

## Survey Shows That Physicians Are Cutting Back on Hours, Patient Load

According to a new survey, U.S. physicians are choosing to work less than they used to. A Survey of America's Physicians: Practice Patterns and Perspectives, conducted by the physician consulting firm Merritt Hawkins on behalf of The Physicians Foundation, questioned 13,575 physicians from March to June 2012. It showed that respondents are working 5.9 fewer hours per week and seeing 16.6 percent fewer patients per day than in 2008. More than 50 percent of physicians said they plan to take steps that would reduce patient access to services, including cutting back on patient load, working part-time, switching to concierge medicine, or retiring. Phil Miller, vice president of communications for Merritt Hawkins, says that these trends are occurring as the Patient Protection and Affordable Care Act puts pressure on primary care physicians by providing health care coverage to millions more patients. In addition, the survey showed that liability and defensive medicine was respondents' least favorite aspect of practicing medicine, whereas 80 percent of respondents said that patient relationships were the most satisfying part. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20121016merrittjobsat.html> and The Physicians Foundation Web site at [http://www.physiciansfoundation.org/uploads/default/Physicians\\_Foundation\\_2012\\_Biennial\\_Survey.pdf](http://www.physiciansfoundation.org/uploads/default/Physicians_Foundation_2012_Biennial_Survey.pdf).

## Physician Organizations Criticize Laws That Interfere with Medical Professionalism

Five physician organizations are speaking out against legislation that they say impedes medical professionalism. In an article published in the *New England Journal of Medicine*, the American Academy of Family Physicians, the American College of Physicians, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American College of Surgeons assert that certain types of legislation interfere with patient care. This includes laws that keep physicians from discussing risk factors that might affect patients' health, require physicians to discuss practices that may not be necessary or appropriate, require physicians to provide diagnostic tests or medical interventions that are not supported by evidence, and limit the information physicians can disclose to patients or others involved in patient care. The groups call on legislators to put patients' best interests first by respecting scientific

evidence, patient autonomy, and the patient-physician relationship. The article cites examples of such laws from numerous states and how they have affected patient care. However, the groups acknowledge the beneficial role the government plays in the country's health care system by appropriately providing essential health services, physician licensing, safety assessment of drugs and medical devices, and funds for medical education and research. For more information, visit <http://www.aafp.org/news-now/government-medicine/20121023nejmlawsarticle.printerview.html> and the *New England Journal of Medicine* Web site at <http://www.nejm.org/doi/full/10.1056/NEJMsb1209858>.

## The Use of EHRs Is Improving the Care of Patients with Diabetes Mellitus

Electronic health records (EHRs) improve the care and outcomes of patients with diabetes mellitus, according to a study published in *Annals of Internal Medicine*. Using data from the 2005 to 2008 implementation of a certified EHR system in 17 medical centers, the authors of the study were able to assess the effects of EHRs on A1C and low-density lipoprotein cholesterol levels in nearly 170,000 patients. They determined that EHRs helped improve drug treatment intensification, and monitoring and control of the disease. The greatest benefit occurred in patients with poor disease control. EHRs were associated with significantly reduced A1C and low-density lipoprotein levels, regardless of the level of diabetes control at baseline, although the decreases were greatest in those with higher baseline values. Additionally, an EHR significantly increased retesting in those with poor diabetes control. According to the authors, these results suggest that EHRs may be an important tool to help physicians provide targeted, high-quality care to patients with chronic diseases. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20121015ehrdiabetes.html> and the *Annals of Internal Medicine* Web site at <http://annals.org/article.aspx?articleid=1363513>.

## Family Medicine Workforce Growing Too Slowly, According to New Report

The authors of a report comparing 2011 and 2012 statistics from the National Resident Matching Program say that the family medicine workforce is growing at an insufficient pace to meet the country's needs. Family medicine residency programs offered 2,764 first-year

positions in 2012, which is an increase of 34 positions from 2011, and filled 2,611 of them (94.5 percent), up 35 positions from 2011. The report, *Results of the 2012 National Resident Matching Program: Family Medicine*, was developed by the American Academy of Family Physicians as a snapshot of this year's first-year family medicine residents. A second report from the same authors, *Entry of U.S. Medical School Graduates into Family Medicine Residencies: 2011-2012*, examined the role of medical schools in producing primary care physicians. The authors point to admission policies as a strategy for increasing the family medicine workforce, suggesting that medical schools admit students who are likely to ultimately practice family medicine. Both reports were published in *Family Medicine*. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20121013matchreport.html>.

### **Screening and Follow-up in Primary Care Improves Postpartum Depression**

A recent study of screening and follow-up care for postpartum depression provided in the primary care setting showed improvement in maternal outcomes at 12 months. The study, which was published in *Annals of Family Medicine*, included 28 family practices in 21 states between March 2006 and August 2010. It compared practices providing usual care and possible referral with practices that received education and a toolkit to assist with providing screening, diagnosis, treatment, and follow-up within the practice itself. Women in the intervention group were significantly more likely than those in the usual care group to be both diagnosed with and treated for postpartum depression, and their symptoms of depression were lower at six and 12 months. The lead researcher of the study, Barbara Yawn, MD, says that it would be beneficial for family medicine practices to start screening for postpartum depression as long as follow-up resources are available for patients with a positive screening test result. "In most other studies, women were referred out if they screened positive for postpartum depression," Yawn says. "But most won't go when they're referred for mental health care." For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20101016trippstudy.html> and the *Annals of Family Medicine* Web site at <http://annfammed.org/content/10/4/320.full>.

### **Policy Brief Provides Background, Analysis of Pay-for-Performance Initiatives**

*Health Affairs* and the Robert Wood Johnson Foundation have released a policy brief that assesses public and private pay-for-performance programs, which are expected to expand after the passage of the Patient Protection

and Affordable Care Act. The brief provides information about the history of the initiatives and their original focus, which was on quality of care rather than cost control. The brief also addresses some of the issues surrounding pay-for-performance programs, such as how large the rewards should be, how often the rewards should be distributed, and how the improvements in performance can be sustained over time. The authors of the brief conclude that long-term evaluations of these programs are needed. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20121017wklynewsbrfs.html#NewsArticleParsys33621> and [http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=78](http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=78).

### **Legislation Would Provide Incentives to Primary Care Medical Students**

A newly introduced bill would establish a state-based scholarship program for medical students planning to practice family medicine in underserved areas. Under the Restoring the Doctors of Our Country Through Scholarships Act, H.R. 6400, states would award grants to primary care medical students at state-run medical schools. In exchange, recipients would agree to practice in medically underserved areas for five years after completing residency training in the same state as their residency programs. The federally funded grants would cover all medical school tuition for recipients. The bill, which addresses the shortage of family medicine physicians, aims to produce 20,000 new primary care physicians by 2024. The bill has been referred to the House Committee on Energy and Commerce. For more information, visit <http://www.aafp.org/news-now/government-medicine/20121011rdocsbill.html>.

### **Medicare Part D to Address Patient Opioid Abuse Starting Next Year**

In January 2013, Medicare Part D plans will begin retrospectively reviewing patient opioid prescriptions to detect possible abuse. If a patient receives prescriptions from more than four prescribers and fills the prescriptions at more than four pharmacies, the patient's Medicare file will be flagged. Any health care professional who prescribed an opioid to that patient will then be alerted to the potential problem. The goal is to make health care professionals aware of possible opioid abuse and to reduce patient overuse of the drugs. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20121024wklynewsbrfs.html?cmpid=10036-em-1#NewsArticleParsys5729>.

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