

AAFP News: *AFP* Edition

Policy and Health Issues in the News

2018 Match Is New High for Family Medicine

The results for the 2018 National Resident Matching Program highlight some significant accomplishments for family medicine. This year, 3,654 positions were offered in family medicine, 276 more than in 2017. Nearly 300 more medical students and graduates matched to family medicine this year compared with 2017, contributing to the 96.7% fill rate for family medicine residency programs—the highest ever recorded. The number of U.S. seniors matching to family medicine also increased in 2018, from 1,530 in 2017 to 1,648 this year. Michael Munger, MD, President of the American Academy of Family Physicians (AAFP), cautioned that despite the upbeat trends, there is still work ahead. “AAFP research shows us that the U.S. health care system is out of balance; we have too many subspecialists and not enough primary care physicians,” he said. A new target was recently set by the eight leading family medicine organizations in the United States, which understand the need to increase the number of U.S. medical students who choose to become family physicians. By 2030, the organizations want to see 25% of graduating MD and DO students matching to a family medicine program. For more information, go to <https://www.aafp.org/news/education-professional-development/20180316match.html>.

Article: To Improve Patient Care, Free Physicians from Transactional Tasks

Reversing the trend of physicians devoting more time to mandatory tasks not directly related to patient care would improve patient care and increase physician satisfaction, according to the authors of a recently published article. Physicians report having less control of how they manage their time each day, citing administrative demands that take time away from patient care and contribute to burnout, David Reuben, MD, and Christine Sinsky, MD, noted in their article, which was published in the March/April issue of *Annals of Family Medicine*. The remedy begins with assigning certain transactional duties to nonphysicians who have less training. This would allow for more appropriate assigning of duties such as preventive care, data gathering, documentation, and disease-specific patient education. This would free physicians to spend more time creating individual care plans for patients, managing multiple conditions, and performing procedures. They also would have more time for the transactional tasks that do require a physician’s training and experience. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180313personalizedcare.html>.

CDC’s New Online Tool Lets Physicians Review Data on Disease Outbreaks

The Centers for Disease Control and Prevention (CDC) has unveiled a new online data tool that allows users to search through almost two decades of information collected on various types of enteric disease outbreaks in the United States. Physicians now have expanded access to disease outbreak data from the National Outbreak Reporting System (NORS) through the NORS Dashboard, which replaces the Foodborne Outbreak Online Database tool. The new dashboard contains information on not only foodborne outbreaks, but also those caused by waterborne pathogens, animal contact, environmental exposures, and person-to-person contact, as well as outbreaks of unknown origin. Physicians who want to track disease outbreaks in their state can customize data searches in several ways. In addition to searching by the overall type of outbreak, the NORS Dashboard allows users to filter information based on year, state, etiology, and setting. Foodborne disease outbreaks may be further defined by selecting specific foods or ingredients by which to filter results. Waterborne outbreaks may also be analyzed by water exposure and/or water type. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180326norsdashboard.html>.

AAFP Urges Improvements to Patient Data Plan

The AAFP recently responded to an announcement from the Centers for Medicare and Medicaid Services (CMS) about its MyHealthEData Initiative with a letter outlining suggested improvements. In the letter to CMS Administrator Seema Verma, MPH, the AAFP urged CMS to require vendors to provide any new government-mandated updates to electronic health records (EHR) systems without additional cost to medical practices. The AAFP pointed out that physicians were promised EHR interoperability and secure patient access when they purchased certified EHR technology or upgraded their existing systems; however, many systems do not meet this standard. Studies have shown that physicians spend up to 50% of their workday using their EHRs. The letter also urged the agency to use the AAFP’s Principles for Administrative Simplification to reduce physician documentation requirements. For more information, go to <https://www.aafp.org/news/government-medicine/20180322myhealthedata.html>.

—AFP and AAFP NEWS STAFF

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