

# AAFP News: *AFP* Edition

## Policy and Health Issues in the News

### AAFP's Alternative Payment Model Wins Testing Recommendation

A congressional committee reviewing new Medicare payment initiatives gave the green light to initial testing of a primary care payment model proposed by the American Academy of Family Physicians (AAFP). The Physician-Focused Payment Model Technical Advisory Committee voted to recommend that the Department of Health and Human Services test the AAFP's Advanced Primary Care Alternative Payment Model on a limited scale. Committee members praised the concept while noting that details about some elements of the proposal, such as monthly payments, care coordination, and core measures, still need to be refined. The model includes a monthly per-member payment that covers face-to-face evaluation and management services, as well as a monthly population-based payment to cover consultations by e-mail and telephone. To pay for the program, the AAFP recommends doubling spending on primary care from the current 6% to 12%. If the model is eventually rolled out nationwide, it would be open to about 200,000 physicians—subspecialists in family medicine, general practice, geriatric medicine, pediatric medicine, and internal medicine—and could affect the care of 30 million Medicare patients. For more information, go to <https://www.aafp.org/news/macra-ready/20171219apc-apm.html>.

### FDA Proposes New Approach to Regulating Homeopathic Drugs

The U.S. Food and Drug Administration (FDA) recently proposed draft guidance calling for a risk-based enforcement approach to drug products labeled as homeopathic. The homeopathic drug market has grown exponentially in the past 10 years and is currently a nearly \$3 billion industry. However, with this growth has come a corresponding increase in safety concerns, including serious adverse events, associated with these products. The FDA says its officials have observed an increasing number of poorly manufactured homeopathic products that contain potentially dangerous amounts of active ingredients. The FDA's draft guidance lays out the agency's proposed plan to prioritize enforcement and regulatory actions for unapproved homeopathic drug products that have the greatest potential risk for consumers. Many homeopathic products that do not fall under the proposed risk-based categories will remain available to consumers. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180108fdahomeopathy.html>.

### Research Suggests Strategies for Breaking the Interruption Cycle in Clinical Practice

New research urges physicians to explore the causes of interruptions in clinical practice and suggests tactics to help them resume tasks quickly when distractions do occur. Physicians in all medical specialties face the daily frustration of frequent interruptions during clinic hours or emergency department shifts, which can jeopardize patient safety. In a study published in the November 2017 issue of *Annals of Emergency Medicine*, researchers observed 18 physicians in three urban emergency departments as they performed computer- and paper-based tasks, direct patient care, and telephone or face-to-face conversations with other clinicians. The physicians were interrupted an average of 12.5 times per hour. The researchers noted that despite the frequent distractions, physicians rarely attempted to delay or reject interruptions. Lead author Raj Ratwani, PhD, noted that studies show a five- to 10-fold increase in the number of errors when an interruption occurs mid-task. He suggested three strategies physicians can use to cope, including preventing interruptions in the first place, using reminders to help get back on track quickly, and taking time to repeat the main task to themselves. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20171220interruptions.html>.

### FDA Finalizes Ban on Triclosan, Other Over-the-Counter Antiseptics

The FDA recently finalized a rule that triclosan and 23 other active ingredients are not generally recognized as safe and effective for use in over-the-counter health care antiseptic products, including hand washes and rubs, surgical hand scrubs and rubs, and patient antiseptic skin preparations. No other safety and effectiveness data were provided to the FDA to support monograph conditions for these 24 active ingredients, meaning that that products containing these ingredients may no longer be marketed without undergoing premarket review. The FDA deferred a final rule on six common ingredients in health care antiseptics while manufacturers collect data on their safety and effectiveness: alcohol (ethanol), isopropyl alcohol, povidone-iodine, benzalkonium chloride, benzethonium chloride, and chloroxylenol. For more information, go to <https://www.aafp.org/news/health-of-the-public/20171222triclosanban.html>.

—AAFP and AAFP NEWS STAFF

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