



AAFP News: *AFP* Edition

Policy and Health Issues in the News

New CME Type Offers More Opportunities to Earn Credit in Different Formats

Physicians have a new opportunity to earn continuing medical education (CME) credit with the launch of the American Academy of Family Physicians' (AAFP's) new blended learning activity type. Blended CME offers a hybrid of current educational activities: live, enduring materials, medical journals, point-of-care, and performance improvement. The blended learning activity type was piloted for six months by a handful of AAFP member physicians, staff, chapter representatives, and CME provider organizations. Participants said the application process was easy to complete and saved time by allowing them to apply only once for credit from multiple activities. CME providers will be responsible for identifying and converting or modifying previous applications that may qualify as blended learning activity types. Repurposed content, such as a live course archived into enduring material, will not be eligible. For more information, go to <http://www.aafp.org/news/education-professional-development/20170818blendedlearning.html>.

Licensure Compact Seeks Simpler Path for Residents to Train Across State Lines

The AAFP is asking the Federation of State Medical Boards to support a plan that would make it easier for family medicine residents to train in programs that cross state lines. The Interstate Medical Licensure Compact gives practicing physicians a faster way to obtain a license to practice in more than one state. Eighteen states have enacted legislation enabling them to participate in the compact, and legislation is pending in seven more states and the District of Columbia. A recent letter from former AAFP Board Chair Wanda Filer, MD, MBA, to the president of the Federation of State Medical Boards requested a dialogue about establishing a method for residents to obtain temporary license reciprocity for training purposes. The compact is expected to improve access to care in rural and underserved areas while expanding the use of telemedicine. To illustrate the burden that some residents face, the AAFP cited the Georgetown University-Providence Hospital Family Medicine Residency Program, in which residents must obtain training licenses in both the District of Columbia, where the program is based, and in Maryland, where the continuity clinic is located. For more information, go to <http://www.aafp.org/news/education-professional-development/20170901interstatetraining.html>.

PCPCC Lays Out Vision for Primary Care

The Patient-Centered Primary Care Collaborative (PCPCC) recently released a set of principles to serve as a vision statement for primary care. The collaborative's Shared Principles of Primary Care, developed in cooperation with Family Medicine for America's Health, lists seven broad principles to help primary care clinicians think strategically and speak with one voice during advocacy campaigns and in meetings with government officials. They say primary care should be (1) person- and family-centered, (2) continuous, (3) comprehensive and equitable, (4) team-based and collaborative, (5) coordinated and integrated, (6) accessible, and (7) high value. Because primary care delivery now encompasses more teams from various disciplines, the PCPCC says the principles emphasize the need to provide team-based care while preserving the value of whole-person care and care coordination. They call for health care professionals to "work together at the top of their skill set, according to clearly defined roles and responsibilities." For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170830pcpccprinciples.html>.

CMS Website Compares Hospice Facilities

The Centers for Medicare and Medicaid Services (CMS) recently launched a website to help patients and their families find a quality hospice provider in their area. The Hospice Compare website (<https://www.medicare.gov/hospicecompare>) gives users a snapshot of the quality of care facilities provide and should help patients and their families make informed health care decisions, CMS said. Visitors to the site can compare hospice providers based on measures such as the percentage of patients screened for pain or uncomfortable breathing, and whether patients' preferences are met. The site currently has data on approximately 3,900 hospice organizations. The AAFP's policy on hospice care points out, among other things, that family physicians are well suited to serve as hospice physicians and medical directors, and speaks of the enduring partnerships family physicians create with their patients in working together to prevent and manage illness, navigate the health system, and set health goals. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170817hospicecompare.html>.

— AFP AND AAFP NEWS STAFF

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