



# AAFP News: AAFP Edition

*Policy and Health Issues in the News*

## **NCPP Ranks Top Recommendations for Clinical Preventive Services**

To help physicians maximize their patient care efforts, the National Commission on Prevention Priorities (NCPP) recently released its updated ranking of clinical preventive services. The NCPP assessed the potential impact of the evidence-based clinical preventive services in terms of their cost-effectiveness and clinically preventable burden, as measured by quality-adjusted life-years saved. The three highest-ranking clinical preventive services are immunizing children, counseling to prevent tobacco initiation among youth, and tobacco-use screening and brief intervention to encourage cessation among adults. The next tier of high-ranking services includes alcohol misuse screening with brief intervention; discussing aspirin use with high-risk adults; screening for colorectal and cervical cancers, chlamydia, gonorrhea, syphilis, dyslipidemia, hypertension, obesity, human immunodeficiency virus infection, abdominal aortic aneurysm in high-risk men, and vision problems in children; counseling about healthy diet for those at risk of cardiovascular disease; and vaccination against human papillomavirus and seasonal influenza. For more information, go to <http://www.aafp.org/news/health-of-the-public/20170203clinrecsranked.html>.

## **Study: Patients with Obesity Face Disparities in End-of-Life Care**

A recently published study shows that in addition to the health challenges obesity poses, it is associated with decreased hospice enrollment, duration of hospice services, and in-home death, and increased Medicare costs in the last six months of life. The authors of the study, which was published February 6, 2017, in the *Annals of Internal Medicine*, point out that obesity also challenges the ability of clinicians to conduct thorough physical assessments, assist with mobility and self-care, recognize frailty and malnutrition, and perform certain indicated procedures. Patients in the study who had a body mass index (BMI) of 40 kg per m<sup>2</sup> or greater had a predicted probable hospice enrollment of 23.1% compared with 38.3% for those with BMIs of 18.5 to 24.9 kg per m<sup>2</sup>. Among patients in hospice care, the predicted total hospice days decreased as BMI increased; patients with a BMI greater than 40 kg per m<sup>2</sup> spent 4.3 fewer days in hospice care than patients with a BMI of 20 kg per m<sup>2</sup>. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170209obesityhospice.html>.

## **AAFP Adds Support to Proposed Bills That Would Ease Access for OTC Drugs**

The American Academy of Family Physicians (AAFP) and other members of the broad-based Health Choices Coalition recently voiced support for congressional bills that would allow patients to use health savings accounts and flexible spending arrangements to purchase over-the-counter (OTC) medications without a prescription. Under the Patient Protection and Affordable Care Act (ACA), patients are required to present a prescription at the time of purchase if they want to use these accounts to pay for OTC medications. The coalition emphasized that the goals of the ACA were to increase access to care and lower the total cost of care, goals that are supported by affordable OTC drugs. “Unfortunately, the provision that limits coverage of OTC medicines instead increases overall costs to the health care system and places an administrative burden on already overburdened physician offices,” the group said in letters sent to Reps. Lynn Jenkins, R-Kan., and Ron Kind, D-Wis., sponsors of the Restoring Access to Medication Act of 2017, and Sens. Pat Roberts, R-Kan., and Heidi Heitkamp, D-N.D., sponsors of a companion bill in the Senate. For more information, go to <http://www.aafp.org/news/government-medicine/20170201otcbill.html>.

## **Good News for Family Medicine in 2017 Osteopathic Match**

Results from the 2017 American Osteopathic Association (AOA) Intern/Resident Registration Program (the AOA Match) represented a good showing for family medicine. The data show that 610 newly graduated osteopathic physicians chose family medicine this year, an increase of 3.4% over the 2016 total. This year, family medicine programs matched 19.7% of positions offered overall, more than double the percentage matched to family medicine in the larger 2016 National Resident Matching Program. The 2017 AOA Match data indicate that 68 fewer residency programs participated this year, a decline of 8.8% from 2016. In addition, 120 fewer positions were offered overall in 2017, which represents a 3.7% decrease from 2016. For more information, go to <http://www.aafp.org/news/education-professional-development/20170207osteopathicmatch.html>.

— AFP AND AAFP NEWS STAFF

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