
 **AAFP News: AAFP Edition**

Policy and Health Issues in the News

HHS Releases Final Version of National Pain Strategy

The U.S. Department of Health and Human Services (HHS) recently released its National Pain Strategy, outlining the federal government's first coordinated plan for reducing the burden of chronic pain in the United States. The final report makes recommendations for improving overall pain care in America in six key areas: population research; prevention and care; disparities; service delivery and payment; professional education and training; and public education and communication. The plan aims to develop methods and metrics to monitor and improve the prevention and management of pain; support the development of a system of patient-centered integrated pain management practices based on a biopsychosocial model of care that enables physicians and patients to access the full spectrum of pain treatment options; reduce barriers to pain care and improve the quality of pain care for vulnerable, stigmatized, and underserved populations; and increase public awareness of pain, increase patient knowledge of treatment options and risks, and help develop a better-informed health care workforce with regard to pain management. For more information, go to <http://www.aafp.org/news/government-medicine/20160330painstrategy.html>.

Study Finds Retail Clinics Contribute to Higher Health Care Costs

Retail clinics, often touted by policymakers and insurers as offering health care savings, actually contribute to an increase in health care spending, according to a study published recently in *Health Affairs*. Each year, more than 6 million patient visits occur at the nearly 2,000 retail clinics in U.S. pharmacies, grocery stores, and big-box stores. The study analyzed Aetna insurance claims data from 22 U.S. cities for 11 low-acuity conditions from 2010 to 2012. Researchers tracked spending for these conditions and determined whether retail clinic visits were substitutions for care at physicians' offices, urgent care centers, or emergency departments. The study found that 3% of Aetna enrollees used a retail clinic in 2012. Researchers estimated that 42% of those retail clinic visits represented substitution, predominantly for physician office visits. Overall, retail clinic use drove up health care spending by \$14 per person per year, the study found. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20160324retailclinics.html>.

FDA Seeks Comments on Draft Guidance for Abuse-Deterrent Opioids

The U.S. Food and Drug Administration (FDA) is seeking feedback on its recently published draft guidance on the development of generic versions of opioids with abuse-deterrent formulations. The 60-day comment period runs through May 24. To encourage additional input from outside experts and the public, the FDA will also hold a public meeting later this year to discuss the draft guidance and a broad range of issues related to the use of abuse-deterrent technology as one tool to reduce prescription opioid abuse. The agency will take this feedback into consideration when developing the final guidance on this topic. The FDA draft guidance is available at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM492172.pdf>; comments can be submitted at <https://www.federalregister.gov/articles/2016/03/25/2016-06766/general-principles-for-evaluating-the-abuse-deterrence-of-generic-solid-oral-opioid-drugs-products>.

Study Cites Debt Load as Influence on Residents' Career Choice

Carrying a heavy debt load is not only a rite of passage for medical students but also a factor that may influence their choice of specialty, according to a recent study. Researchers found that 58% of family medicine residents have education debt of \$150,000 or more and 26% carry debt of \$250,000 or more. "High debt levels help to explain why students are less likely to choose family medicine and raise concerns for those who still do," the researchers wrote in the article published in the *Journal of the American Board of Family Medicine*. "Students from disadvantaged backgrounds may be dissuaded from this choice at even lower debt levels." They said policymakers should consider addressing the situation with loan repayments, small business loans, and payment reform measures aimed at correcting the gap in physician payment. Another tactic is restoring graduate and professional students' eligibility for Stafford loans, which are federally subsidized and carry lower interest rates. For more information, go to <http://www.aafp.org/news/education-professional-development/20160405studentdebt.html>.

— AFP AND AAFP NEWS STAFF

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