

Access to Primary Care Physicians' Notes May Improve Patient Outcomes

According to a study published in *Annals of Internal Medicine*, patients who were allowed to access their physician's notes were more engaged in care and had better outcomes. The yearlong quasi-experimental study evaluated portal use and electronic messaging by more than 13,000 primary care patients who were provided digital links to their physician's notes. The patients also took surveys that focused on their perceptions of behaviors, benefits, and negative consequences. The study authors noted that participants often accessed notes on their visits, with most reporting clinically relevant benefits and minimal concerns. Most patients also indicated that they wanted to continue accessing their physician's notes. Many physicians had previously expressed trepidation about allowing their patients to access their notes, because they were concerned patients may be confused, worried, or offended by what they read. Based on this study, however, the opposite proved true, with the majority of patients reporting an increased sense of control, greater understanding of medical issues, improved recall of their plans for care, and better preparation for future visits. The study also indicated that a remarkable number of patients said that having access to their physician's notes would increase their likelihood of taking their medication as prescribed. According to the physicians in the study, opening their notes to patients had a minimal effect on their work level. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20121003opennotesstudy.html>.

Implementation of EHR Standing Orders Increases Delivery of Preventive Services

U.S. patients receive only about one-half of all recommended preventive health services; however, according to a study funded by the Agency for Healthcare Research and Quality, implementing electronic health record (EHR) standing orders increases delivery of these preventive health services. Eight primary care practices participated in the study; each used EHR systems to set up standing orders for certain health services, including screenings, immunizations, and care for diabetes mellitus. The study found a median improvement in screening of 6 to 10 percent, in immunizations of 8 to 17 percent, and in diabetes care of 0 to 18 percent. All of the practices improved delivery of at least six

specific services; in addition, office workflow and overall morale of clinical staff members improved. For more information, and for a link to a video highlighting the successes of the study, visit <http://www.aafp.org/news-now/news-in-brief/20121003wklynewsbrfs.html#NewsArticleParsys21264>.

Rate of Teen Drinking and Driving Has Decreased by One-Half Since 1991, Says CDC

According to a study released by the Centers for Disease Control and Prevention (CDC), the percentage of high school students 16 years or older who drove after drinking alcohol decreased by 54 percent between 1991 and 2011, with nine out of 10 students indicating they had not driven after drinking during 2011. For the study, CDC researchers analyzed data from the 1991 to 2011 national Youth Risk Behavior Surveys, which asked high school students if they had driven a vehicle after drinking alcohol at least once in the past 30 days. The CDC, which focused on the data for students 16 years or older, found that teens were responsible for approximately 2.4 million episodes of drinking and driving per month in 2011; that male high school students 18 years or older were most likely to drink and drive (18 percent), whereas female high school students 16 years of age were least likely (6 percent); and that 85 percent of teens in high school who reported drinking and driving in the past month also reported binge drinking (defined by the Youth Risk Behavior Survey as at least five drinks during a short period of time). There have been many proven, effective strategies to reduce teen drinking and driving, including graduated driver licensing systems that allow teens to gain privileges over time (e.g., driving at night, driving with passengers), and state laws that make it illegal to sell alcohol to anyone younger than 21 years and to drive after drinking any alcohol for persons younger than 21 years. For more information, visit http://www.cdc.gov/media/releases/2012/p10_02_teen_drinking.html.

DTaP Vaccine's Effectiveness Against Pertussis Diminishes After Final Dose

Outbreaks of whooping cough continue to occur regularly, so researchers set out to determine why the diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine is not doing a better job. The study, which was published in the *New England Journal of Medicine*, evaluated 4,281 children in a California health care system who had received a pertussis polymerase chain reaction assay

between January 2006 and June 2011. The study authors compared patients who had positive results with two sets of control patients and found that protection against pertussis waned significantly during the five years after the last dose of the DTaP vaccine, with each year after the fifth dose associated with a 42 percent increased risk of pertussis. The DTaP vaccine's limited protection duration raises questions of whether the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) booster should be generally approved for children as young as eight years; however, several issues must be clarified before that can happen, including the Tdap booster's overall effectiveness and duration of protection. The CDC currently recommends immunizing children 11 years of age with the Tdap booster and, in certain circumstances, vaccinating children as young as seven years. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120925dtapstudy.html>.

AAFP Board Review Available Online and Accessible Via Tablet, Smartphone

Family physicians preparing for the American Board of Family Medicine board examination can now access the American Academy of Family Physicians' (AAFP's) board review course online. The new interactive learning package was developed by family physicians and offers an evidence-based, comprehensive review of the material on the examination. It is different from earlier AAFP board review packages in that it is easier to access. It runs on PCs and Mac-formatted computers, as well as on iPads, Android tablets, iPhones, and Android smartphones. The current online board review software offers up to 38.75 AAFP Prescribed credits, more than 400 board-style questions, pre- and posttests, 48 30-minute lectures, case-based presentations, downloadable syllabi for each session, an interactive Question Pause feature, and 14 question-and-answer sessions with expert family physicians. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20121008onlineboardreview.html>.

Combining Patient-Provided and EHR Data Can Improve Depression Care

According to a practice-based study published in the *Journal of the American Board of Family Medicine*, gathering data in the primary care clinical setting may help family physicians improve the care they provide for patients with depression. The study of more than 61,000 patients with depression was conducted by the AAFP National Research Network and the DARTNet Institute. Researchers used the DARTNet Institute to systematically collect data at the point of care using the nine-item Patient Health Questionnaire (PHQ-9).

Researchers then combined these data with EHR data to capture, describe, and compare data on baseline severity of illness, suicidality and response, and suicidality after diagnosis. This study adds to evidence that patients with severe depression and patients who are suicidal are common in the primary care setting. It also demonstrates the DARTNet Institute's capability to combine existing EHR information with prescription fulfillment and PHQ-9 data to enhance clinical care for depression and enable more robust comparative effectiveness research. The researchers say that integrating the prescription fulfillment data also proved that knowledge is power, because it allowed physicians to differentiate between a drug that is not working as well as expected and poor outcomes caused by issues such as patients not filling antidepressant prescriptions regularly or at all. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20120928depressiondata.html>.

Report Shows Visits to Health Care Professionals Are Down from 10 Years Ago

A new study released by the U.S. Census Bureau shows that working-age Americans are making fewer visits to health care professionals than they did a decade ago. In 2010, persons 18 to 64 years of age made an average of 3.9 visits to health care professionals, compared with 4.8 visits in 2001. The average number of annual visits dropped from 12.9 in 2001 to 11.6 in 2010 among persons who reported their health as poor or fair; from 5.3 to 4.2 among those reporting their health as good; and from 3.2 to 2.5 among those reporting their health as very good or excellent. Visits did become more frequent with age; 37 percent of persons 18 to 24 years of age did not visit a health care professional in a given year, compared with 8 percent of those 65 years and older. Hispanic persons were the least likely racial or ethnic group to visit a health care professional, with 42 percent not visiting one during a given year. Of uninsured adults who did visit a health care professional, 13 percent went to the emergency department and 10 percent went to the hospital, but not the emergency department. The study, available at <http://www.census.gov/prod/2012pubs/p70-133.pdf>, is based on a periodic report that examines the relationships between the use of medical services and health status, health insurance coverage, and other demographic and economic characteristics. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20121010wklynewsbrfs.html?cmid=10036-em-1#NewsArticleParsys23796>.

— AFP AND AAFP NEWS NOW STAFF

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