

AAFP News: AFP Edition

Policy and Health Issues in the News

Study Suggests Link Between Scope of Practice and Burnout

Family physicians who have a broader scope of practice early in their careers may be less likely to experience burnout, according to findings published in the May/June issue of *Annals of Family Medicine*. Researchers used data from the National Family Medicine Graduate Survey of physicians who graduated from family medicine residency programs in 2013; after limiting the sample to those who provided outpatient continuity care, the final sample included 1,617 physicians with a mean age of 35.9 years. Approximately 42% said they felt burned out from work at least once per week. When comparing the physicians who reported feeling burned out with those who did not, there was no association with the number of patient encounters per day, taking after-hours calls, or seeing patients on weekends or evenings. Family physicians practicing obstetrics and inpatient medicine had 36% and 30% lower odds of burnout, respectively, compared with peers not providing those services. The authors concluded that promoting a broad scope of practice in primary care, and family medicine in particular, may advance efforts to achieve the quadruple aim of better patient health, better care delivery, lower costs, and higher job satisfaction. For more information, go to <https://www.aafp.org/news/focus-on-physician-well-being/20180627burnout.html>.

Authors See Crucial Role for Primary Care in Opioid Epidemic

Three articles published in the July 5 issue of *The New England Journal of Medicine* suggest that family physicians are a commonsense weapon against opioid use disorder and the stigma of addiction. The first article established the urgency of the opioid overdose crisis, including that in 2016, there were 42,249 U.S. opioid-overdose deaths and that buprenorphine distribution has slowed rather than accelerated to meet demand. The authors recommended mobilizing the primary care physician workforce to offer office-based addiction treatment with buprenorphine. The second article indicated that family physicians can be integral in delivering high-quality buprenorphine treatment, which can concurrently create opportunities to manage other chronic diseases in this patient population. The third article highlighted the potential of buprenorphine treatment and its legislative barriers. The authors suggested that buprenorphine may help communities struggling to combat the addiction crisis if primary care physicians are able to prescribe it. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180710fopsopioids.html>.

CMS Releases Planned Changes for 2019 Medicare Payments

The Centers for Medicare and Medicaid Services (CMS) has posted its proposed rule for the 2019 Medicare physician fee schedule and, in a new twist, combined the Medicare physician fee schedule proposed rule with recommendations for the Quality Payment Program (QPP). According to the CMS, the changes aim to streamline clinician billing processes and expand patient access to high-quality health care. The proposed changes to the physician fee schedule and the QPP would address those problems by modernizing payment policies. For example, fee schedule recommendations include reducing documentation requirements for evaluation and management services and giving stronger support for telecommunications technology as a means of improving access to care. Proposed changes to the QPP would reduce clinician burden, focus on outcomes, and promote electronic health record interoperability. For more information, go to <https://www.aafp.org/news/government-medicine/20180713mpfsqpp.html>.

Patients, Caregivers Weigh In on Care Transition

In an article in the May/June issue of *Annals of Family Medicine*, researchers interviewed 138 patients and 110 family caregivers regarding care transition, defined as an acute hospitalization followed by discharge to post-acute care at home or to a nursing facility for stabilization or recovery. Participants were asked about how others prepared them to return home after hospital admission, what the first few days at home were like, what was most helpful at home, what was difficult, and what could have made the transition easier. Three specific outcomes were identified as necessary for safe and manageable care transitions: (1) feeling cared for and cared about during the care transition; (2) relying on unambiguous accountability from the health care system; and (3) feeling prepared to execute the care plan on discharge. Five themes related to the process of care also were identified: (1) empathic language and gestures when communicating; (2) anticipating patient and caregiver needs; (3) engaging in discharge planning; (4) giving actionable information; and (5) and providing continuous care until the patient's recovery. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180628annalstransitions.html>.

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