aafp NEWS NOW

AFP Edition

Policy and Health Issues in the News

AAFP Releases Third Installment of Choosing Wisely Recommendations

The American Academy of Family Physicians (AAFP) recently released its third list of Choosing Wisely recommendations, bringing the total number of tests and procedures that physicians should question to more than 160. The latest recommendations include the following: (1) do not routinely screen for prostate cancer using prostate-specific antigen testing or digital rectal examination; (2) do not require a pelvic or other physical examination before prescribing oral contraceptives; (3) do not prescribe antibiotics for otitis media in children two to 12 years of age who do not have severe symptoms, if it is reasonable to defer treatment; (4) do not routinely perform voiding cystourethrography in children two to 24 months of age who have a first febrile urinary tract infection; and (5) do not screen adolescents for scoliosis. The Choosing Wisely project is an effort by the American Board of Internal Medicine Foundation and more than 50 medical specialty organizations to help physicians curtail the use of unnecessary tests and procedures. For more information, go to http://www.aafp.org/news-now/inside-aafp/20130924choosingwisely3.html.

Report: Medical Education Needs Overhaul

Graduate medical education in the United States needs an overhaul if it is to keep up with an aging population and a rapidly changing health care system, according to a report from the Council on Graduate Medical Education (COGME). In the report, "Improving Value in Graduate Medical Education," the COGME proposes recommendations on topics ranging from funding, recruiting criteria, and curricula to the need for medical education research. It says that unsolved problems, such as poor geographic distribution of the physician workforce and accelerating subspecialization at the expense of primary care, have collided with new challenges to create a crisis in medical education. Many training hospitals have not adequately focused on primary care training, and the curriculum is often lacking in important areas, such as population health, care coordination, and team-based care. In addition, Congress has resisted funding graduate medical education with additional public monies for the past 15 years. Without this funding, the number of training positions grew slowly, but mainly in subspecialties. For more information, go to http://www.aafp.org/news-now/education-professional-development/20130918cogmereport.html.

AMA Finds Private Medical Practices Remain Strong Despite Hospital Buyouts

Private practice remains a strong business model for U.S. physicians, despite some news media reports to the contrary, according to a recent report from the American Medical Association (AMA). However, there have been statistical shifts toward hospital employment in recent years. The report, which was based on data from the AMA's 2012 Physician Practice Benchmark Survey, found that 53% of respondents were self-employed and 60% worked in practices wholly owned by physicians, whereas 23% worked in practices partially owned by hospitals, and about 6% were hospital employees. Among family physicians who responded to the survey, 40% owned their practice, 58% were employed, 41% belonged to a single-specialty group, 28% were part of a multispecialty group, 19% were in solo practice, and 1% were hospital employees. For more information, go to http://www.aafp.org/news-now/practice-professional-issues/20130930amapracticerpt.html.

FDA to Scrutinize Some Medical Apps

The U.S. Food and Drug Administration (FDA) has issued a final guidance that provides only limited regulation of most health and wellness apps while applying more rigorous risk-based standards to diagnostic and other medically oriented apps. The FDA said it would exercise enforcement discretion for most apps because they pose minimal risk to consumers. The FDA plans to focus its regulatory oversight on a subset of medical apps that are intended to be used as an accessory to a regulated medical device (e.g., an app that allows a health care professional to make a diagnosis by viewing an image from a communication system on a smartphone or tablet) or that transform a mobile platform into a regulated medical device (e.g., an app that turns a smartphone into an electrocardiography machine to detect abnormal heart rhythms or to determine if a patient is experiencing a heart attack). Medical apps that undergo FDA review will be assessed using the same regulatory standards and risk-based approach that the agency applies to other medical devices. For more information, visit http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM263366.pdf.

— *AFP* AND *AAFP NEWS NOW* STAFF

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