

AAFP, Others Criticize Bill That Interferes with Physician-Patient Relationship

The American Academy of Family Physicians (AAFP) opposes legislation that places limits on information exchanged within the patient-physician relationship, and now the AAFP, the American College of Physicians, and the American Osteopathic Association have issued a joint statement saying that such legislation poses a risk to the health of patients and their families. Although the statement comes as Florida and other states consider legislation that would severely restrict the ability of physicians to ask patients about gun ownership, a much larger issue is at stake, according to the three organizations. That issue is whether a state government can dictate what a physician can say to or ask patients. The organizations are speaking out against any laws that could infringe on the patient-physician relationship. In their joint statement, the organizations point out that safety and injury prevention are crucial components of preventive medical care. The Florida measure, HB 155, which is expected to become law, would prohibit physicians from intentionally entering firearms ownership information into a patient's medical record. It also would prohibit physicians from asking their patients about firearms ownership unless the physician "in good faith believes that this information is relevant to the patient's medical care or safety or the safety of others." The bill also prohibits physicians from refusing to accept patients based on whether they own firearms, and gives patients a way to notify the state medical board about physicians who ask them about gun ownership. Physicians who violate the provisions in the measure can be sanctioned and disciplined by the state medical board. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110527govtintrusion.html>.

AAFP Speaks Out Against Bill Aimed at Defunding Teaching Health Centers

The AAFP, in concert with several other organizations, is calling on Congress to oppose a House bill that would convert mandatory funding appropriations for teaching health centers into an authorization for annual appropriations. The Patient Protection and Affordable Care Act includes \$230 million in mandatory funding for teaching health center programs that would train family physicians and other primary care physicians in community-based settings instead of hospital inpatient settings. This type of community-based training has been found to be an

effective way to recruit and retain family physicians and other primary care physicians. However, House Republicans have introduced a bill, HR 1216, that would convert the mandatory funding for the teaching health centers into an authorization that would be subject to the annual appropriations process. This would put the funding in jeopardy and would have a negative effect on training programs that already have been funded, according to a letter signed by AAFP President Roland Goertz, MD, MBA, of Waco, Tex., and the presidents of the Society of Teachers of Family Medicine, the Association of Family Medicine Residency Directors, the North American Primary Care Research Group, and the Association of Departments of Family Medicine. In addition, the groups note that converting the program to discretionary funding would deter other entities from expanding their residency training programs because they would not be able to rely on the funding when making business decisions necessary for expansion, such as hiring new faculty. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110607teachingcenters.html>.

AAFP, Others Praise Macy Foundation's Call to Action on Changing GME System

The AAFP, the Association of Family Medicine Residency Directors, the Association of Departments of Family Medicine, the North American Primary Care Research Group, and the Society of Teachers of Family Medicine praised the Josiah Macy Jr. Foundation for its recent call to action about changing the U.S. graduate medical education (GME) system to make it more responsive to the needs of Americans. "Ensuring an Effective Physician Workforce for America: Recommendations for an Accountable Graduate Medical Education System" summarizes the findings of a conference presented in October 2010 by the Macy Foundation and the Association of Academic Health Centers. According to the conference summary, the size and specialty mix of the physician workforce likely will become increasingly insufficient in the coming years because of such factors as a growing chronic disease burden spurred by the nation's aging population and other factors, as well as the greater availability of health insurance under the Patient Protection and Affordable Care Act. The summary recommendations include ensuring that the physician workforce is of sufficient size and specialty mix; providing trainees with needed skill sets through the use of innovative training approaches and sites; and undertaking an independent external review of the governance and

financing of GME. It also recommends allowing GME to be redesigned through accreditation policy, and gauging the implications to GME funding of ensuring adequate numbers and distribution of physicians. In their letter, the AAFP and the other organizations said they were pleased to see a number of items in the recommendations for which they have advocated. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110608gmeconfsum.html>.

AAFP Calls for Changes in ACO Antitrust Proposal Statement

The AAFP called on two federal agencies to clarify and change certain provisions of a proposed antitrust statement on accountable care organizations (ACOs) to help ease antitrust challenges primary care physicians face when trying to form ACOs. The AAFP recently sent a comment letter to the Centers for Medicare and Medicaid Services that outlined the AAFP's objections to the proposed rule on ACOs. In a letter to the Federal Trade Commission and the Justice Department, the AAFP noted that "despite our concerns with the Medicare ACO program as proposed, it is the AAFP's position that antitrust laws should not create barriers that inhibit clinical integration." The AAFP noted that it supports legislative and regulatory efforts to allow physicians to engage in collective bargaining with insurance and managed care companies so they can be stronger patient advocates, as well as efforts that improve the quality and efficiency of care. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110608antitrustletter.html>.

Groups Push for Interprofessional Health Education Competencies

Two reports from six national health professional education associations and three private foundations are urging that new competencies for interprofessional health education be adopted, along with action strategies to implement them in academic institutions across the country. The first report, "Core Competencies for Interprofessional Collaborative Practice," identifies four domains of core interprofessional competencies that various health professionals should demonstrate to ensure their ability to provide integrated, high-quality care to patients in the U.S. health care system. The competencies are similar to the concepts embodied in the Joint Principles for the Patient-Centered Medical Home and the Joint Principles for the Medical Education of Physicians in Preparation for Practice in the Patient-Centered Medical Home, which have been adopted by the AAFP and other primary care organizations. The second report, "Team-Based Competencies: Building a Shared Foundation for

Education and Clinical Practice," includes action strategies for implementing their core competencies, such as disseminating the competencies to key stakeholders and launching an education campaign that establishes the need for interprofessional collaboration in education and practice; preparing faculty to teach students how to work effectively as part of a team and how to use the competencies to meet that goal; and developing metrics for interprofessional education and team-based care. Additional action strategies include forging partnerships among the academic community, clinicians, government agencies, and consumer groups to advance interprofessional education and care; and exploring funding to support interprofessional education and research initiatives. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20110601interprofessionalcomps.html>; https://www.aamc.org/download/186750/data/core_competencies.pdf; and https://www.aamc.org/download/186752/data/team-based_competencies.pdf.

Patients, Physicians Are Not Discussing CAM Use, According to Survey

More than one-half of American adults 50 years and older have used complementary and alternative medicine (CAM) remedies, according to a recent survey by AARP and the National Institutes of Health's National Center for Complementary and Alternative Medicine. More than three-fourths of respondents said they take at least one prescription medication. However, nearly 60 percent of those who have used CAM said they did not discuss that fact with their clinician, leaving open the possibility of serious adverse effects or drug interactions. According to the survey, more than 40 percent of respondents said their clinicians never asked them about CAM, and 30 percent of respondents said they did not know the topic should be discussed. Survey results indicate patients are more than twice as likely as physicians to raise the subject during an office visit. Sixteen percent of respondents said they did not discuss CAM with their clinician because they doubted their clinician's knowledge of CAM, which also includes manual therapies and mind and body practices, such as chiropractic care, acupuncture, and meditation. Twelve percent of respondents were concerned that their clinician would be dismissive or advise them to not use CAM, and 11 percent were not comfortable discussing the issue. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110525camsurvey.html> and <http://nccam.nih.gov/news/camstats/2010/>.

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