

# AAFP News: AFP Edition

## Policy and Health Issues in the News

### AAFP Supports ACT for Better Diagnosis

Every nine minutes, someone in a U.S. hospital dies because a medical diagnosis was wrong or delayed. To combat this issue, the American Academy of Family Physicians (AAFP) has thrown its support behind ACT for Better Diagnosis, an initiative aiming to improve the diagnostic process by calling on organizations to identify practical steps to better ensure that diagnoses are accurate, communicated, and timely. Specifically, the AAFP is supporting the initiative through its work with a collaboration of more than 40 health care and patient advocacy organizations, which uses such tactics as providing online tools that help physicians avoid diagnostic pitfalls, improving medical education for new health care professionals, and creating tools to support patients seeking a diagnosis. Initial obstacles that the coalition thinks impede diagnostic accuracy include incomplete communication during care transitions, lack of measures and feedback, limited support to help with clinical reasoning, limited time, the complicated diagnostic process, and lack of funding for research. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180914actbetterdx.html>.

### U.S. Patients Pay Higher Prescription Costs, Get Fewer Days of Therapy

Americans prescribed common medications spend twice as much at the pharmacy as patients in 10 other wealthy countries combined; however, U.S. patients get fewer days of treatment from these drugs. Authors of a study published in *Health Policy* measured differences in 2015 per capita spending on primary care medications in the United States (population of 321 million at the time) compared with the 10 other countries (combined population of 318 million). They focused on drugs prescribed for hypertension, pain, hyperlipidemia, diabetes mellitus, gastrointestinal issues, and depression, and found that per capita expenditures in these six categories amounted to \$217.10 in the United States compared with \$71.60 in the combined other countries. The authors indicated that these findings could be attributed to a possible higher morbidity in the United States, which likely requires more expensive types of medicine and direct-to-consumer advertisements of pharmaceuticals, which is legal only in the United States and New Zealand. They also note that all of the non-U.S. countries reviewed have a single-payer system for pharmaceuticals or use national processes for drug pricing and decision making on reimbursement, which can mimic single-payer purchasing power in the context of multipayer social health insurance markets.

For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180914rxpricestudy.html>.

### AAFP Introduces Telemedicine Platform for Family Physicians

The AAFP has launched a new telemedicine platform designed specifically for family physicians working in practices with fewer than 20 physicians. AAFP Virtual Care aims to provide physicians and their patients with an easy way to connect. Patients enter a website branded to a physician's medical practice and request a telemedicine visit. The patient is prompted to complete a brief online interview detailing the main problem and asking further questions. After all the appropriate information has been gathered, the practice is notified that a virtual visit has been established. Common conditions appropriate for treatment via AAFP Virtual Care include allergies, influenza, low back pain, conjunctivitis, and shingles. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180912aafpvirtualcare.html>.

### Aggressively Reducing SBP in Older Persons Can Increase Risk of Falls, Syncope

A study published in the *American Journal of Preventive Medicine* found that older persons taking antihypertensive medications who had a systolic blood pressure (SBP) of less than 110 mm Hg at least once per year were twice as likely to faint or fall as those whose SBP remained at or above 110 mm Hg. Overall, the multivariable odds ratio (OR) for a serious fall and syncope among persons with SBP less than 110 mm Hg was 2.18 compared with those with a minimum SBP of 110 mm Hg or higher. Similarly, the multivariable OR for a serious fall and syncope among those with a mean SBP less than 110 mm Hg was 1.54 compared with those with a mean SBP of 110 mm Hg or higher. The AAFP continues to endorse the Eighth Joint National Committee's 2014 guideline for the management of hypertension in adults, which does not provide a specific definition of hypertension and instead recommends pharmacotherapy to treat to a BP goal of less than 140/90 mm Hg for most patients with hypertension, or to less than 150/90 mm Hg for adults 60 years and older with hypertension. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180912htntxfalls.html>.

—AAFP and AAFP NEWS STAFF

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