

Report Shows First-Year Enrollment in U.S. Medical Schools Steadily Increasing

According to results from a survey by the Association of American Medical Colleges (AAMC), enrollment in first-year medical schools in the United States will see a steady increase, reaching 21,376 in 2016-17. This number represents a 29.6 percent increase compared with first-year enrollment statistics from 2002-03. AAMC President and CEO Darrell Kirch, MD, stated in a news release that U.S. medical schools have been working to address the future physician shortage, which the AAMC estimates may be a shortage of more than 90,000 primary care and subspecialty physicians by 2020. The survey also noted that 25 percent of the growth in first-time enrollees will occur in schools that have opened since 2002; that more than one-half of the projected growth already has occurred, with 2,850 of the projected 4,888 new slots already in place as of 2011; and that 43 percent of schools surveyed said they had targeted or planned to target increases in enrollment to specific population groups or to meet the needs of underserved communities. The number of osteopathic physicians continues to rise at a rapid pace. In the 2016-17 school year, first-year enrollment of osteopathic physicians is expected to reach 6,179, or double the first-year enrollment of osteopathic physicians in 2002-03. The combined enrollment of allopathic and osteopathic physicians is projected to increase 37 percent by 2016-17 compared with 2002-03 enrollment numbers. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20120522medschoolenrollment.html>. The results of the AAMC 2011 Medical School Enrollment Survey are available at <https://www.aamc.org/download/281126/data/enrollment2012.pdf>.

Reducing Waste in Six Key Areas Could Save Billions of Dollars in U.S. Health Care Costs

According to an article in *JAMA: The Journal of the American Medical Association*, the U.S. health care system could save hundreds of billions of dollars each year in public and private health care expenditures by adopting strategies to reduce waste in six key categories that are major drivers of health care costs. The six categories and their estimated costs in 2011 are: (1) delivery-of-care failures (\$102 to \$154 billion); (2) care-coordination (\$25 to \$45 billion); (3) overtreatment (\$158 to \$226 billion); (4) administrative complexity (\$107 to \$339 billion); (5) pricing failures (\$84 to \$178 billion); and (6) fraud and

abuse (\$82 to \$272 billion). According to the authors, health care costs accounted for nearly 18 percent of the gross domestic product (GDP) in 2011, and is expected to increase to 20 percent of the GDP by 2020. The growing health care costs negatively affect other parts of the U.S. economy by eroding wages, undermining U.S. competitiveness in the global economy, and reducing resources needed for government programs. More information is available at <http://www.aafp.org/news-now/practice-professional-issues/20120516reducingwaste.html>. The article was published in the April 11, 2012, issue of *JAMA* and is available online at <http://jamanetwork.com/article.aspx?volume=307&issue=14&page=1513>.

AAFP, USPSTF Issue Final Recommendation Against Routine PSA-Based Screening

The American Academy of Family Physicians (AAFP), in conjunction with a U.S. Preventive Services Task Force (USPSTF) final recommendation statement, is recommending against prostate-specific antigen (PSA)-based screening for prostate cancer in asymptomatic men because evidence indicated the harms of the test outweigh the benefits. The recommendation does not include the use of the PSA test for surveillance after diagnosis or treatment of prostate cancer. According to the USPSTF recommendation statement, evidence shows that nearly 90 percent of U.S. men with PSA-detected prostate cancer are treated with surgery, radiation, or androgen deprivation; as many as five in 1,000 men who are treated surgically will die within one month of the procedure, and between 10 and 70 of these men will have serious complications from surgery. Also, the PSA test often produces false-positive results (approximately 80 percent of PSA test results are false-positive when a PSA threshold between 2.5 and 4.0 mcg per L is used), which are associated with negative psychological effects and other adverse events. Some subspecialist groups, including the American Urological Association, are questioning the USPSTF's interpretation of the data and are calling for subspecialty representation on the USPSTF. More information is available at <http://www.aafp.org/news-now/health-of-the-public/20120522psascreenrec.html>. The USPSTF final recommendation was published in the May 22, 2012, issue of *Annals of Internal Medicine*, and is available at <http://www.annals.org/content/early/2012/05/21/0003-4819-157-2-201207170-00459.full>.

Vaccination Rates Could Be Improved by Sending Text Message Reminders

According to a study published in *JAMA*, immunization registry–linked text messaging of educational messages increased vaccination rates in a low-income, urban minority population. In a randomized controlled trial involving more than 9,000 children and adolescents six months to 18 years of age, parents of children randomized to the intervention group received as many as five weekly immunization registry–linked text messages that provided information and instructions regarding Saturday immunization clinics. The study was conducted during the 2010-11 influenza season, and participants were primarily minorities, 88 percent were publicly insured, and 58 percent were from Spanish-speaking families. The study indicated that text messaging allows physicians to reach large populations at a relatively low cost. The technology can also be easily linked to electronic health records (EHRs) using common software packages, which greatly expands the ability to direct each message to a carefully specified group. Additional research has indicated that the use of text messaging could possibly be expanded to include widespread transmission of other types of health messages. More information is available at <http://www.aafp.org/news-now/health-of-the-public/20120516textmessage-vaccrates.html>. The study results were published in the April 25, 2012, issue of *JAMA*, and are available at <http://jama.jamanetwork.com/article.aspx?articleid=1148197>.

Study Shows Lack of Sleep, Circadian Disruption Increase Risk of Diabetes

According to a study published in the April 11, 2012, issue of *Science Translational Medicine*, a chronic lack of sleep combined with disrupted circadian rhythms can increase the risk of developing type 2 diabetes mellitus. The study evaluated 21 healthy, nonobese adults who spent more than five weeks setting an initial “optimal sleep” baseline under controlled laboratory conditions. Study participants then spent three weeks exposed to circadian disruption induced by imposing 28-hour fasting/feeding and sleep/wake cycles (with dim lighting during wakeful periods) in conjunction with sleep restriction of 6.5 hours in bed (the equivalent of 5.6 hours per 24-hour period). Participants also underwent nine days of recovery sleep, with stable circadian re-entrainment. The researchers found that fasting and postprandial peak plasma glucose levels increased after exposure to the three-week sleep restriction/circadian disruption protocol compared with responses to the same meal at bedtime. These effects largely normalized after the period of recovery sleep and circadian re-entrainment.

For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120521sleeprestrict.html>. The study abstract is available at <http://stm.sciencemag.org/content/4/129/129ra43.abstract>.

Free, Downloadable Guide on Maintaining Privacy and Security of EHRs Available

The Office of the National Coordinator (ONC) for Health Information Technology has released a new resource to assist physicians in incorporating mandatory privacy and security safeguards into EHR systems. The guide, titled *Guide to Privacy and Security of Health Information*, provides a variety of tools, including a security risk analysis of a practice’s EHR, tips on successful partnering with EHR vendors, and a 10-step privacy and security plan. It also reinforces the importance of guarding the privacy and security of patient information stored and transmitted electronically. The guide may be downloaded at <http://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf>. Additional resources are also available on the ONC Web site (<http://www.healthit.gov/providers-professionals/ehr-privacy-security>). For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120516wklynewsbrfs.html#NewsArticleParsys82527>.

FDA Warning Against CCSVI Treatment in Patients with Multiple Sclerosis

The U.S. Food and Drug Administration (FDA) issued a news release stating that patients with multiple sclerosis are at risk of serious injuries and death when undergoing procedures that treat chronic cerebrospinal venous insufficiency (CCSVI), and that the procedural benefits of these treatments have yet to be proven. According to the FDA, some researchers believe that CCSVI may cause multiple sclerosis or at least contribute to the progression of the disease, but studies investigating this risk are inconclusive, and the criteria used to diagnose CCSVI remain unsubstantiated. The FDA also stated that there is no reliable evidence from controlled clinical trials that procedures treating CCSVI are effective for multiple sclerosis. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120516wklynewsbrfs.html#NewsArticleParsys23934>. The FDA news release is available at <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm303538.htm>.

— AFP AND AAFP NEWS NOW STAFF

For more news, visit **AAFP News Now** at <http://www.aafp.org/news-now>. ■