

# AAFP News: *AFP* Edition

## *Policy and Health Issues in the News*

### **Study: Underutilization of Team-Based Care Linked to Burnout in Primary Care Physicians**

The challenges that come with undergoing significant practice change, such as transitioning to a team-based model of care, may have unintentionally created new stresses for primary care physicians, according to a new study. Researchers surveyed primary care professionals working in a patient-centered medical home setting within a Veterans Health Administration regional network and tracked how much these professionals shared responsibility for 14 primary care tasks with other team members. Participants also completed the emotional exhaustion subscale of the Maslach Burnout Inventory, responding to statements such as “I feel emotionally drained from my work,” and “I feel burned out from my work.” The researchers found high rates of burnout in primary care professionals who delivered services related to patient lifestyle factors and patient education about disease-specific self-care activities, without sharing the tasks with the care team. For more information, go to <https://www.aafp.org/news/focus-on-physician-well-being/20180131burnoutstudy.html>.

### **AAFP Joins Other Physician Groups in Demanding Action on Gun Violence**

The American Academy of Family Physicians (AAFP) and four other physician organizations recently told President Trump and members of Congress that they must take firm action to deal with gun violence as a public health epidemic. Although this most recent message was issued after a gunman killed 17 children and adults at Marjory Stoneman Douglas High School in Parkland, Fla., it echoes earlier urgent calls to action from the AAFP and resolutions from members. The organizations—the AAFP, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American Psychiatric Association—laid out three concrete steps for the president and Congress to take: (1) label violence caused by the use of guns as a national public health epidemic; (2) fund appropriate research at the Centers for Disease Control and Prevention as part of the 2018 federal budget; and (3) establish constitutionally appropriate restrictions on the manufacturing and sale, for civilian use, of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180216violencestatement.html>.

### **2018 Osteopathic Match Again Shows Family Medicine on Top**

The American Osteopathic Association (AOA) recently released results of the 2018 AOA Intern/Resident Registration Program, and once again, family medicine was the most popular subspecialty among osteopathic medical school seniors and new DOs. A summary of results for the top five subspecialties in 2018 shows that of the approximately 2,500 students and past DO graduates who participated this year, 503 matched to family medicine residencies, 426 matched to internal medicine, 158 matched to emergency medicine, 118 matched to general surgery, and 115 matched to orthopedic surgery. The AOA Match produced nearly 1,000 new residents for primary care specialties. Furthermore, 65.7% of participating osteopathic medical students matched to a residency program this year, slightly fewer than in past years. Total participation in the AOA Match was also lower than last year, but the drop is attributed to the nationwide transition to a single accreditation system for graduate medical education. For more information, go to <https://www.aafp.org/news/education-professional-development/20180214osteomatch.html>.

### **Updated E/M Documentation Rules Aim to Support Primary Care Clerkships**

The Centers for Medicare and Medicaid Services (CMS) recently announced a change to its Medicare Claims Processing Manual that will have a positive impact on family physicians who bill Medicare for evaluation and management (E/M) services while precepting medical students. Physician preceptors can now verify in the medical record any student documentation of components of E/M services rather than redocument the work themselves. Although the teaching physician still must personally perform or reperfor the physical examination and the medical decision-making activities that went into the E/M services he or she is billing, the revised documentation promises to save preceptors time and hassle, and should help ease physicians' path to taking on a precepting role. The update became effective with services provided on or after January 1, 2018. For more information, go to <https://www.aafp.org/news/education-professional-development/20180216studentdocumentation.html>.

—AAFP and AAFP NEWS STAFF

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