

# AAFP News: AFP Edition

## *Policy and Health Issues in the News*

### **Discussing Risks of Opioids May Reduce Likelihood of Misuse**

Patients whose physicians counsel them about the long-term risks of prescription opioid abuse are significantly less likely to save pills for later use, according to a research brief published in the November/December 2016 issue of *Annals of Family Medicine*. Using data from two random-digit-dial telephone surveys of adults 18 years and older, researchers used multivariable logistic regressions to estimate the association between respondents who reported talking with a physician about the risks of prescription painkiller addiction and reporting that they had saved prescription painkillers for personal medical use or to share with family members. This is important because retention of unused opioids has been found to be an important source of opioid diversion and misuse. Adjusting for covariates, the researchers concluded that respondents who said they talked with their physician about the risks of prescription painkiller addiction had a 60% lower chance of saving pills. For more information, go to <http://www.aafp.org/news/health-of-the-public/20161209annalsopioids.html>.

### **Retail Clinics Fall Short in Relieving Crowded Emergency Departments**

New research published in the *Annals of Emergency Medicine* shows that retail clinics have not curbed patients' use of hospital emergency departments (EDs) for nonemergency care. The number of retail clinics nationwide grew from 130 in 2006 to nearly 1,400 in 2012, the most recent year for which statistics were gathered for this study. In 2007, there was an average of 3,286 visits per ED (133 per 1,000 total ED visits) for allergic rhinitis, bronchitis, conjunctivitis, other eye conditions, influenza, otitis externa, otitis media, pharyngitis, upper respiratory infections/sinusitis, urinary tract infections, and viral infections. As the number of retail clinics surged during the ensuing years, private insurance was the only payer category for which the number and rate of low-acuity ED visits decreased. Private insurers paid for 1,235 low-acuity ED visits in 2007 vs. 950 in 2012, a rate of 119 per 1,000 total ED visits in 2007 vs. 108 per 1,000 visits in 2012. Medicaid patients accounted for the highest rates of nonemergency ED visits; however, only about 60% of retail clinics accept Medicaid, whereas 97% accept private insurance and 93% accept Medicare. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20161209retailclinics.html>.

### **AAFP Urges Federal Support for Payment Reform Initiatives**

As the incoming Trump administration and congressional leaders are considering what steps they might take on health care reform, the American Academy of Family Physicians (AAFP) has joined other members of a diverse consortium in urging continued federal support for efforts to replace fee-for-service payment models with value-based systems. Concerned that political change could reverse course on health care payment reform, the AAFP signed on to a letter from the Health Care Transformation Task Force to President-elect Donald Trump, Vice President-elect Mike Pence, House and Senate leaders, and the nominees for secretary of the U.S. Department of Health and Human Services and of the Centers for Medicare and Medicare Services (CMS), encouraging them to support ongoing health care payment transformation initiatives led by CMS. The task force is a coalition of 43 organizations representing patients, payers, providers, and purchasers—including six of the nation's top 15 health systems and four of the top 25 health insurers. It voices strong support for payments that reward care coordination and improved health outcomes. For more information, go to <http://www.aafp.org/news/government-medicine/20161208hctfletter.html>.

### **AAFP Joins Conversation Project to Prepare Patients for End-of-Life Care**

The AAFP has partnered with The Conversation Project to offer family physicians and their patients resources to better prepare them for end-of-life care discussions. According to The Conversation Project, 90% of patients say it is important to talk with loved ones about end-of-life care, but less than 30% have actually done so. The Conversation Project starter kit is a free, downloadable resource available in multiple languages that is intended to help individuals feel more comfortable having end-of-life care conversations with their loved ones. The project website also offers personal stories of persons who have dealt with end-of-life care and how the opportunity, or lack thereof, to discuss this care ahead of time affected the experience. For more information, go to <http://www.aafp.org/news/health-of-the-public/20161205conversationstarter.html>.

— AFP AND AAFP NEWS STAFF

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