

# AAFP News: *AFP* Edition

## Policy and Health Issues in the News

### Research Challenges Perceptions of Burnout

Three articles published in *JAMA* highlight the ways burnout is perceived in the medical profession. The first was a systematic review that uncovered differences in the methods used to classify and measure burnout, including at least 142 unique definitions for meeting overall burnout or burnout subscale criteria and at least 58 unique ways of labeling individuals as experiencing burnout. The second article reported on physicians who completed questionnaires during their first and fourth years of medical school and during their second year of residency, finding that slightly more than 45% reported at least one symptom of burnout every week. In an accompanying editorial, two family physicians contended that the “medical profession has taken a self-reported complaint of dissatisfaction and turned it into a call for action on what is claimed to be a national epidemic that purportedly affects half to two-thirds of practicing physicians.” The authors stated that the medical profession could do a better job of understanding the causes of burnout, the processes behind it, the consequences, and ways to prevent and treat it. For more information, go to <https://www.aafp.org/news/focus-on-physician-well-being/20181008burnoutresearch.html>.

### Report: U.S. Obesity Epidemic Continues to Worsen

A new report, “The State of Obesity 2018: Better Policies for a Healthier America,” recently outlined the latest data trends regarding obesity; policies and practices that family physicians can use to combat obesity; and several projects to fight the obesity epidemic. Nationally, 39.6% of adults and 18.5% of children were considered obese in 2015-2016, which are the highest percentages ever documented. The report noted links between increased obesity rates in adults and certain socioeconomic factors; for example, 22.2% of adult college graduates had obesity compared with 35.5% of adults with less than a high school education; 29.7% of adults with incomes at 400% or more of the federal poverty level had obesity compared with 42.6% of adults with incomes of 100% to 400% of the federal poverty level; and 28.7% of adults living in urban or metropolitan areas had obesity compared with 34.2% of adults living in rural areas. The report offered three principles on obesity prevention: (1) promote policies and programs that take a multisector approach; (2) adopt and implement policies that make healthy choices easy; and (3) invest in programs that level the playing field for all persons. For more information, go to <https://www.aafp.org/news/health-of-the-public/20181015obesityrpt.html>.

### EveryONE Project Unveils Latest Version of Social Determinants of Health Toolkit

The EveryONE Project has launched the latest iteration of its toolkit to help family physicians address social determinants of health. The toolkit consists of three parts. The first part, Practice Leadership for Health Equity, focuses on how medical practices can build a culture that values health equity, develop a system for screening for social determinants of health, and connect patients with community services that specialize in addressing social needs. The second part, Assessment and Action, offers tools to help with the screening and referral process, including validated screening questions for a variety of social determinants of health, tools to work with patients, and the Neighborhood Navigator to help identify community services. The third part, Community Collaboration and Advocacy, provides information and resources to help family physicians engage with their community and advocate for policies that can reduce health inequities. For more information, go to <https://www.aafp.org/news/health-of-the-public/20181011everyoneproject.html>.

### Study: Scribes Help Reduce Physicians' Administrative Burden

A study published online in *JAMA Internal Medicine*, titled “Association of Medical Scribes in Primary Care with Physician Workflow and Patient Experience,” followed 18 primary care physicians at two practices for a year. Scribes, or paraprofessionals who transcribe clinical visit information into the electronic health records (EHRs) in real time under physician supervision, were assigned to participants in three-month rotations. The use of scribes resulted in significant reductions in EHR documentation time and significant improvements in productivity and job satisfaction. Specifically, use of scribes was associated with less self-reported time spent on after-hours and weekend EHR documentation, more time interacting with patients rather than a computer during visits, and greater likelihood of completing documentation by the day after an encounter occurred. Eleven of the 18 participating physicians said they would be willing to accept additional patients if they could hire a full-time scribe. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20181018scribestudy.html>.

—AAFP and AAFP NEWS STAFF

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