



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **Federal Appeals Court Strikes Down Physician Gag Law**

In a ruling that supports a physician's First Amendment rights, a federal appeals court has overturned provisions of a Florida law that restricted physicians' ability to discuss firearm safety with patients. The Firearms Owners' Privacy Act, which imposed restrictions on asking patients about the presence of guns in the home and on making notes about the issue in patient records, threatened fines and possible license suspensions for violations. In a 10-1 decision, the full panel of the U.S. Court of Appeals for the 11th Circuit recently struck down sections of the law that barred physicians from asking about firearms and recording the information in patient records unless the issue was relevant to patient safety. The court upheld a provision of the law that bars physicians from discriminating against patients who own firearms. For more information, go to <http://www.aafp.org/news/government-medicine/20170222gaglaw.html>.

## **White Paper Outlines Recommendations to Improve EHR Usability**

A recently released white paper lays out more than 50 recommendations for how health information technology vendors can improve their products with secure electronic sharing of health care information. The authors are asking the companies that develop electronic health record (EHR) systems to make long-overdue improvements to products physicians need to support health record sharing for care coordination and transitions of care. The recommendations are aimed at jump-starting action among the more than 350 vendors who provide information exchange through Direct Interoperability, a protocol for secure electronic sharing of health care information. Some of the recommendations include assurances that a system is able to deliver messages and attachments in real time rather than in prescheduled batches; to trigger messages automatically, initiated by specific events such as a patient's hospital discharge; to include patient-specific attachments; to reconcile active patient medications, problems, allergies, and immunizations; to automatically match incoming messages to patients for whom a record already exists in the recipient EHR; and to support a variety of attachment types, including Word files and PDFs, as well as image files such as JPGs and GIFs. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170221directinteroperability.html>.

## **Family Medicine Faculty More Diverse Than Most, but Still Lacking**

Departments of family medicine employ a higher percentage of female and underrepresented minority faculty members than do those of subspecialties, but there is still a way to go before medical schools catch up with the nation's changing demographics, according to a recent study. Researchers at the Association of American Medical Colleges and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care analyzed the number of women and racial and ethnic minorities in family medicine departments and compared that figure with averages among all other medical faculty. From 1980 to 2015, the number of full-time family medicine faculty increased nearly fourfold, from 1,396 to 5,507 positions. The proportion of female and minority faculty in family medicine departments more than doubled during that period. However, women and minorities hold a higher percentage of the lower-ranking faculty positions. For more information, go to <http://www.aafp.org/news/education-professional-development/20170217facultydiversity.html>.

## **Proposed Law Would Create Commission on Complex Diseases**

A proposed congressional bill would create a federal commission to focus on prevention and treatment of complex diseases. The bill, which is supported by the American Academy of Family Physicians (AAFP), was sponsored by Reps. Pete Olson, R-Texas, and Dave Loebsack, D-Iowa. The goal of the National Clinical Care Commission would be to improve prevention and treatment protocols for complex metabolic and autoimmune diseases, as well as those characterized by insulin resistance or insulin deficiency. The proposed commission would include primary care physicians, other private citizens, and government officials. Initially, the commission was intended to focus on diabetes mellitus, but lawmakers broadened its scope to include other complex diseases. The AAFP suggested that the commission's mandate should be expanded even more to include studying patients with multiple chronic conditions and strategies for improving behavior change. For more information, go to <http://www.aafp.org/news/government-medicine/20170228carecommission.html>.

— AFP AND AAFP NEWS STAFF

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