



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **AAFP: Only Physicians Should Participate in Federal Diabetes Driving Program**

The American Academy of Family Physicians (AAFP) told a federal agency recently to be careful of moving too far in its proposal to expand the number of clinicians who can assess whether commercial vehicle operators who have diabetes mellitus are fit to drive. Interstate commercial drivers who have diabetes currently must be examined by a board-certified or board-eligible endocrinologist to apply to drive through the Federal Diabetes Exemption Program. A proposed rule from the Federal Motor Carrier Safety Administration, an agency of the U.S. Department of Transportation, that was published in the September 9, 2016, *Federal Register* would allow the examination to be conducted by a doctor of medicine, doctor of osteopathy, nurse practitioner, or physician's assistant who prescribed insulin to the driver and is knowledgeable about the treatment of diabetes. The AAFP argued that neither nurse practitioners nor physician's assistants should conduct diabetes exemption examinations without a physician's involvement. "Research shows patients value and rely upon the additional education and training that physicians receive and they want a physician in the decision-making process," the letter from the AAFP said. For more information, go to <http://www.aafp.org/news/government-medicine/20161024dotdiabetes.html>.

## **Study Finds U.S. Medical Schools Still Underproducing Family Physicians**

Medical schools still lag in producing graduates who choose family medicine as their specialty, according to an AAFP study that tallied the percentage of graduates from MD- and DO-granting medical schools who entered family medicine residency programs in 2015-2016. When combined, the schools graduated 24,243 medical students from July 2014 to June 2015, and of those, they produced 2,463 family medicine residents, or 10.2% of total graduates. Among the 134 MD-granting schools, 10 accounted for 30 or more graduates entering family medicine, 70 produced 80% of new physicians who chose a family medicine residency, and six produced no family medicine residents. When the authors looked at the production of graduates who chose family medicine, DO-granting medical schools had nearly twice the percentage (15.5% of 5,314 graduates) compared with MD-granting schools (8.7% of 18,929 graduates). For more information, go to <http://www.aafp.org/news/education-professional-development/20161021matchanalysis.html>.

## **Report Calls for Addressing Social Risks in Medicare Payment**

Family physicians take a comprehensive approach to health care, but Medicare payments do not adequately account for their attention to social determinants of health. A new report suggests ways this could change. The report by the National Academies of Sciences, Engineering, and Medicine identifies ways that Medicare could incorporate social risk factors into a value-based payment model. The authors make detailed recommendations about data that the Centers for Medicare and Medicaid Services (CMS) could begin collecting to bridge the gap between patients' social conditions and their health outcomes. Most of the data relate to demographics such as ethnicity, education, marital status, and income. Education data, which CMS does not currently collect, might indicate whether patients can access and understand health information, make proper decisions about their health, and be an advocate for healthy behaviors. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20161019socialrisks.html>.

## **Study Bolsters Case for Continued Medicaid Funding of Graduate Medical Education**

By tracking the career paths of physicians who completed residency at one Michigan institution, researchers showed how spending on graduate medical education (GME) in a specific state contributes to physicians practicing in that state. Researchers tracked the career path of graduates of 18 GME training programs sponsored by Grand Rapids Medical Education Partners. More than 40% of the 1,168 graduates who were tracked went on to practice primary care, which is consistent with the recommendation issued by the Council on Graduate Medical Education to support future workforce needs. Almost 88% of all physicians in the study who completed both their undergraduate and medical education in Michigan chose to practice in the state at some point. The study's authors pointed out that most GME funding comes from Medicare and Medicaid, and they argued that its value is enhanced if it helps retain physicians in the area where they complete residency. For more information, go to <http://www.aafp.org/news/education-professional-development/20161018gmmedicaid.html>.

— AFP AND AAFP NEWS STAFF

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