition

Policy and Health Issues in the News

AAFP Delivers New Opioid Toolkit, CME Webcast to Equip Members

The American Academy of Family Physicians (AAFP) recently unveiled new resources to combat the opioid abuse epidemic, including a new chronic pain management toolkit and a free webcast on long-term opioid therapy. The chronic pain management toolkit is designed to help family physicians identify gaps in practice flow, standardize evaluation and treatment of patients with chronic pain, facilitate conversations about pain and treatment goals, and identify and mitigate risk. It includes an action plan, pain inventory, work questionnaire, patient-physician medication agreement, and opioid risk tool. The webcast is an hour-long presentation worth one AAFP Prescribed Continuing Medical Education (CME) credit. The course teaches family physicians to evaluate patients with chronic nonterminal pain to assess for potential opioid responsiveness and opioid risk. It also teaches physicians how to develop an evidence-based treatment plan, select an initial opioid, monitor and adjust the dosage, discontinue therapy, and refer patients to a pain subspecialist. In addition, participants will learn how to use state prescription drug monitoring programs and patient-prescriber agreements, and document urine drug screening to minimize liability. For more information, go to http://www.aafp.org/news/health-of-the-public/20160613opioidtoolkit.html.

Family Physician Salaries Rise at Rapid Clip

Family physicians continue to be in high demand among health care recruiters, and their salaries are rising to catch up to their worth, according to a recent survey. Average salaries for primary care and other subspecialties continue to climb, including a 13% year-over-year increase for family medicine, according to the 2016 report by health care recruiting agency Merritt Hawkins. The report showed that family physicians now earn an average of $225,000 annually, with some earning as much as $340,000 per year. Average salaries for family physicians are now closing the gap with those of other highly recruited subspecialties, such as internal medicine ($237,000), hospitalists ($249,000), and psychiatry ($250,000). For the 10th consecutive year, family physicians ranked first on the list of most-requested recruiting targets. The percentage of physicians who received a signing bonus increased from 46% in 2004-2005 to 77% in 2015-2016. For more information, go to http://www.aafp.org/news/practice-professional-issues/20160617salarysurvey.html.

New CMS Rule Seeks to Level Playing Field for ACO Incentives

The Centers for Medicare and Medicaid Services (CMS) has filed a final rule on Medicare Shared Savings Program payments and performance measurements that is intended to create a more balanced way of determining when accountable care organizations (ACOs) earn incentives for strong performance. A major change in the rule, which was published June 10, 2016, in the *Federal Register*, is that ACOs will be measured against their peers on a regional basis instead of on a national scale. Medical costs reported by an ACO will now be evaluated in comparison with what fee-for-service care would cost in its particular region. CMS has yet to clearly define regional service areas, but they will be created by aggregating counties. The new rule also addresses criticism that annual performance measurements forced ACOs to compete against themselves under the difficult standard of having to surpass their own savings each year. For more information, go to http://www.aafp.org/news/government-medicine/20160609acorule.html.

Study Highlights Success of Ottawa Model for Smoking Cessation

The use of the Ottawa Model for Smoking Cessation in primary care practices helps increase rates of tobacco cessation treatment delivery, according to a recently published study. The Ottawa Model, which was tested in 32 primary care practices in Ontario, Canada, is a multicomponent knowledge translation intervention that uses the three A's model: ask (identify smoking status), advise (counsel patients to quit smoking), and act (assist with cessation). After implementing the model, researchers found that delivery rates of the three A's increased significantly. High-quality implementation of the program was associated with the highest rates of delivery of the three A's. Examples of those best practices include developing a clinic tobacco control protocol, training staff and clinicians in the skills needed to execute that protocol, having self-help materials readily available to patients, and leveraging electronic health record or other real-time prompts to inform clinicians of patients' smoking status at each visit. For more information, go to http://www.aafp.org/news/health-of-the-public/20160607ottawastudy.html.

— *AFP* AND AAFP NEWS STAFF

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