

AAFP News: *AFP* Edition

Policy and Health Issues in the News

Surgeon General Updates Opioids Report

The report “Facing Addiction in America: The Surgeon General’s Spotlight on Opioids” recaps data on the prevalence of opioid misuse, opioid use disorders, and opioid overdoses. It also offers recommendations on combatting the opioid crisis for health care professionals. These recommendations include addressing substance use–related health issues with the same care as other chronic health conditions; following the Centers for Disease Control and Prevention’s recommendations for prescribing opioids for chronic pain; assessing for behavioral risk factors to help inform treatment decisions in collaboration with mental health professionals; checking prescription drug monitoring programs before prescribing opioids; referring patients to opioid treatment professionals when necessary; and becoming qualified to prescribe buprenorphine for the treatment of opioid use disorders. Supplementary materials released with the report include a digital postcard that highlights actions to raise awareness and prevent opioid misuse, and an advisory on naloxone and opioid overdose. For more information, go to <https://www.aafp.org/news/health-of-the-public/20181002opioidspotlight.html>.

Study Examines Physicians’ Readiness to Treat Opioid Use Disorder

A study published in *Annals of Family Medicine* examined whether physician, residency, and practice characteristics are associated with adequate preparation during residency to provide buprenorphine treatment and with currently providing buprenorphine treatment. After analyzing data from 1,979 family physicians who completed residency in 2013, the authors found that only 10% of these early-career family physicians felt adequately trained to prescribe buprenorphine for opioid use disorders, and only 7% reported providing buprenorphine in their current practice. Of family physicians who reported currently providing buprenorphine, 46% said they were trained to do so during residency; however, more than two-thirds are not doing so in practice. Family physicians who said they felt prepared to provide buprenorphine were more likely to be engaged in research or practice-based research network (PBRN) activities and to have trained in the Northeast or West. Family physicians who currently provide buprenorphine therapy were more likely to feel prepared to provide this treatment, to be engaged in research or PBRN activities, to work in a federally qualified health center, and to practice in the Northeast or West. For more information, go to <https://www.aafp.org/news/health-of-the-public/20181003buprenorphine.html>.

AAFP Supports CMS Move Toward Equitable Payment Rules

In a recent letter to the Centers for Medicare & Medicaid Services (CMS), the American Academy of Family Physicians (AAFP) told the agency that it should finalize a policy proposal on the 2019 hospital outpatient prospective payment system that would reduce payment differences between sites of service as a step toward saving money for Medicare and patients. The AAFP also suggested a way to improve payment for independent practices. The AAFP encouraged CMS to create incentives for services to be performed in the most cost-effective location, such as a physician’s office, and called the differences between inpatient, outpatient, and other sites of service an artificial distinction arising from the “equally artificial distinction” between Medicare parts A and B. The AAFP supports an approach similar to what CMS initially proposed for 2017: CMS would pay nonexcepted off-campus provider-based departments for nonexcepted items and services at true Medicare physician fee schedule-based rates in an effort to reflect the relative resources involved in providing the services. For more information, go to <https://www.aafp.org/news/government-medicine/20180926oppscomment.html>.

AAFP Updates Videos on Clinical Practice Guideline Process

The AAFP develops clinical practice guidelines to serve as a framework for clinical decision making and supporting best practices. These guidelines include practice recommendations informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. The AAFP also reviews guidelines developed by other organizations, endorsing those that are relevant to family medicine and that meet criteria for methodologic rigor and transparency. To inform members about these activities, the AAFP has updated a video series explaining the guideline development and assessment process. The first video provides an overview of the AAFP’s guideline process, and the three other videos offer additional information on systematic reviews of evidence; evaluating the quality of evidence and making recommendations based on the evidence; and the AAFP’s endorsement process. For more information, go to <https://www.aafp.org/news/health-of-the-public/20181003cpgvideos.html>.

—AAFP and AAFP NEWS STAFF

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