

# AAFP News: *AFP* Edition

## Policy and Health Issues in the News

### **Update: AAFP Opts to Not Endorse New AHA/ACC Hypertension Guideline**

The American Academy of Family Physicians (AAFP) has decided to not endorse the new hypertension guideline from the American Heart Association (AHA), the American College of Cardiology (ACC), and nine other health professional organizations. The AAFP was not involved in the development of the new guideline and continues to endorse the 2014 recommendations from the Eighth Joint National Committee (JNC8). David O’Gurek, MD, chair of the AAFP’s Commission on Health of the Public and Science, said the commission used the same process and criteria to review both guidelines, and that “based on the methodology, applicability, and consistency within the JNC8 guideline, the AAFP felt strongly that the JNC8 upheld the scientific rigor that provided strong recommendations ... on appropriate treatment of hypertension.” O’Gurek noted that the bulk of the AHA/ACC guideline was not based on a systematic evidence review. For more information, go to <https://www.aafp.org/news/health-of-the-public/20171212notendorseaha-accgdline.html>.

### **For First Time, More Women Than Men Enrolled in U.S. Medical Schools in 2017**

In 2017, the number of women enrolling in U.S. medical schools topped the number of men for the first time, according to data recently released by the Association of American Medical Colleges (AAMC). Women made up 50.7% of the 21,338 new enrollees in 2017 compared with 49.8% in 2016. The number of men who enrolled declined by 0.3% in 2017. Since 2015, the number of female matriculants has grown by 9.6%, whereas the number of male matriculants has declined by 2.3%, according to the AAMC. Overall, in 2017, the number of new students in U.S. medical schools increased 1.5%; total enrollment was approximately 89,900. However, the number of applicants to medical schools declined by 2.6% from 2016—the largest decrease in 15 years. In 2017, the number of female applicants declined by 0.7%, whereas the number of male applicants decreased 4.4%. The AAMC noted that the academic credentials and experience of medical school applicants in 2017 remained strong: 77% reported volunteer community service in a medical or clinical setting, and 77% reported already having research experience. The average undergraduate grade point average of applicants increased slightly to 3.56, and the median score on the Medical College Admission Test was 505. For more information, go to <https://news.aamc.org/press-releases/article/applicant-enrollment-2017>.

### **2017 Hurricanes, Wildfires Prompt Changes in MIPS Reporting**

Family physicians affected by the Northern California wildfires or by Hurricane Harvey, Irma, or Maria will not be required to submit an application to reweight Merit-based Incentive Payment System (MIPS) performance categories, and will receive a neutral MIPS payment adjustment, according to the Centers for Medicare and Medicaid Services (CMS). The only exception would be for MIPS-eligible clinicians who submitted data by the 2017 submission deadline. The three hurricanes that occurred in August and September 2017 qualify as a triggering event for the agency’s Extreme and Uncontrollable Circumstances Policy, CMS said. The policy includes all of Puerto Rico, the U.S. Virgin Islands, Florida, Georgia, Louisiana, South Carolina, and the Catawba Indian Nation, as well as 30 counties in Texas. Physicians affected by the California wildfires will also be granted exceptions if they are located in one of the counties designated by the Federal Emergency Management Agency as a major disaster county. For more information, go to <http://www.aafp.org/news/macra-ready/20171207uncontrollablemips.html>.

### **New Law Requires VA Clinicians to Report Opioid Prescriptions**

A new law requires the Department of Veterans Affairs (VA) to participate in state prescription drug monitoring programs (PDMPs), a move that the AAFP had urged the agency to adopt on its own to help increase patient safety and reduce misuse or diversion of opioids. In recognition of the growing opioid crisis, the VA Prescription Data Accountability Act passed with support from both parties and was signed into law in late November. It requires VA clinicians with the authority to prescribe controlled substances to provide data on prescriptions for both veterans and nonveterans to their state PDMPs. The VA announced in 2013 that it would voluntarily submit information to state PDMPs, but the AAFP said the action was not enough. The AAFP’s 2015 Congress of Delegates adopted a resolution directing the Academy to ask the VA to participate in all state PDMPs, which it did in a 2016 letter, calling on the VA to require its clinicians to share data more effectively. For more information, go to <http://www.aafp.org/news/government-medicine/20171207vapidmp.html>.

—AAFP and AAFP NEWS STAFF

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