

Shortage of Primary Care Physicians Expected to Exceed 50,000 by 2025

According to research study results published in *Annals of Family Medicine*, the United States will need about 52,000 additional primary care physicians by 2025 to meet the country's health care needs. Researchers found that population growth, aging of the population, and health insurance expansion contribute to the need for more physicians. U.S. Census projections indicate that by 2025, the younger than 18 years group will increase by about 13 percent, and the older than 65 years group will increase by about 60 percent. The Patient Protection and Affordable Care Act will add 34 million people to the insured population. The authors projected that the total number of primary care office visits would be about 565 million in 2025, requiring nearly 261,000 practicing physicians. To determine this number, the researchers factored in daily tasks required of physicians, including administrative duties, teaching, research, and hospital rounds, in addition to seeing patients. Other studies have predicted less of a shortage (range of 44,000 to 46,000), indicating that geographic maldistribution is more of an issue. The study authors maintain that even when distribution issues are considered, there is still a need for additional physicians. For more information, go to <http://www.aafp.org/news-now/practice-professional-issues/20121114workforceneeds.html>.

ACGME Moves Forward with Plan for Single Accreditation System for MD, DO Physicians

The Accreditation Council for Graduate Medical Education (ACGME) has announced plans for the creation of a unified accreditation system for U.S. graduate medical education. In collaboration with the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM), the ACGME will establish a process, format, and timetable by which all osteopathic graduate medical education programs accredited by the AOA will be accredited by the ACGME. The goal of establishing one accreditation body is to ensure that the evaluation and accountability for the competency of resident physicians are consistent. The ACGME accredits more than 9,000 programs with 116,000 residents, including 8,900 osteopathic physicians. The AOA accredits more than 1,000 programs and about 6,900 osteopathic physicians. The AACOM serves as a unifying voice for osteopathic medical education and encourages innovation and quality among osteopathic

medical schools. The transition will allow residents in AOA programs to be eligible for all ACGME programs. Unification will not affect current osteopathic residents; there will be no changes to accreditation policy until 2015. If the plan proceeds as expected, there will likely be one Match day in March 2015 for allopathic and osteopathic medical students. For more information, go to <http://www.aafp.org/news-now/education-professional-development/20121112md-doaccreditation.html>.

Health Literacy Study Seeking Primary Care Practices to Test Communication Strategies

The American Academy of Family Physicians (AAFP) National Research Network and the University of Colorado School of Medicine are recruiting primary care practices for a study on health literacy funded through the Agency for Healthcare Research and Quality (AHRQ). The six-month study, beginning in mid-2013, will follow 12 primary care practices as they implement select parts of the AHRQ's Health Literacy Universal Precautions Toolkit. The kit is designed to help primary care practices implement communication strategies that will improve patient understanding of health information across all health literacy levels. The goal of the project is to determine how practices use the toolkit, if use of the toolkit leads to changes in health literacy, and how the toolkit can be improved for future use. Participating practices will receive \$3,000 for time spent providing feedback for the study. More information is available at <http://www.aafp.org/news-now/health-of-the-public/20121114literacystudy.html>.

Public Comment Sought on Proposed Revisions to Clinical Obstetric Terms

The American College of Obstetricians and Gynecologists (ACOG) has posted more than 60 revised obstetric data definitions for public comment, and the AAFP is encouraging its members to participate. The goal is to standardize clinical obstetric terms used in registries, electronic health record systems, and vital statistics reporting. ACOG has divided the definitions into five categories, with issues and rationale for changes: delivery; gestational age and term; labor; maternal indicators, current comorbidities and complications; and maternal indicators, historical diagnoses. All comments will be reviewed and logged for consideration. If comments require further clarification, commenters may be contacted during the review period. The list is open for public comment

through January 15, 2013. More information is available at <http://www.aafp.org/news-now/health-of-the-public/20121121obstetricdefinitions.html>.

Employees Carry Higher Health Care Costs as Insurance Deductibles Increase

According to a study released by the Henry J. Kaiser Family Foundation, the number and cost of insurance deductibles have been increasing among employer-sponsored health care plans over the past several years, shifting more costs onto employees and creating a greater financial barrier to care. In the past six years, the percentage of employees enrolled in plans that are less likely to require a deductible, such as a health maintenance organization, has decreased from 20 to 16 percent. Enrollment in high-deductible health plans with savings options has jumped from 4 to 19 percent. The study noted that annual deductibles have increased for each plan type. On average, deductibles for a single plan have increased 88 percent since 2006. More information is available at <http://www.aafp.org/news-now/news-in-brief/20121114wklynewsbrfs.html#NewsArticleParsys95372>.

CDC Reports Dramatic Increase in Prevalence of Diabetes Mellitus

According to a report from the Centers for Disease Control and Prevention (CDC), the prevalence of diagnosed diabetes mellitus has increased by 50 percent or more in 42 states and by 100 percent or more in 18 states between 1995 and 2010. States with the highest increases include Oklahoma (227 percent), Kentucky (158 percent), Georgia (145 percent), Alabama (140 percent), and Washington (135 percent). Following the South, the largest increases occurred in the West, Midwest, and Northeast. For more information, go to <http://www.aafp.org/news-now/news-in-brief/20121121wklynewsbrfs.html#NewsArticleParsys59928>.

Mobile Phone Interventions Effective for Smoking Cessation

A review from the Cochrane Collaboration found that interventions delivered via mobile phone can help patients stop smoking. The interventions usually included text messages providing motivation, support, and tips for quitting. Data showed that these mobile interventions increased long-term quit rates compared with control programs. Abstinence was defined as no smoking at six months since the quit date, but allowing up to three lapses or up to five cigarettes. The study authors indicated that more research is needed into other forms of mobile phone-based interventions for smoking cessation, other contexts such as low-income countries, and

cost-effectiveness. More information is available at <http://www.aafp.org/news-now/news-in-brief/20121121wklynewsbrfs.html#NewsArticleParsys18573>.

Family Medicine Practices Recruited for Adolescent Immunization Project

The AAFP is recruiting 20 family medicine practices to participate in the CDC-sponsored Adolescent Immunization Office Champions project. Survey results show that national vaccination rates in adolescents have improved for tetanus-diphtheria-pertussis and meningococcal conjugate vaccines, but vary at state and local levels. Human papillomavirus vaccination rates also remain below national goals for girls and boys. During the three-year project, the selected practices will work toward improving immunization rates in their adolescent patients, and developing a culture for promoting the importance of vaccines and integrating effective strategies to reach vaccination goals.

The program will use the AAFP's METRIC (Measuring, Evaluating, and Translating Research Into Care) Adolescent Immunization module as a guide. The module uses the practice's own patient data to develop an action plan, and it offers tips, templates, and resources to track and evaluate performance. Practices will be recruited from the AAFP's active membership, and a physician in each practice will be required to complete the METRIC module and designate an office champion to lead the project. Participating practices will receive \$3,000 to cover administrative costs. The application deadline is January 7, 2013. Implementation is tentatively set for February 2013, and the project is expected to continue for about 17 months. For more information, go to <http://www.aafp.org/news-now/health-of-the-public/20121126champimmunproject.html>.

MEDWATCH: FDA Approves New Seasonal Influenza Vaccine

The U.S. Food and Drug Administration (FDA) has approved Flucelvax, the first seasonal influenza vaccine produced using cultured animal cells instead of fertilized chicken eggs. The vaccine is approved for use in persons 18 years and older. Injection site and general reactions to Flucelvax were typical of those that occur with current influenza vaccines. Pain, redness, and soreness at the injection site; headache; and fatigue were the most common reactions. More information is available at <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm328982.htm>.

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