

Opioid Manufacturers to Provide Funding for FDA-Specified Education Programs

The U.S. Food and Drug Administration (FDA) has approved a risk evaluation and mitigation strategy (REMS) to combat abuse of extended-release and long-acting opioids. As part of the strategy, manufacturers of these medications are required to fund FDA-specified prescriber education programs and patient education materials. The REMS focuses on reducing the risk and improving the safety of these drugs, while maintaining access to needed pain medications for patients. The REMS has three primary goals: implementation of educational programs for prescribers of opioids, updating of medication guides and patient counseling documents, and assessment and auditing of prescriber training. According to a blueprint created by the FDA, after completing the training, prescribers will understand how to properly assess the need for prescribing extended-release and long-acting opioids; be familiar with how to initiate the drugs, adjust dosages, discontinue treatment, and manage ongoing therapy; know how to counsel patients and caregivers about the safe use of the drugs; and be familiar with product-specific drug information. Although the training will be available as continuing medical education, it is voluntary for prescribers. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120718erlaopioidsrems.html>.

Study Shows New Weight Loss Approach May Be Effective and Economical

A recent study in *The Journal of the American Medical Association* showed that a new method for weight loss is cost-effective and leads to clinically meaningful weight loss. The study, "Effect of a Stepped-Care Intervention Approach on Weight Loss in Adults: A Randomized Clinical Trial," compared a standard behavioral approach to weight loss with a stepped-care approach (STEP), both of which included low-calorie diets, increased physical activity, and counseling. The weight loss strategies in the STEP group could be modified every three months based on the patient's weight loss, whereas the methods were fixed in the standard intervention group. The STEP intervention led to an average weight loss of 6.9 percent at 18 weeks, compared with 8.1 percent in the standard intervention group. Both groups had significant improvement in resting heart rate, blood pressure, and fitness level. Although the standard intervention resulted in a greater mean weight loss, the STEP method was much

less expensive. The average cost for payers per participant in the STEP intervention was \$358, compared with \$494 per participant in the standard intervention group. This difference in cost was even higher for the participants, who spent an average of \$427 for the STEP program and \$863 for the standard program. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120711step-weightloss.html> and *The Journal of the American Medical Association* Web site at <http://jamanetwork.com/article.aspx?articleid=1199152>.

Virtual Clinics Expanding Veterans' Access to Specialty Care in Rural Areas

The U.S. Department of Veterans Affairs announced in July that it is using videoconferencing technology to help primary care physicians in rural and underserved areas reach other specialty physicians. The Specialty Care Access Network-Extension of Community Health Outcomes (SCAN-ECHO) initiative creates virtual clinics in which a patient's primary care physician can collaborate with other specialty physicians on diabetes mellitus, pain management, hepatitis C, and other medical conditions. The SCAN-ECHO initiative allows the primary care physician to present patient cases to a multidisciplinary team, which recommends a treatment plan. The author of the original project from which the SCAN-ECHO initiative was created, Sanjeev Arora, MD, University of New Mexico, says that the program enables rural physicians to expand their practices and ensure that their patients receive the care they need. The technology is being tested in 11 Veterans Affairs medical centers. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120717scanecho.html>.

Survey Shows an Increase in Salaries and Demand for Family Physicians

According to a recent survey by Merritt Hawkins, family physicians' salaries increased by 6 percent from April 2011 to March 2012. Average salaries rose from \$178,000 in 2011 to \$189,000 in 2012. The survey also showed that the demand for primary care continues to increase, and that physician salaries are beginning to reflect this demand. This is the sixth straight year that requests for family physicians outpaced those for other specialty physicians. Despite the salary increase, Travis Singleton, senior vice president for Merritt Hawkins, says that family physicians continue to be underpaid compared with other specialties. The survey also showed that more

hospitals are employing physicians, with a 7 percent increase from the previous year's survey and a 52 percent increase from 2004. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120717merritthawkins.html> and <http://www.merritthawkins.com/uploadedFiles/MerrittHawkins/Pdf/mha2012survpreview.pdf>.

CMS Proposal Would Compensate Primary Care Physicians for Coordinating Care

The Centers for Medicare and Medicaid Services (CMS) has included a provision in the 2013 Medicare physician payment regulation that would compensate primary care physicians for providing coordinating care services for patients after they are discharged from a hospital or nursing home. The services would not require face-to-face contact with the patient and would include reviewing a patient's discharge summary, reviewing diagnostic test results and treatments, establishing a care plan, and communicating with other members of the patient's health care team. American Academy of Family Physicians President Glen Stream, MD, MBI, says that the proposal speaks to the value of primary care and care coordination. The proposed rule would help increase payments to family physicians by 7 percent and payments to other physicians providing primary care by 3 to 5 percent, according to the CMS. For more information, visit <http://www.aafp.org/news-now/government-medicine/20120711coordpaymentrule.html>.

SAMHSA Releases Two New Reports on Substance Abuse in Adolescents and Adults

Adolescents between 12 and 17 years of age are more likely to begin using drugs or alcohol in the summer, compared with other parts of the year, according to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA). On an average day in June or July, more than 11,000 adolescents begin using alcohol. Although the rates are comparable in December, the daily average is 5,000 to 8,000 adolescents in other months. This increase in substance abuse in the summer also occurs with first-time cigarette use (5,000 adolescents begin on a summer day, compared with 3,000 to 4,000 during other months) and for first-time marijuana use (4,500 adolescents begin on a summer day, compared with 3,000 to 4,000 during other months). This increase may be attributed to more free time and less adult supervision, according to the SAMHSA. First-time use of hallucinogens or inhalants also increased during summer months, but first-time use of cocaine or nonprescription drugs did not. A second report released by the SAMHSA, which is based on data from the Drug Abuse Warning

Network system, showed that drug-related emergency department visits decreased from an average of 18.2 percent per year between 2005 and 2008 to an average of 6.1 percent per year between 2009 and 2010. Of the 4 million drug-related emergency department visits among those 21 years or older in 2009, 47.2 percent involved drug misuse or abuse. Cocaine was the most common illicit drug involved in these visits, followed by marijuana, heroin, and amphetamines or methamphetamines. In those younger than 21 years, alcohol was the most commonly implicated substance in emergency department visits related to drug misuse or abuse, followed by marijuana. For more information, visit <http://www.samhsa.gov/newsroom/advisories/1207033209.aspx>.

New Resource Center Offers Assistance to International Medical School Graduates

The Educational Commission for Foreign Medical Graduates (ECFMG) announced in July that it has launched a new program to support physicians who have received their medical degrees from outside the United States and Canada. The ECFMG's new Certificate Holders Office will provide resources for international medical school graduates. The resources will be aimed at helping these physicians enter the U.S. health care system, including assistance with applying to U.S. graduate medical education programs, obtaining a U.S. medical license, and choosing nonclinical careers. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120711wklynewsbrfs.html#NewsArticleParsys56670> and the ECFMG Certificate Holders Office Web site at <http://www.ecfm.org/echo/>.

HHS Holds Forums to Provide Information About Health Insurance Exchanges

This month, the U.S. Department of Health and Human Services (HHS) plans to conduct a series of forums in four states. The forums will provide information to states and stakeholders about the state-based health insurance exchanges mandated in the Patient Protection and Affordable Care Act. HHS leaders will explain the steps involved in creating and maintaining the exchanges, and attendees will have the opportunity to ask questions. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20120718wklynewsbrfs.html#NewsArticleParsys60048>.

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