



AAFP News: *AFP* Edition

Policy and Health Issues in the News

New Family Medicine Record in 2017 Match

Family medicine recruits hit an all-time high in the 2017 National Resident Matching Program, with 3,237 medical students and graduates choosing residency programs in the specialty. This represents an increase of 132 positions filled in family medicine compared with 2016 figures and marks the eighth consecutive year that the number of students entering family medicine has increased. Match calculations from the American Academy of Family Physicians (AAFP) include students matching into traditional family medicine residency programs, as well as programs that combine family medicine education with other focused training, such as family medicine/emergency medicine, family medicine/preventive medicine, and family medicine/psychiatry. The number of positions offered in 2017 increased as well. This year's Match saw 3,378 family medicine positions offered, or 118 additional spots compared with last year. The 2017 fill rate (i.e., the percentage of offered positions that were filled) was 95.8%, a slight uptick from 2016. For more information, go to <http://www.aafp.org/news/education-professional-development/20170317match.html>.

ACGME Revises Residency Program Standards

The Accreditation Council for Graduate Medical Education (ACGME) recently released a final set of revised ACGME Common Program Requirements for learning and work environment professional standards for all accredited U.S. residency and fellowship programs. The revisions, which take effect July 1, 2017, signify an about-face on the issue of clinical work hours (formerly referred to as duty hours) for first-year residents. The new requirements eliminate the 16-hour limit instituted five years ago and return those residents to the 24-hour cap that has been in place nationwide for all other residents and fellows. They also allow residents up to four additional hours (for a total of 28 hours) to achieve patient care transitions. The new requirements do not change residents' total clinical and educational hours. Rather, the standards state that programs and residents must adhere to maximum limits averaged over four weeks. The revisions also include counting work at home as part of the maximum of 80 hours per week, ensuring that one day in seven is free of clinical experience or education, and allowing in-house call no more frequently than every third night. For more information, go to <http://www.aafp.org/news/education-professional-development/20170315workcap.html>.

AAFP Weighs In on Medicare Proposals

The AAFP recently offered recommendations to the U.S. Department of Health and Human Services regarding proposed payment and policy changes to Medicare Advantage and prescription drug plans for 2018. In a letter from Board Chair Wanda Filer, MD, MBA, the AAFP responded to specific proposals related to three issues: quality measures, Medicare Part D formulary submissions, and network adequacy determinations. It called on the Centers for Medicare and Medicaid Services (CMS) to harmonize quality and performance measures, and urged CMS to use core measure sets developed by the Core Quality Measures Collaborative, a multistakeholder group that includes the AAFP. Doing so would "ensure parsimony, alignment, harmonization and the avoidance of competing quality measures among all payers," Filer wrote. She pointed out that family physicians in particular bear the brunt of quality and performance measurement because of the criteria included in various quality-improvement programs. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170322cmscomments.html>.

Family Physicians Fill Gap in Palliative Care

Family physicians are filling the gap in providing palliative care to an aging population that continues to grow, according to a recent study. Researchers at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care analyzed survey data to identify the number and demographic characteristics of selected family physicians who offer palliative care. Of the 10,894 diplomates of the American Board of Family Medicine who recertified in 2013, 33% said they provide palliative care. The study showed stark demographic differences between physicians who do and do not provide palliative care. Those who do are more likely to be white, male, and practicing in a medical home, and to have been in practice longer than 20 years. They are more than twice as likely to be located in a rural area and are most likely to practice in the West. Among those who provide palliative care, 30% see patients in a nursing home, 45% in a patient's home, and 17% in a hospice facility. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170315palliativecare.html>.

— AFP AND AAFP NEWS STAFF

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