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 **AAFP News: *AFP* Edition**

*Policy and Health Issues in the News*

### **AAFP Urges FDA to Revise Plans for Physician Opioid Education**

In a recent letter to the U.S. Food and Drug Administration (FDA), the American Academy of Family Physicians (AAFP) took a strong stance against mandatory “one size fits all” continuing medical education (CME) for prescribing opioid analgesics. Requiring all physicians to complete the same education “regardless of whether a relevant performance gap in this area exists would be a disservice ... since it will result in unnecessary time spent away from patient care,” AAFP Board Chair Wanda Filer, MD, MBA, wrote. The letter reiterated some of the AAFP’s efforts to date, while acknowledging that unacceptable levels of misuse and addiction persist. The letter reminded the FDA that the AAFP is committed to protecting the health of the public, aware of the problem of prescription drug abuse, actively engaged in the national discussion on pain management and opioid misuse, and supportive of state prescription drug monitoring programs that facilitate the interstate exchange of registry information. For more information, go to <http://www.aafp.org/news/government-medicine/20170712opioidcme.html>.

### **New Research Assesses Progress on Nation’s Move to Value-Based Care**

The results of a recent survey show that the U.S. health care system is making progress in transitioning from fee-for-service to a value-based system, but that work still remains in key areas. The percentage of health plan executives and physicians who think the United States has achieved value-based health care increased from 25% in 2016 to 29% in 2017, according to a survey commissioned by Quest Diagnostics and Inovalon. Compared with results of a similar survey performed in 2016, physicians and payers who said physicians have the tools to succeed in a value-based health care system increased from 34% to 46%, and physicians who were satisfied with the availability within their workflow of patients’ health information increased from 36% to 48%. The percentage of physicians who said they lack needed information about patients dropped slightly from 65% in 2016 to 62% in 2017. Responses from health plan executives and physicians did not align on certain key points; for instance, 75% of executives and just 54% of physicians said electronic health records had everything physicians need. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170717queststudy.html>.

### **AAFP Recommends Health Care Fixes**

The AAFP has asked lawmakers to work together across the aisle on legislation that prioritizes primary care, expands health care access, and stabilizes the health insurance market. In a letter written shortly before Senate leaders set aside debate on the Better Care Reconciliation Act, AAFP Board Chair Wanda Filer, MD, MBA, said debate on health care legislation should approach the issue from the perspective of individual patients and populations. She offered several policy recommendations to expand access, control costs, and improve physicians’ compensation, such as a proposal for standard primary care benefits for persons with high-deductible plans that would be free of cost-sharing requirements. These benefits should include primary care, prevention and wellness, and care management services, she wrote. In addition, all Medicaid plans would be required to pay primary care physicians at a rate equal to or greater than Medicare fee-for-service. For more information, go to <http://www.aafp.org/news/government-medicine/20170718senateletter.html>.

### **Study Examines Why Primary Care Physicians Leave Rural Areas**

Younger primary care physicians in rural areas have a higher turnover rate than their older peers, and physicians in the two groups probably move on for different reasons, according to a recent study. Researchers at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care tracked the retention of primary care physicians in rural areas from 2000 to 2014 using data from the AMA Physician Masterfile for clinically active U.S. physicians 65 years and younger. They found that the biennial turnover rate among physicians 45 years and younger in rural areas was about twice as high as that of older physicians. Physicians were more likely to move out of rural areas if they were female, international medical graduates, not born in a rural setting, or not working in a community adjacent to a metropolitan area. Overall, greater turnover was tied to factors such as lack of a nearby hospital, poor physician supply, and low population. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170712ruralturnover.html>.

— AFP AND AAFP NEWS STAFF

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