

## News from the World of Family Medicine

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As I write this article, the current administration faced its first major legislative defeat with the withdrawal of the American Health Care Act (AHCA) due to lack of sufficient support in Congress. The Affordable Care Act remains the law of the land for now. The AAFP along with many health care organizations had opposed the AHCA and its failure is a small victory for health care in my opinion. However, this victory may be short lived as the White House promises they will try to repeal ACA once again in the future. They may also try to undermine the current system with budget cuts that may cause the program to collapse over time. Advocacy efforts from AAFP must continue to promote our vision of health care reform in this country, which should include universal quality health care for all its citizens without financial barriers. There should be catastrophic health care coverage for all to protect from financial ruin. Health care interventions must be evidence based to provide best outcomes for the resources used. Access to financing for appropriate health services should be a shared private/public system with availability for employers or individuals to purchase additional services if desired. Cost management should be a responsibility of all stakeholders with a focus on elimination of waste, reduction of administrative burden and paperwork, and creation of a more efficient health care system. Medical liability reform should be a centerpiece of any reform if cost containment is important to the survival of the system. This vision is shared by many other health care organizations and should be the core of our advocacy efforts.

Now for some interesting news from the world of **Family Medicine**:

- 1) CMS has recently announced the launch of a new educational initiative to help family physicians implement Chronic Care Management in their practices. This initiative, called Connected Care will help small practices take care of Medicare patients with multiple medical co-morbidities.
- 2) A recent study in the *Annals of Family Medicine* found that automated blood pressure monitoring in the office for 30 minutes (OBP30) could reduce overtreatment for white coat hypertension, especially in patients over 70, who have more side effects from medications.
- 3) The NIH has developed a website dedicated to providing information on dietary supplements (<https://ods.od.nih.gov>) for health care professionals. This site offers evidence based information on current dietary supplements.
- 4) A study in the *Journal of the American Board of Family Medicine* talks about physician burn out in Family Medicine. The study finds that the prevalence of burn out among Family Physicians is lower than previously reported.

- 5) Another article in the same journal reports that more and more family physicians are providing palliative care. The study estimates that about one third of family physicians provide some sort of palliative care and the percentage is much higher in rural America.
- 6) An interesting study in the *Annals of Family Medicine* reports that the physician's future spending practices depends on where they were trained. Physicians trained in high cost Hospital Service Areas (HSA) end up spending more on patient care than those trained in low cost HSAs, which are mostly family physicians and physicians in rural areas. The interesting point is there was no difference in patient outcomes and quality measures according to this study.
- 7) The 2017 NRMP match results came out a few weeks ago. 3,237 medical students and graduates matched into Family Medicine, the most in family medicine's history as a specialty. Of these 1,530 positions (45%) were filled with US seniors, up from 1,481 last year.

Here are some news highlights from **New Jersey**:

- 1) In February, Governor Christie signed an anti-opioid law. One of the highlights of this law is the 5-day limit on the initial prescription for opioid medications. This law also mandates insurance companies to accept patients with addiction into treatment programs available immediately.
- 2) From *New Jersey Spotlight*, there was an article on the Affordable Care Act (ACA) funded NJHA Partnership for patients which included 63 New Jersey Hospitals. They released a report that between 2012 and 2016, hospitals have reduced serious drug reactions by half and hospital acquired venous thrombosis. This initiative also reduced hospital readmissions by 30% and saved \$582 million. This program would have been cut if the ACHA had been passed.
- 3) Another interesting article showed that in spite of gaining insurance coverage under the ACA, Emergency Room usage for non-emergent conditions remains the same. Under ACA 800,000 New Jersians gained insurance, which dropped the uninsured rate in New Jersey to 8.7%. This was supposed to have reduced the cost of health care by having doctors' offices extend their hours for patients so that they can have easy access to care. This would lead to a decrease in ER usage. The New Jersey Health Care Quality Institute found that this was not the actual outcome as there was no significant decrease in patients going to the emergency rooms in spite of having health care coverage.
- 4) The ACA Medicaid expansion has helped save the State of New Jersey millions of dollars in charity care funding that the state pays hospitals to cover the cost of treating the uninsured. Hospital bills have shown a drop in charity care by 53% in the past 2 years as more patients have moved to an insured status.

Now for some news from **NJAFP**:

- 1) The staff is working hard to develop an excellent CME program for the upcoming Scientific Assembly in June. The online registration will be up soon. Please join us in Atlantic City for this high-quality CME program and watch the induction of our incoming president Dr. Peter Carrazzone.
- 2) The member survey from the academy will be sent out to you soon. Please take some time and fill out this survey for us, as this will help us serve you better in the future.
- 3) The staff continues to work on developing excellent CME and practice management activities that you can take advantage of. Please visit our new website that gives all the details.

I hope to see you all in Atlantic City in June.