

Electronic Health Records Contributing to Job Dissatisfaction Among Physicians

Being able to provide high-quality health care is a primary driver of job satisfaction among physicians, and obstacles to quality patient care are a source of stress, according to a study by the RAND Corporation. Among the key findings was how electronic health records (EHRs) have affected job satisfaction among physicians. Although physicians note some advantages of EHRs, they say the systems currently in use are cumbersome and are a significant contributor to job dissatisfaction. Those surveyed expressed concern that current EHR technology interferes with face-to-face discussions with patients, requires physicians to spend too much time performing clerical work, and degrades the accuracy of medical records by encouraging template-generated notes. In addition, physicians worry that the technology has been more costly than expected, and that different types of EHRs are unable to communicate with each other, preventing the transmission of patient medical information when it is needed. For more information, go to <http://www.ama-assn.org/ama/pub/news/news/2013/2013-10-09-rand-study-physician-satisfaction.page>.

Data Analysis Shows Not Enough Physicians Are Entering Primary Care

Although the numbers of family medicine residency programs and U.S. medical students entering family medicine continue to tick upward, neither trend has been strong enough to increase the nation's primary care workforce to the recommended level, according to an analysis of data from the latest National Resident Matching Program. Family medicine residency programs had a match rate of 96% in 2013, with 2,938 students filling the 3,062 positions offered. In addition, 39 more U.S. students chose family medicine than in 2012, even though the percentage of students choosing family medicine dropped because more students overall participated in the 2013 Match. Between January 2012 and March 2013, the Accreditation Council for Graduate Medical Education approved 18 new family medicine residency programs, which are expected to add, at most, 72 to 126 new family medicine residents to the training system—far from the amount needed to meet expected demand, according to the authors of two articles about the 2013 Match in the October issue of *Family Medicine*. For more information, go to <http://www.aafp.org/news-now/education-professional-development/20131015matchanalysis.html>.

Study: Access to Primary Care Physician Reduces Likelihood of Colorectal Cancer

Family physicians and other primary care physicians have a key role in helping Medicare patients survive colorectal cancer, according to a study published in the October 1, 2013, issue of *Annals of Internal Medicine*. Study participants were 67 to 85 years of age, had fee-for-service Medicare, and were diagnosed with colorectal cancer between 1994 and 2005. Researchers measured the number of primary care visits in the four to 27 months before the diagnosis, the incidence of colorectal cancer, and associated mortality rates. They found that the likelihood of a colorectal cancer diagnosis decreased as the number of primary care visits increased. Patients who had five to 10 primary care visits had a 6% lower risk compared with those who had no or only one primary care visit. Among patients who were diagnosed with colorectal cancer, those with more primary care visits were more likely to receive a diagnosis of early-stage cancer or proximal cancer, and those with five to 10 visits had a 22% lower risk of dying from colorectal cancer than patients with no or one primary care visit. For more information, go to <http://www.aafp.org/news-now/health-of-the-public/20131022crcstudy.html>.

Hydrocodone Combination Products May Be Reclassified as Schedule II Drugs

The U.S. Food and Drug Administration (FDA) plans to recommend to the Department of Health and Human Services that hydrocodone combination products be reclassified as Schedule II drugs. These products currently are classified as Schedule III medications. Under the reclassification, physicians will be able to write prescriptions for no more than 90 days' worth of medication, with no option for refills. The FDA plans to submit a formal recommendation in early December, and expects the National Institute on Drug Abuse to concur, which would begin a process that will lead to a final decision by the U.S. Drug Enforcement Administration. For more information, go to <http://www.aafp.org/news-now/health-of-the-public/20131025hydrocodone-reclass.html>.

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