

AAFP News: AFP Edition

Policy and Health Issues in the News

2016 Match Sets Record for Family Medicine

The 2016 National Resident Matching Program set a new record for the number of medical students and graduates who matched to family medicine. More than 3,100 graduating medical students chose family medicine, marking the seventh consecutive year that the number of students choosing family medicine increased. Although the upward trend is important, the rate of increase is not nearly enough to meet demand, according to researchers at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. They have estimated the shortage of primary care physicians will reach 33,000 by 2035. U.S. seniors accounted for 1,481 (48%) of the family medicine positions filled, an increase of 59 graduates compared with 2015 and the largest single-year bump in four years. The number of U.S. seniors matching into family medicine was nearly 400 more than in 2009, the year before the seven-year stretch of improving match rates began. The 3,105 medical students who chose family medicine represent an increase of 45 compared with 2015. The number of slots offered by family medicine residency programs increased to 3,260, up from 3,216 in 2015. The fill rate was 95.2%. For more information, go to <http://www.aafp.org/news/education-professional-development/20160318match.html>.

CDC Releases Final Opioids Guideline

As part of an effort by the U.S. government to combat the epidemic of prescription opioid overdose, the Centers for Disease Control and Prevention (CDC) recently issued its final guideline on opioid prescribing. The recommendations are intended for use by primary care health professionals who are treating patients with chronic pain in outpatient settings. Among the 12 recommendations in the guideline, the following three principles aim to improve patient care: (1) nonopioid therapy is preferred for chronic pain outside of active cancer, palliative care, and end-of-life care; (2) when opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose; and (3) physicians should use caution when prescribing opioids and monitor all patients closely. The recommendations cover initiating or continuing opioid therapy for chronic pain, including drug selection, dosage, duration of treatment, and follow-up, as well as risk assessment and addressing possible harms of opioid use. For more information, go to <http://www.aafp.org/news/health-of-the-public/20160316opioidguideline.html>.

EHR Vendors Agree to Improve Data Sharing

Companies that provide 90% of electronic health record (EHR) systems—along with some of the largest private health care systems in the United States—have agreed to improve data sharing. The announcement came not long after the American Academy of Family Physicians suggested that lawmakers press EHR vendors to make sure their systems can exchange data. The companies recently announced that they have made three commitments to improve consumers' and physicians' ability to share health information. They pledged the following: (1) to help consumers easily and securely access their electronic health information, direct it to any desired location, learn how their information can be shared and used, and be assured that it will be used effectively and safely; (2) to help physicians share health information with other physicians and their patients whenever permitted by law and not block electronic health information; and (3) to implement federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information and adopt best practices including those related to privacy and security. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160308ehrinteroperability.html>.

Program Fosters Team-Based Primary Care

Although physicians in family medicine, internal medicine, and pediatrics all work in primary care, they do not always work in tandem. One grant program is trying to change that by breaking down barriers between the three specialties. For the next three years, nine institutional faculty teams will participate in the Professionals Accelerating Clinical and Educational Redesign (PACER) project, which is designed to support transformation initiatives leading to more collaborative care. PACER is dedicated to teaching faculty members in primary care residencies and other health professions to work in teams and continue to teach trainees the value of team-based care. Each of the nine participating institutions is sending a 10-person team with at least two faculty members from family medicine, two from internal medicine, and two from pediatrics. For more information, go to <http://www.aafp.org/news/education-professional-development/20160309pacer.html>.

— AAFP AND AAFP NEWS STAFF

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