

Bipartisan Study Proposes Recommendations for Improving Health Care Payment and Delivery

A study from the Bipartisan Policy Center concludes that the U.S. health care system could save billions of dollars and improve patient care and satisfaction rates by changing the way health care is paid for and delivered. Some of the recommended changes include a strengthened primary care workforce, comprehensive medical liability reform, and coordinated and accountable models of health care delivery and payment. The report outlines a system that incorporates multidisciplinary teams working together, as well as improved use of health information technology. American Academy of Family Physicians (AAFP) President Jeff Cain, MD, said that although the proposals are in line with AAFP goals, they could be improved by addressing higher payment rates for primary care. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130513bipartisanreport.html>.

ACGME Proposes Changes to Residency Requirements for Family Medicine

The Accreditation Council for Graduate Medical Education (ACGME), which requires all medical specialties to review and revise their residency programs on a regular basis, has implemented a new accreditation system that calls for changes to family medicine's curriculum on women's reproductive health. In response to comments from members, the AAFP has sent a letter to the Review Committee for Family Medicine expressing concern about the removal of specific references to women's reproductive health and family planning from the curriculum. The letter stressed that the AAFP is firmly committed to women's health and contraception as part of family physicians' scope of practice. Review committees for all specialties are accepting comments and making revisions in program requirements. Proposed changes will be finalized in the fall and published in late 2013, with the new requirements taking effect July 2014. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20130507acgmereqs.html>.

AAFP Issues Statement After Justice Department Appeals OTC Access to Plan B One-Step

The AAFP has issued a statement in response to the U.S. Department of Justice's appeal of a ruling by the U.S. District Court for the Eastern District of New York to

remove the age restriction on over-the-counter (OTC) access to the single-dose levonorgestrel tablets marketed as Plan B One-Step. In the statement, AAFP Board Chair Glen Stream, MD, MBI, said the Justice Department has placed an unnecessary barrier between females at risk of an unintended pregnancy and the safe and effective means to prevent it. The original ruling ordered the U.S. Food and Drug Administration to allow unrestricted OTC access to all levonorgestrel-based emergency contraceptives within 30 days. Also, Plan B One-Step will be labeled that it is not for sale to those younger than 15 years. Proof-of-age identification will be required for purchase, although the AAFP's stance is that emergency contraception should be available to any female, regardless of age. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20130508plan-b-letter.html>.

Medical Associations Urge Hospitals to Reduce Early Elective Deliveries

Several medical organizations, including the AAFP, sent a letter to more than 3,100 hospitals that provide maternity care, urging them to eliminate nonmedically necessary deliveries before 39 weeks' gestation. The letter asked hospitals to reduce the rate of elective deliveries to less than 5%, based on the American Board of Internal Medicine Foundation's Choosing Wisely campaign. In part, the letter mentioned increasing evidence showing that elective deliveries before full-term gestation put babies at risk. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20130508strongstartltr.html>.

New Guidelines Address Transfer of Care Measures in EHR Meaningful Use Program

The Office of the National Coordinator for Health Information Technology has released guidelines to help physicians with certain measures in stage 2 of the electronic health record (EHR) meaningful use program. Specifically, the guidelines focus on how physicians and other eligible providers must electronically document how patients are transferred or referred to another setting of care or to another health care professional. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20130515wklynewsbrfs.html>.

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