

AR AFP 68th Assembly June 10-13

The ARKANSAS FAMILY PHYSICIAN

Volume 19 • Number 3



***AR AFP Annual Assembly Program
Highlights and Registration Form***

Pages 13 to 18



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The Arkansas Family Physician is the official magazine of the Arkansas Academy of Family Physicians

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Edition 72



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Created by Publishing Concepts, Inc.

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Dear Academy Member,

We are pleased to present the Arkansas Academy of Family Physician's 68th Annual Scientific Assembly program in this issue!

The meeting will be held at the Doubletree Hotel in downtown Little Rock and will begin on Wednesday, June 10 at 1:00 p.m. with a Pre Assembly program that features a two hour program on "ICD 10" followed by a one and one half hour program on "Team Based Care and Chronic Care Management." These programs are for an additional fee of \$125. and we encourage you to bring your staff who will certainly benefit from this CME offering.

The Scientific Program begins on Thursday at 8:15 a.m. with announcements and the presentation of the colors followed by our first keynote speaker, Arkansas Surgeon General Gregory Bledsoe who will speak on "A Vision for the Health of Arkansas."

Not listed on the program will be a special convocation ceremony at 11:30 Thursday for AAFP Fellows who would rather receive their Fellowship degree at our meeting rather than the national meeting. We have contacted each of the Arkansas members who have met the requirements for Fellowship. If you have met the requirements in past years or if you have applied to receive Fellowship status in 2015 in Denver and would rather be conferred at our meeting, please let the AAFP in Leawood know or let us know and we will contact them. Dr. Wanda Filer, AAFP President Elect will preside over this ceremony.

For the first time, we are having 7 roundtable discussions led by faculty on our program and members of our Board on topics you requested! These roundtables will be held at the same time the Diabetes Interactive Program is being held by Dr. Louis Kuritzky.

Our second keynote speaker will be AAFP President Elect Wanda Filer of York, Pa. who will present "An Update on the AAFP" at 8:40 a.m. Friday. She will also install our President Elect, Dr. J. Drew Dawson of Pocahontas as President at a special lunch meeting Friday along with newly elected officers and directors.

Up to 20.25 hours of AAFP Prescribed CME will be offered. Lunch meetings will be held on Thursday and Friday and breakfast meetings on Friday and Saturday at no additional cost to registrants. The meeting will conclude at 11:15 a.m. on Saturday, June 13.

To register, please call us at 1-800-592-1093 or 501 223-2272 or fax your registration to 501 223-2280. We do hope you will join us at the best annual meeting yet!!

Sincerely,

Carla Coleman
Executive Vice President



On the cover:

River Market
in Little Rock.



President's Message

Daniel Knight, M.D., President

Daniel Knight, M.D.

My year as President of the AR Academy of Family Physicians is flying by. It seems no time since Carla took me to ALF to learn how to be President. Now, she is taking others and I'm considered "experienced!" It has been a fascinating year.

We went to the legislature this year and fought off an APN bill that would have weakened Family Medicine and decreased quality of care in our state. I learned a great deal about the legislative process in Arkansas by attending a health committee session. As with anything else, what you see on the surface is not to be taken at "face value" and deals are made behind closed doors. Others were much more experienced than I and led us through the process successfully. We worked with the AR Medical Society to craft plans to defeat this bill. There were other bills such as the prescription of opioids by APNs that were amended and passed in acceptable fashion. It was fascinating and I encourage others to

get involved and help educate our leaders.

Another experience that I have had is as a representative of AR AFP on the Medicaid PCMH Advisory Board. This is a project that can be very helpful to many Family Physicians in the state. It has the potential to bring in some resources to your practice that can help improve the quality of care for patients and make your practice more enjoyable. The most important part of it will be the "shared savings" plan that will begin payouts this year for a few practices and be expanded in 2016 to all those that are participating in PCMH. Per-member-per-month payments can assist in hiring more staff to support the PCMH including payment for care managers. If you are not currently signed up for this and participate in Medicaid, I encourage you to evaluate this program.

The "fix" for the Medicare SGR formula finally passed this week. I would like to thank all the members who called their representatives and senators to support repeal of the formula. It will result in a 0.5% yearly increase in Medicare payments to physicians and eliminate the threat of a large yearly cut. It also resulted in payments for the Children's Health Insurance Program (CHIP) is guaranteed for 2 years. It did not weaken payments to

academic medical centers for payments for graduate medical education. There will be changes to the payment system for doctors in the future that will result in more payments for "value," not "volume."

We have an excellent Scientific Assembly coming up shortly. On Wednesday, June 10, 2015, we will have a special program on preventive services, chronic care and how to implement ICD-10. These are important messages for us and for our staffs. I encourage you to attend and send your billers and coders to this excellent program. Thursday at 11:30 am, we will recognize those that have received the designation of "Fellow" of the academy during our annual business meeting. Friday, we will have our installation of officers by Dr. Wanda Filer, incoming president of the AAFP at a noon luncheon. The remainder of the program has a wide array of interesting topics and will allow you to get up to 20.25 hours of CME credit in one place. I highly encourage you to attend.

As my year winds to a quick close, I wish to thank Carla Coleman, Michelle and our fantastic Board for their great support! It has made this a very enjoyable year and I've met some great people and learned a lot. We can always use new leaders and I look forward to working with many of you in the future!

AAFP NOMINEES FOR OFFICERS AND BOARD MEMBERS

The following Ar Academy members have been nominated to serve as Officer or on the Board for the coming year by the Board's Nominating Committee. This slate of officers and directors will be voted upon Thursday, June 11 at the Business Meeting of the Membership during the Annual Assembly and will be installed on Friday, June 12 at the Installation of Officers Luncheon event at the Doubletree Hotel in Little Rock. Dr. J. Drew Dawson of Pochontas will be installed as President June 12.

- President Elect Tommy Wagner, M.D., Manila
- Vice President Len Kemp, M.D., Paragould
- Secretary Scott Dickson, M.D., Jonesboro
- Treasurer Edward A. Gresham, M.D., Crossett
- Delegate Dennis Yelvington, M.D., Stuttgart
- Alternate Delegate Jeff Mayfield, M.D., Bryant

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- Rebecca Floyd, M.D., Van Buren
- Ross Halsted, M.D., Mountain Home
- Joseph Shotts, M.D., Cabot
- Charles E. "Chuck" Smith, M.D., Little Rock
- Garry Stewart, M.D., Conway
- Tasha Starks, M.D., Jonesboro
- Resident Representative – to be named
- Sarah Franklin, Student Representative
- Evan Branscum, Alternate Student Representative

Our appreciation is extended to the following physicians who have served many years on our Board and will be concluding their terms of office June 11:

- Richard Hayes, M.D., Delegate
- Angela Driskill, M.D., Director
- Jason Lofton, M.D., Director
- Brian Bowlin, Student Representative

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Arkansas Legislative Session Summary



With the Arkansas legislative session now behind us, we would like to say thank you for the phone calls, emails and texts sent to our elected Representatives and Senators about bills of interest to medicine, especially Family Medicine this year! We worked again with the Arkansas Medical Society who provided the professional experience through their governmental relations team in representing our interests. We appreciate the many medical students, residents and practicing Family Doctors who came to the hearings, served as Doctor of the Day and we especially want to thank Dr. Dennis Yelvington of Stuttgart, Dr. Jenell Smith Wade of Jonesboro and Brian Bowlin of Little Rock who each testified against House Bill 1160 before the House Public Health Committee.

The status of bills that we were involved in are described below:

FAILED!!!!

House Bill 1160 (Hammer) - "To Amend the Prescriptive Authority of an Advanced Practice Registered Nurse and to create an Advanced Practice Registered Nurse Subcommittee in the Arkansas State Board of Nursing"

FAILED!!!

House Bill 1926 - "To Mandate Insurance Carriers and Medicaid to reimburse APRNs at the same rate as physicians."

PASSED!

HB1136 - Enabling APRNs and Pas to resume writing hydrocodone combination products that were reclassified last October. Signed by the Governor

Hb1162 - The Graduate Registered Physicians Act - Signed and is now Act 929

SB934 - AMS sponsored bill to tighten the statutes on insurance carrier credentialing process to shorten the length of time and impose fines. Signed by Governor and is now Act 1232

SB702 - AMS sponsored bill applies to episodes of care and other alternate payment methods to prohibit insurance carriers from holding physicians financially at risk for variations in cost that are the result of the carriers payment contracts. Passed and is now ACT 902

SB133 - AMS Supported Telemedicine Bill - Passed and is now Act 887

SB318 - AMS sponsored bill, "Transparency Act and to Ensure Transparency in use of Prior Authorization for Medical Treatment" - Passed - ACT 1106



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Dr. J. Drew Dawson to be Installed AR AFP President June 12

Doctor J. Drew Dawson of Pocahontas, a practicing Family Physician with the Pocahontas Medical Clinic since 2002 will

be installed President of the Arkansas AFP for the year 2015-16 at the Installation of Officers Luncheon on Friday, June 12

during the Academy's Annual Scientific Assembly.



Doctor Dawson received his medical degree from the University of Arkansas for Medical Sciences in 1999, completed a Family Medicine Residency at the UAMS AHEC NE in Jonesboro in 2002. He is a Diplomate of the American Board of Family Medicine.

He has served on the Arkansas AFP Board since 2005 in every elective capacity including Chairing the Membership, Public Relations and Publications Committee; and has served on the Planning Committee, the Finance Committee, the Long Range Planning Committee and the Executive Committee.

It's hard to forget the compassion shown by Doctor Dawson and two other Family Physicians, Doctor Tommy Wagner of Manila and Doctor Christopher Montgomery in the aftermath of Hurricane Katrina in 2005, making many relief trips loaded with medical supplies, water and essentials, to assist those displaced and setting up the first medical clinic in the history of the Red Cross within one of their shelters. They established a non profit organization, *First Response Physicians* to respond to the need for medical services in the areas of Louisiana and Mississippi with donations from physicians, pharmacists, and medical supply companies, continuing for months to travel to the stricken areas providing much needed free health care to those in need during the disaster. Dr. Dawson and his team also assisted in providing office furniture, medical equipment and supplies to one of our members in Mountain View whose office was demolished by a tornado in 2008.

Doctor Dawson is an avid outdoorsman who bass fishes with his dad, hikes and enjoys all outdoor activities with his wife, Denise and his son Jack.

BAPTIST HEALTH AND ARKANSAS CARDIOLOGY ARE NOW OFFERING HELP TO PATIENTS WITH SYNCOPE OR "FAINT AND FALL" SYNDROME.

Syncope ("sin ko pea") is the brief loss of consciousness and posture caused by a temporary decrease in blood flow to the brain. Syncope may be associated with a sudden fall in blood pressure, a decrease in heart rate or changes in blood flow.

The Syncope Clinic, the first and only in the state, uses a unique, standardized approach to care. Rather than sending the patient to multiple specialists at different locations, evaluations will be performed at Arkansas Cardiology Clinic.

As a result, patients benefit from a complete diagnosis. If you've had an episode of unexplained fainting or falling, you might be concerned that it could happen again at any moment or could be a sign of a more serious condition.

It is important to seek treatment right away after a syncope episode occurs. With accurate diagnosis and appropriate treatment, syncope can be resolved in most patients.

COMMON SYMPTOM MIGHT BE:

- "Blacking out"
- Light-headedness
- Falling for no reason
- Dizziness
- Drowsiness
- Grogginess
- Fainting, especially after a meal or after exercise
- Feeling unsteady or weak when standing

For a referral or an appointment to the Baptist Health Syncope Clinic at Arkansas Cardiology Clinic, call 501-227-7596.

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CHANGES AND ADDITIONS TO THE AR AFP ANNUAL ASSEMBLY PROGRAM

Thursday, June 11:

**With the addition of the Fellowship Convocation
the following events and programs on the schedule are changed as follows:**

11:30 A.M. - Business Meeting followed by Fellowship Convocation

11:50 A.M. - Lunch Meeting

12:50 p.m. - Break – Visit Exhibits

The afternoon program will resume at 1:20 p.m. as listed in the official program

EXHIBITORS

Please visit our Exhibitors from 7:30 a.m. until 5:30 p.m. on Thursday and Friday from 8:00 a.m. until 1:40 p.m. (there are designated breaks to visit exhibits on Thursday and Friday) Exhibits will be in the Palisades Room, Riverside East and Riverside West on the Ballroom Level

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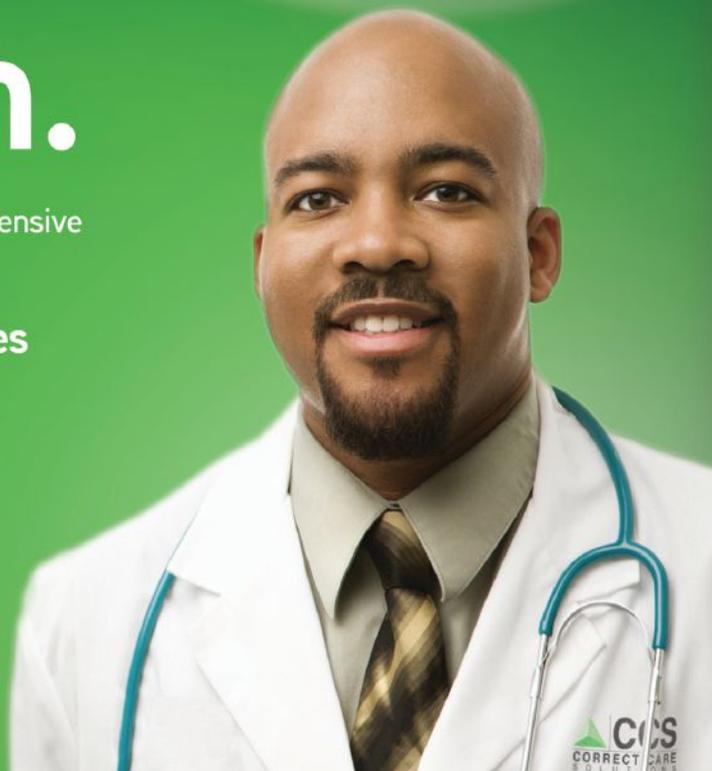
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ARKANSAS ACADEMY OF FAMILY PHYSICIANS 68th Annual Scientific Assembly

Wednesday, June 10 - 1:00 p.m. – Pre Assembly CME
ICD 10 Application

Preventive Services, Chronic Care Management
And How Team Based Care Can Make It All Happen

Thursday – Saturday, June 11-13
Annual Scientific Assembly
Doubletree Hotel Ballrooms, Little Rock, Arkansas



Arkansas Academy of Family Physicians 68th Annual Scientific Assembly Programs and Events

June 10-13, 2015 • Doubletree Hotel Ballrooms, Little Rock, Ar

Wednesday, June 10,

1:00 p.m. til 4:30 p.m. **PRE ASSEMBLY CME** – Ballroom D

Separate Registration Required - You and your staff will benefit from this program!

“Keeping Up with the Times Preventive Services, Chronic Care Management, ICD – 10 Application & How Team Based Care Can Make It all Happen”

Barbara L. Hays, CPC, CPMA, CPC-I, CEMC, AAPC ICD-10 Certified Trainer,

Coding & Compliance Strategist, American Academy of Family Physicians

Rachel Wallis, MPH, CPC Regional Faculty, Comprehensive Care Program, TransforMED

Thursday, June 11

8:15 a.m. **Opening Ceremony Ballroom A B C**

8:30 a.m. **Keynote Speaker: “A Vision for the Health of Arkansans”**

Gregory Bledsoe, M.D., MPH, Arkansas Surgeon General, Little Rock, AR

9:10 a.m. **“ABFM’s Part IV Application & PQRS”**

Joseph W. Tollison, M.D., Senior Advisor to the President,

American Board of Family Medicine, Lexington, KY

9:50 a.m. **Break – Visit Exhibits**

10:10 a.m. **“Diagnosis and Treatment of Autism – a Practical Approach”**

Richard Frye, M.D., Ph.D. Director of Autism Research, Director of the Autism Multispecialty Clinic, Arkansas Children’s Hospital, UAMS, Little Rock, AR

10:50 a.m. **“Anti Coagulants”** – Randell B. Minton, M.D. FACC, Cardiologist,

Arkansas Cardiology, PA, Little Rock, AR

11:30 a.m. **Business Meeting of the Membership And Fellowship Convocation**

11:50 a.m. **Lunch Meeting** – Compliments of State Volunteer Mutual Insurance

“Managed Care and Payment Reform”

Jackie Boswell, MBA, FACMPE, Senior Medical Practice Consultant

Medical Practice Service Department, State Volunteer Mutual Insurance

12:40 p.m. **Break – Visit Exhibits**

1:20 p.m. **“New Drug Update”** – Doshia Cummins, Pharm.D., BCPS

Associate Professor, College of Pharmacy, UAMS AHEC NE, Jonesboro, AR

2:00 p.m. **“ENT Potpourri”** – H. Graves Hearnberger, III, M.D., Otolaryngologist,

Arkansas Otolaryngology Center, Little Rock, AR

2:40 p.m. **Break – Visit Exhibits**

3:10 p.m. **“Optimizing Diabetes Treatment in a Sea of Options”** – Louis Kuritzky, M.D. , Assistant Professor,

Family Medicine Residency Program, Gainesville, FL

4:10 p.m. **“Diabetes Interactive Program”** – Louis Kuritzky, M.D. Ballroom D, (Limited participation)

4:10 p.m. **Roundtable Discussions** – Ballroom D

The following roundtables will be facilitated by faculty on our program and members of the ARAFP Board. You may choose to rotate to more than one table during this hour.

“CPCI” - Julea Garner, M.D., Family Physician, Hardy; Rachel Wallis, MPH, CPC Program Director

“Latest Guidelines in Women’s Health” - Leslye McGrath, M.D., Family Physician, Jonesboro, AR

“Pearls – New Drugs” - Doshia Cummins, Pharm.D., BCPS, AHEC NE, Jonesboro, AR

“Rural Medicine” – Amy Daniel, M.D., Family Physician, Augusta, AR

“PCMH” - Lonnie Robinson, M.D., FFAFP, Family Physician, Mountain Home, AR

“Resident/Student Involvement” – Tasha Starks, M.D., MPH, Family Physician, Jonesboro, AR

“Coding for Reimbursement” - Beth Milligan, M.D., FFAFP, CPE, CHCQM,

Family Physician, Little Rock, AR

5:10 p.m. **Adjournment**

Friday, June 12

- 7:00 a.m. **Breakfast Meeting** - Compliments of Arkansas Foundation for Medical Care
“Helping Your Patients Who Drink too Much”
David A. Nelsen, Jr., M.D., M.S., Associate Professor, Family & Preventive Medicine,
Associate Chief Medical Officer, UAMS;
Assistant Medical Director, Arkansas Foundation for Medical Care, Little Rock, AR
- 8:10 a.m. **Break – Visit Exhibits**
- 8:40 a.m. **Keynote Speaker**
“Update from the American Academy of Family Physicians”
Wanda Filer, M. D., MBA, FAAFP, President Elect, AAFP, York, PA
- 9:20 a.m. ***“Disaster Planning for your Practice”***
Shane Speights, D.O., Vice President for Medical Affairs
St. Bernards Medical Center, Jonesboro, AR
Joe Stallings M.D., Associate Professor of Family Medicine, AHEC NE, Jonesboro, AR
- 10:00 a.m. **Break – Visit Exhibits**
- 10:30 a.m. ***“Achieving Health Equity for Lesbian, Gay, Bisexual and Transgender People”***
Harvey J. Makadon, M.D.
Director, National LGBT Health Education Center,
The Fenway Institute, Boston, MA
- 11:10 a.m. **AAFP Chapter Lecture Series: *“Barriers to Adult Immunizations”***
David G. Weismiller, M.D., ScM
Professor, Department of Family Medicine
Brody University School of Medicine, East Carolina University, Greenville, NC
- 12:10 p.m. **Installation of Officers Luncheon**, Ballroom D
Compliments of Arkansas Blue Cross Blue Shield and Baptist Health
- 1:20 p.m. **Final Visitation With Exhibitors**
- 1:40 p.m. ***“End of Life Issues”***
Sarah E. Harrington, M.D., F.A.A.H.P.M.
Associate Professor, Department of Internal Medicine
Division of Hematology/Oncology, UAMS, Little Rock, AR
- 2:20 p.m. ***“Thyroid Nodules”***
Brendan C. Stack, Jr., M.D., FACS, FACE
Professor, Otolaryngology – Head and Neck Surgery, UAMS, Little Rock, AR
- 3:00 p.m. Stretch Break
- 3:15 p.m. ***“Update in Pediatric Infectious Disease”***
Joseph Gary Wheeler, M.D., Pediatric Infectious Disease, Arkansas Children’s Hospital
UAMS, Little Rock, AR
- 4:00 p.m. **Adjournment**

Saturday, June 13, 2015

- 7:30 a.m. **Breakfast Meeting** - Compliments of Legacy Neurosurgery
“How to Diagnose and Treat Disorders of Pain, Numbness & Weakness”
Scott Michael Schlesinger, M.D., FACS, Neurological Surgeon, Little Rock, AR
David G. Rubin, M.D., Neurological Surgeon, Little Rock, AR
- 9:00 a.m. ***“Nailing the Problem – Primary Disorders of the Nails and Secondary Changes Due to Systemic Disease States”***
Mark T. Jansen, M.D. , Family Physician, Assistant Professor
Department of Family and Preventive Medicine, UAMS, Little Rock, AR
- 9:45 a.m. ***“Direct Pay Patient Models”***
Randall B. Oates, M.D., FAAFP, President/CEO/SOAPware Inc.
and DOCS-Clinic and Institute, PLC, Fayetteville, AR
- 10:30 a.m. ***“Family Docs on a Mission”***
Lonnie Robinson, M.D., FAAFP, Family Physician, Mountain Home, AR
- 11:15 a.m. **Adjournment**

General Information

PROGRAM OBJECTIVES

Physicians attending this program will receive current information on a diversity of medical topics pertinent to patient care in a Family Practice setting. Subject material was chosen based on assessed needs, future trends and relevance to quality patient care. At program conclusion, registrants will have a working and applicable understanding of the topics presented and will be provided with written materials for future reference provided by each speaker. This meeting will also allow for residents, medical students, Family Physicians, educators and faculty to interact academically, professionally and socially.

Commercial Support/Disclosure

It is the policy of the Arkansas Academy of Family Physicians to ensure balance, independence, objectivity and scientific rigor in this educational program. All faculty participating in this program are expected to disclose any associated or apparent conflicts of interest that may affect or be related to his/her presentation. These written disclosures are included in the syllabus.

Room Reservations

The Doubletree's special rate for our group is 136.00 Queen, Double, King or King with Sofa. Concierge Floor King Executive's and Double Executive are \$153. And suites are available for \$171. For reservations, please call the Doubletree at 501-372-4371 and specify you are with the Arkansas Academy of Family Physicians group, GROUP CODE: AAF or you may go to our personalized website at http://doubletree.hilton.com/en/dt/groups/personalized/L/LITMBDTAAF-20150609/index.jhtml?WT.mc_id=POG. The deadline for making reservations for our block is May 18 or until the group block is sold out, whichever is first.

Parking

Self parking is available at the Doubletree for overnight hotel guests. For non hotel guests, some parking will be available at the hotel parking lot (the Parking Garage below the hotel). Parking is also available at the Statehouse Parking Garage at 2nd and Main and the Rivermarket Parking Garage at 2nd and Commerce.

Visa and Mastercard are accepted for registration. You may register by phone (501-223-2272 or 1-800-592-1093) if using a credit card.

Registration Fee includes admittance to all functions and social events. Please wear your name tag at all times for admittance.

Cancellations prior to June 1, 2015 will be refunded less \$50.00 by written request.

IRS Tax Information Registration fees for this meeting may count as a business donation, not as a charitable contribution.

CME ACCREDITATION

The Scientific Program has been reviewed and is acceptable for up to 20.25 Prescribed Credits (includes the Pre Assembly Team Based Care and ICD 10 Course) by the American Academy of Family Physicians. AAFP Prescribed Credit is accepted by the AMA as equivalent to AMA PRA Category I Credit for the Physicians Recognition Award.

2015 Grant Providers

The Arkansas Academy of Family Physicians' 68th Annual Scientific Assembly is made possible with the help of generous grants from the following companies. Please make a point of thanking your representative for these contributions to our program. These companies will also receive special recognition through signs and ribbons in our exhibit hall.

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AAFP President Elect To Participate In AR AFP's Annual Assembly In June

Wanda D. Filer, M.D., MBA, FAAFP, a Family Physician in York, Pennsylvania and President Elect of the American Academy of Family Physicians will be our special guest at the AR AFP meeting June 10-13. Dr. Filer will preside over the Fellowship Convocation on Thursday June 11. She will provide the keynote address on Friday morning, June 12 and install our Officers and Directors that day at Noon.



Dr. Filer is a past president and active member of the Pennsylvania Academy of Family Physicians, including having served six years as the chapter's delegate or alternate to the AAFP Congress.

At the state level, Dr. Filer has the distinction of having served as the first Physician General of Pennsylvania, where she acted as public health adviser to the then Governor Tom Ridge. She has also served as an Ad Hoc member of the Pennsylvania State Board of Medicine and the Pennsylvania State Board of Osteopathic Medicine. She is also past president of the Pennsylvania Chapter of the American Cancer Society and the past Chair of Vision of Hope for the Pennsylvania Coalition Against Rape, which focuses on the prevention of child sexual assault. She also worked for 18 years as a health correspondent for WGAL TV, the NBC affiliate in Lancaster, Pennsylvania.

Dr. Filer has been a practicing family physician for more than 25 years and is the founder and President of the Strategic Health Institute in York, a health care consulting firm dedicated to building awareness of today's health issues and the need for change. In addition, she is a Family Physician at Family First Health, a federally qualified health center in York and Adams Counties.

An active member of the AAFP since 1987, she has served on the AAFP Commission on Governmental Advocacy, and as board liaison to the AAFP Commission on Continuing Professional Development. In addition, she has also served on the AAFP Foundation Board of Trustees and on the board of FamMedPac, the AAFP's political action committee.

She earned her bachelors degree in family health science from Gannon University in Erie, Pennsylvania and her medical degree from Hahnemann University in Philadelphia. She completed her family medicine residency at Underwood Memorial Hospital in Woodbury, New Jersey where she also served as Chief Resident. She earned an Executive MBA from Pennsylvania State University.

Arkansas Surgeon General to Provide Keynote Address Ar AFP Annual Scientific Assembly

Dr. Gregory H. Bledsoe, Arkansas' Surgeon General will provide the keynote address Thursday June 11 at 8:30 a.m. on "A Vision for the Health of Arkansas" at the AR AFP's Annual Scientific Assembly at the Doubletree Hotel in Little Rock.



Dr. Bledsoe is a board certified Emergency Medicine physician and is Associate Professor at UAMS Department of Emergency Medicine.

He completed medical school and residency at the University of Arkansas for Medical Sciences. He spent five years on faculty in the Johns Hopkins Department of Emergency Medicine completing a two year fellowship in International Emergency Medicine and a Masters in Public Health from the Johns Hopkins Bloomberg School of Public Health. In 2005 he received the "Teacher of the Year" award from the Johns Hopkins Department of Emergency Medicine.

He has extensive experience in international travel having visited over 50 countries. His international

medical experience includes serving as a field physician in Honduras, teaching disaster preparedness in Tanzania, leading a nutritional survey among the Beja tribe in northeast Sudan, working as a medical consultant in Beijing, China and acting as the medical officer for ships in both Antarctica and the Arctic.

Dr. Bledsoe has been an instructor and medical consultant for the United States Secret Service and was the personal physician to former President Bill Clinton during Clinton's tour of Africa in 2002. He served in Uganda and Senegal on the advance team of President George W. Bush when the President visited the African continent in 2003.

His research has been published in many medical journals and he is the chief editor of *Expedition and Wilderness Medicine*, a 700 page medical text published by Cambridge University Press in 2008.

Dr. Bledsoe is a frequent public speaker and has provided clinical and legal consultation to numerous nonprofit and commercial entities.



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UAMS College of Medicine Senior Match

This year, 157 UAMS College of Medicine senior students participated in the NRMP match on March 20, 2015.

Forty nine percent of the students received residencies in a primary care specialty (Internal Medicine, Pediatrics, Family Medicine and Ob/Gyn).

Thirty UAMS students matched with Family Medicine Reidency programs - 20 in state and 10 out of state – up from 23 students from the 2013 match. Sixty seven seniors were appointed to Arkansas residency positions and seventy nine received out of state residencies in 27 different states.

Results of the UAMS Senior Match is as follows:

Anesthesiology	9	Otolaryngology	3
Dermatology	3	Pathology	6
Emergency Medicine	9	Pediatrics	15
Family Medicine	30	Plastic Surgery	1
Internal Medicine	17	Psychiatry	11
Med-Peds	5	Radiology Diag.	7
Neurology	7	Surgery – Gen	3
Obstetrics/Gynecology	5	Surgery – Prel	3
Ophthalmology	5	Transitional	1
Orthopaedic Surgery	4	Urology	2

continued on page 21

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Kyle Blair, UAMS Regional Programs, Fort Smith

Brian Bowlin, UAMS Regional Programs, Fort Smith

Shawn Brummett, UAMS Regional Programs, Jonesboro

John Cockerell, UAMS, Little Rock

Jamie DeRusse, UAMS Regional Programs, Fort Smith

John Dickson, UAMS Regional Programs, Jonesboro

Blake Fulks, Cox Medical Centers – Missouri

Bradley Gray, UAMS Regional Programs, Fayetteville

Ali Haydar, UAMS Regional Programs, Jonesboro

Dustin Hoover, UAMS Regional Programs, Fort Smith

Franchesca Lau, Texas A&M – Bryan/College Station

Wallace Lock, UAMS Regional Programs, Fort Smith

Patrick McGowan, Palmetto Health Richland, Columbia, SC

James Miller, UAMS Regional Programs, Texarkana

Elizabeth Morgan, Shasta Community Health Center, Redding, Ca

Kevin O'Sullivan, UAMS Regional Programs, Texarkana

Andrew Parsons, Psych-Family Medicine, UPMC, Pittsburg, Pa

William Rogers, UAMS Regional Programs, Fayetteville

Nathan Schandavel, Texas A&M – Bryan/College Station

Jantzen Slater, McKay Dee Hospital, Ogden, Utah

Kenneth Starnes, Cox Medical Center, Springfield, Mo

Timothy Tellez, Univ of Michigan – Ann Arbor, MI

Joshua Tennyson, UAMS Regional Programs, Pine Bluff

Clark Trapp, UAMS Regional Programs, Fort Smith

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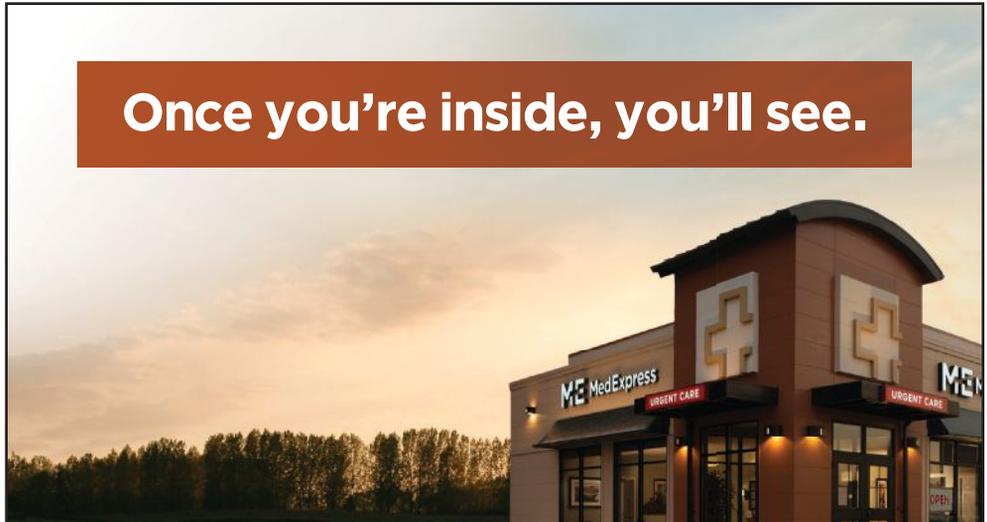
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may include indications that range from treatment for acute asthma episodes to temporary relief of minor asthma symptoms, are sold at many retail outlets and also may be purchased online, said FDA officials. Typically, the word “Homeopathic” is displayed on the product label and active ingredients are listed in terms of dilution (e.g., “LM1,” “6X” or “30C”).

Health care professionals and patients are encouraged to report adverse events or side effects related to use of these products to the FDA’s MedWatch Safety Information and Adverse Event Reporting Program online. (www.accessdata.fda.gov)

final recommendation (www.uspreventiveservicestaskforce.org) on thyroid dysfunction screening in adults, finding that the current evidence is insufficient to make a recommendation for or against screening for thyroid dysfunction in adults who are not pregnant and who show no signs or symptoms of a thyroid problem.

Thyroid dysfunction encompasses a range of thyroid gland disorders, and includes hypothyroidism and hyperthyroidism. The thyroid gland produces hormones that help control the body’s metabolism.

“While screening and treating asymptomatic adults for thyroid dysfunction is common, there is very limited evidence that evaluates whether these practices lead to improved health outcomes,” said USPSTF member Jessica Herzstein, M.D., M.P.H., in a news bulletin. (www.uspreventiveservicestaskforce.org)

News in Brief: Week of March 30-April 3

April 03, 2015 09:30 am News Staff – This roundup includes the following news briefs:

- *FDA Warns of Risks Tied to Homeopathic Asthma Products*
- *USPSTF Says Evidence Insufficient for Thyroid Dysfunction Screening*
- *Check Out New National Clinician Scholars Program*
- *Take Part in Open Payments National Provider Call*
- *Graham Center Launches Redesigned Website*

USPSTF Says Evidence Insufficient for Thyroid Dysfunction Screening

On March 24, the U.S. Preventive Services Task Force (USPSTF) published its

FDA Warns of Risks Tied to Homeopathic Asthma Products

Despite being commonly labeled as “natural” and “safe and effective,” the FDA is warning consumers and health care professionals about the health risks posed by homeopathic products marketed for asthma management. In a March 19 safety alert, (www.fda.gov) the agency advised patients not to rely on these OTC products, which have not been evaluated by the FDA for safety and effectiveness.

The homeopathic products, which

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Check Out New National Clinician Scholars Program

A new National Clinician Scholars Program(www.nationalcsp.org) -- an outgrowth of the original Robert Wood Johnson Foundation (RWJF) Clinical Scholars Program in place for nearly 40 years -- has launched and is accepting applications(www.ncspapp.org) for its first class, which is set to begin in July 2016.

The four sponsoring institutions -- the University of California, Los Angeles; the University of Michigan, Ann Arbor; the University of Pennsylvania, Philadelphia; and Yale University in New Haven, Conn. -- have served as training sites for the flagship RWJF program since 2002.

The original Clinical Scholars Program prepared physicians for health services and health policy research; a separate national program prepared nurse faculty leaders. The newly created national program is different in that nurses and physicians will train together in an effort to create team-based approaches to health care.

Up to 20 clinician scholars will be selected for the inaugural class. The early application deadline is May 15; the regular admissions deadline is Sept. 1. Applicants will be notified of final decisions in November. Selected applicants agree to participate for two years; new classes, selected yearly, begin each July.

Take Part in Open Payments National Provider Call

The Medicare Learning Network is offering a free national provider call on April 15 from 2 to 3:30 p.m. EDT to help physicians better understand the federal government's Open Payments transparency program that was developed in accordance with the Sunshine Act.

Space is limited, so register today. (www.eventsvc.com)

Participants are advised to visit(www.cms.gov) the Open Payments website before the call to become more familiar with the program and submit questions in advance. CMS will post the slide presentation(www.cms.gov) for the call at least one day before the call takes place.

Graham Center Launches Redesigned Website

The Robert Graham Center for Policy Studies in Family Medicine and Primary Care has redesigned

its website(www.graham-center.org) to improve the site's useability on mobile devices and tablets.

The redesign also offers better search functions, improves access to the data-based mapping resources of HealthLandscape(www.graham-center.org) and organizes content by topic.

The Robert Graham Center is affiliated with the AAFP but conducts research independently to improve individual and population health by enhancing the delivery of primary care. Its activities support and inform the Academy's policy development and advocacy efforts.

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Meaningful Use of Electronic Health Records Data

By Marq Walker

The year 2014 marked the fourth year of the Meaningful Use (MU) of certified electronic health record technology (CEHRT). Meaningful Use, designed to encourage providers to collect data in a structured format, has made great inroads in creating the infrastructure needed for health care data exchange, outcomes analysis and quality improvement. For providers who have successfully achieved MU, the opportunity to begin using the data residing in their CEHRT to engage in transformative initiatives and strategically improve practice revenue is only keystrokes away.

Many of Arkansas' providers are either participating or considering participation in initiatives that align with the "triple aim" – *improving the patient experience of care, improving the health of patient populations and reducing the per capita cost of health care*. Among these initiatives are the Medicaid and Medicare electronic health record (EHR) incentive programs, the Arkansas Payment Improvement Initiative (APII), Million Hearts, Arkansas Patient-Centered Medical Home (PCMH), the Arkansas Clinical Transformation (ACT) collaborative, Physician's Quality Reporting System (PQRS), the Comprehensive Primary Care Initiative (CPCI), and Accountable Care Organizations (ACOs), just to name a few. The progress and success of these programs in effecting transformation are heavily dependent on data. There is an intelligent trend towards aligning data requirements across these initiatives to reduce providers' reporting burden.

Quality improvement efforts in health care settings often begin with a look at the practice's clinical quality measures (CQM). Data are generally aggregated from the patients' electronic medical record and billed claims. Providers who use certified EHR technology are experienced in

reporting CQMs, which can identify a subset of patients by condition.

Examples of highly relevant CQMs that align across specific reporting initiatives include:

It is important for providers to understand the information that a clinical quality measure offers. For example, a CQM report for NQF #0059 - Diabetes - Hemoglobin A1C Poor Control would calculate a denominator comprised of "... patients 18-75 years of age who had a diagnosis of diabetes," and a numerator indicating the number of patients in the denominator "... whose A1C was greater than 9.0." The data presented will identify patients whose blood sugar is controlled

populations of patients needing tobacco cessation intervention, and hypertensive patients whose blood pressure needs periodic monitoring. One can see from these examples alone that the data present powerful opportunities to effect interventions that can help improve the health of patient populations. The data contained in this manner in the patient's record provides an opportunity to improve patient compliance, educate the patient and his or her family on self-management of chronic disease, and potentially reduce trips to the emergency room and hospitalizations.

Risk stratification of patients is one requirement of a number of transformative initiatives. This is done by analyzing patients who fall into high-risk categories. The data residing in EHRs – namely, patient diagnoses – can identify patients with multiple chronic diseases and assist the practice with developing care plans and

NQF #	Clinical Quality Measure Description	MU	PQRS	ACO	CPCI
0018	Controlling High Blood Pressure: percentage of patients 18-85 years of age who had a hypertension diagnosis and whose blood pressure was adequately controlled (<140/90) during the measurement period	√	√	√	√
0028	Preventive Care and Screening – a) Tobacco Use Screening and b) Cessation Intervention: percentage of patients ages 18 years and older who were screened for tobacco use one or more times within 24 months AND, if a tobacco user, received cessation counseling intervention	√	√	√	√
0059	Diabetes - Hemoglobin A1C Poor Control: percentage of patients 18-75 years of age with diabetes who had hemoglobin A1C > 9.0% during the measurement period	√	√	√	√
0064	Diabetes - Low Density Lipoprotein (LDL) Management: percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period	√	√	√	√

and patients whose blood sugar is not controlled. This presents an opportunity for a practice to bring back patients into the clinic for follow-up treatment, which can improve the patient's health and increase practice revenue. By measuring this CQM, a decrease in the numerator over time would indicate an improvement in a health outcome for a defined set of patients: the number of patients whose blood sugar was poorly controlled.

The same process is applicable to other CQMs listed in the table: identifying

reaching out to this patient population. Some EHRs offer a care management module or registry to facilitate data abstraction for these efforts.

Another use of data is the identification of patient populations needing preventive health. Arkansas Medicaid will pay primary care providers for early periodic screening, diagnosis and treatment for patients age 0 to 21. Medicare pays providers for "Welcome to Medicare" and health risk assessments, which "attribute"

continued on page 26



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the Medicare patient to the provider who performs the service. Attribution is important when it comes to calculating shared savings in programs such as Arkansas PCMH and ACOs. To address the highly relevant public health priority regarding up-to-date immunizations and vaccinations, patients who have not received these services are identified,

enabling the provider to engage patients to ensure that immunizations are current. Again, this data can be mined from most certified EHR technology.

Extracting data from certified EHR technology can range from the selection of a report or a combination of reports from an array of offerings provided by the EHR software developer, to using a more sophisticated add-on analytics or registry module to mine the data. Providers wishing

to optimize the value of the certified EHR technology in which they have invested are wise to continue to train staff on how to put the technology to work for the practice. The extraction and strategic use of data are important parts of the return on investment.

As software developers continue to refine their EHR products, providers can look forward to more seamless interconnectivity with other EHRs, access to genomic patient profiles that will facilitate personalized care plans and more user-friendly functionality.

In 2015, the ability to extract data from CEHRT and report on clinical quality measures is vital to participation in the MU, PQRS, CPCI and PCMH initiatives, which pay incentives to providers. Additionally, Medicare providers will need to report data, including CQMs, in order to avoid the MU, PQRS and Value-Based Modifier payment reductions set for implementation in 2017.

Many Arkansas physicians, nurses and other healthcare professionals are working with the Arkansas Foundation for Medical Care (AFMC) to leverage MU to transform their practices and meet the requirements for new care delivery and payment reform programs. Small practices, federally qualified health centers (FQHCs) and critical access hospitals (CAHs) have achieved MU. They can now leverage health information technology (HIT) to deliver high-quality patient care and participate in new practice transformation programs that will ultimately help patients live healthier lives.

The strong foundation built through the MU of EHRs allows health care professionals to optimize more effectively their HIT investment to align with the triple aim of *improving the patient experience of care, improving the health of patient populations and reducing the per capita cost of health care.*

Ms. Walker is program manager for health information technology, Arkansas Foundation for Medical Care.

References:

National Learning Consortium: *Meaningful Use Clinical Quality Measures: Alignment across Quality Initiatives*
CMS: *Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Professionals*
www.ihl.org: *The IHI Triple Aim*



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AAFP Declares Victory for FPs as Senate Fully Repeals SGR

■ Lawmakers Credit Physicians' Tireless Advocacy

April 15, 2015 06:00 am News Staff –

Family physicians triumphed Tuesday night as the Senate removed a longstanding obstacle to improved patient care by repealing the Medicare sustainable growth rate (SGR), the controversial formula that had threatened to cut physician payments for years.

The Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act, or MACRA, is the culmination of years of sustained lobbying and outreach by the AAFP and its members. The legislation, which the House passed last month with an overwhelming vote of 392-37, repeals the SGR formula used to calculate Medicare payment rates to physicians and preserves seniors' and children's access to care. The bill also establishes an alternative set of annual payment updates and funds CHIP and other programs important to family medicine for two years.

President Obama has said he will sign the bill into law, according to media reports.

STORY HIGHLIGHTS

- The Senate fully repealed the Medicare sustainable growth rate, which had threatened to cut physician payments for years, and the president has said he will sign the legislation into law.
- Legislators said the bill passed in large part thanks to pressure from the physician community.
- The legislation establishes a set of annual physician payment updates and funds for two years the Children's Health Insurance Program, the National Health Service Corps, the Teaching Health Center Graduate Medical Education program and the federal community health centers programs.

"For more than a decade, elderly and disabled Americans didn't know whether they would continue to receive the medical care they needed," AAFP President Robert Wergin, M.D., of Milford, Neb., said in a statement. "They couldn't count on whether they

could see the physician they'd had for years. But with today's passage of the Medicare Access and CHIP Reauthorization Act, these patients can put those worries behind them."

Acknowledging the strong work of primary care physicians who regularly visited Capitol Hill and called and emailed legislators, Wergin said the grassroots support was a major reason the bill passed.

"The AAFP has worked tirelessly on this issue, and with your help, the House and the Senate finally repealed the flawed SGR formula," Wergin wrote in an email to members. "This may have taken more than a decade, but all of our efforts on Capitol Hill have resulted in a resounding triumph for our specialty."

In the coming years, CMS will replace the SGR formula with a new Merit-Based Incentive Payment System that consolidates and expands existing Medicare fee-for-service incentive programs. A second track includes incentives for physicians to adopt alternative payment models that depart from traditional fee-for-service.

The current payment rate in the Medicare physician fee schedule will rise 0.5 percent on July 1, 2015, and another 0.5 percent each year through 2019. Under the new



legislation, the updated payment will not change from 2020 through 2025. However, physicians in alternative payment models, such as patient-centered medical homes, would earn a 5 percent update in payment rates each year.

The AAFP pushed for several components of MACRA that support primary care and increased access for target populations in need. The bill expands access to care for children and vulnerable populations with two years of extended funding for CHIP, the National Health Service Corps, the Teaching Health Center Graduate Medical Education (GME) program and the federal community health center program

“The legislation continues training in community-based settings rather than in specialty-focused academic hospitals,” Wergin said in the statement. “This is a crucial step toward reforming the federal GME program to include training in the settings in which family physicians practice and individuals receive most of their health care.”

The legislation continues a series of reforms that will transform and improve patient care while allowing primary care physicians to devote their attention to their patients.

“The passing of this bill ignites an important pivot of the nation’s health delivery system to one built on strong primary care,” Wergin told members in the email. “One that pays for its quality rather than just the volume of services it provides.”

Momentum built over the past two years as the AAFP and other physician organizations campaigned aggressively for full repeal of the SGR. Several lawmakers, including Rep. Michael Burgess, R-Texas; Sen. Ron Wyden, D-Ore.; and Sen. Orrin Hatch, R-Utah -- all sponsors of the current bill or earlier versions of it -- said Congress acted in response to continued pressure from the medical community about the need to repeal the SGR.

Physicians have dealt with years of short-term patches, known as “doc fixes,” that Congress passed in lieu of full repeal. During the past 12 years, 17 temporary patches to avoid payment cuts called for by the SGR formula have cost a total of \$169.5 billion. Scheduled cuts in physician payments under the SGR, part of the Balanced Budget Act of 1997, were always a threat despite never actually having been implemented.

The current patch was passed in 2014 and expired on March 31. Physicians faced a 21 percent cut in Medicare payments if Congress did not pass new legislation.

The prospect of repealing the SGR had attracted bipartisan support in recent years, but lawmakers had been unable to agree on cuts in other areas to fund the repeal.



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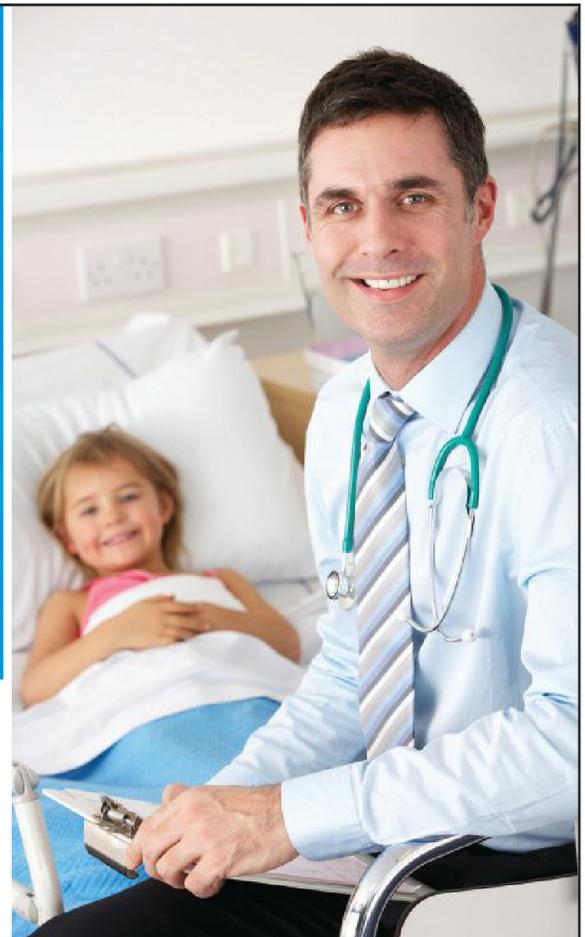
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