New Officers and Directors for Coming Year • 2012 Annual Meeting Changes!

The Arkansas Family Physician

Volume 15 • Number 4

AAFP
STRONG MEDICINE FOR AMERICA

Dr. Jeff Mayfield and his Family, Our 64th AR AFP President

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The Arkansas Family Physician

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

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Edition 57

Dear Academy Member,

The Arkansas Delegation to the AAFP Congress of Delegates is preparing for travel to Orlando September 11-15 where policies of the AAFP are voted upon as well as election of officers and directors for the coming year. Attending from Arkansas will be our Delegates, Doctor John Alexander of Magnolia and Dr. Richard Hayes of Jacksonville: our Alternate Delegates, Doctor Mark Dixon of El Dorado and Doctor Julea Garner of Hardy ; President – Doctor Jeff Mayfield of Bryant and Executive Vice President Carla Coleman .

We have finalized the 2011 Annual Meeting and we are pleased to inform you that we did make a profit again from the meeting – around $50,000. This is basically our only non dues income for the ARAFP – another reason the meeting is so very important to us as well as providing you with quality continuing medical education. Elsewhere in this Journal you will find photos of officers and directors, attendees and honorees at the Annual Meeting. Evaluations were again excellent with our national guests remarking on the great attendance and excellent quality of speakers and topics at our meeting.

Big changes are in store for our annual meeting in 2012 – MARK YOUR CALENDARS SINCE WE ARE MEETING WELL OVER A MONTH EARLIER THAN USUAL!!! AND, at the urging of several of you who regularly attend, we have restructured the meeting to more fit with your schedules. The dates of the Annual Scientific Assembly will be**: Thursday, Friday and Saturday, June 14-15 and 16**. To provide more CME hours for you as you requested, we will have a **half day OPTIONAL CME program Wednesday afternoon, June 13** with a separate registration and fee. Everything changes with a schedule change so the Exhibit Hall will be open on Thursday, June 14 and half day Friday, June 15. The Installation of Officers Banquet will be on Friday night June 15. Please plan on being with us at the Doubletree Hotel in Little Rock in June of 2012!!!

We now focus on the beginning of our new year with a new slate of officers and directors who will meet for the first time together on October 15. This meeting date will include a board orientation as well as a budget meeting for the coming year!

For those of you that are due for re-election the end of this year, please be reminded that you must report a minimum of 150 hours of AAFP approved CME for the three years 2009, 2010 and 2011 of which 75 of these hours must be Prescribed (or formal courses). Any questions, please give us a call at 501-223-2272 or 1-800-592-1093.

As always, we value your membership and your opinions and suggestions!

Sincerely,

Carla Coleman
Executive Vice President

Photographs by Darrick Wilson Photography

COVER IMAGE:

DR. JEFF MAYFIELD AND HIS FAMILY, OUR 64TH AR AFP PRESIDENT

Meet ARAFP's 64th President, Jeff Mayfield, M.D.

Dr. Ted Lancaster congratulates Dr. Mayfield

Dr. Jeff Mayfield of Bryant was installed the 64th President of the Arkansas Academy of Family Physicians Thursday night, July 21 at the Installation of Officers Banquet by AAFP Past President Doctor Rick Kellerman of Wichita, Kansas.

A native of Sheridan, Doctor Mayfield graduated from the University of Arkansas in Fayetteville with a B.S. degree. He went on to receive his medical degree from the University of Arkansas for Medical Sciences in Little Rock and completed a three year residency in Family Medicine at the UAMS Department of Family and Preventive Medicine in 1996. He has practiced family medicine at Baptist Health Family Clinic in Bryant for 15 years.

He serves as a Preceptor for medical students in his clinic and has served on the Governor's Commission on Eye and Vision Care of School Age Children. Active in his community and church, he serves as a Deacon at First Baptist Church in Bryant and as a member of the Executive Committee of the Southwest Christian Academy Booster Club. His hobbies are running, spending time with his family and participating in events his children are involved in – softball, taekwondo and ballgames!

A member of the AR AFP Board of Directors since 2004, he has served as an officer for the past three years. A diplomate of the American Board of Family Medicine, he and his wife Susan are the parents of a son, Matthew and two daughters, Madison and Mallory.

I am honored to serve the state's largest medical specialty organization as it's President in the coming year. I encourage you to get involved in the Academy, in Family Medicine activities, in preceptoring medical students, in encouraging Family Medicine Residents to look at options for practice opportunities in Arkansas and to involve as many Family Physicians as possible in the future of Family Medicine not only in our state but in our nation. As one of the first family medicine clinics in the state to begin implementation of the Patient Centered Medical Home, this model of care will build stronger relationships with patients and will not only improve health care but lower costs. I believe the Patient Centered Medical Home can be the future of primary care and especially Family Medicine in the future.

Oath of Office – Dr. Rick Kellerman with Dr. Jeff and Susan Mayfield

Physician to Physician –

A personal note from Benjamin Nimmo, M.D.,

Medical Director at Pinnacle Pointe Behavioral Healthcare System . . .

Pinnacle Pointe Hospital is the leading child and adolescent behavioral hospital in Arkansas for many reasons. As Medical Director of this facility since March, I have had the privilege of working with five other psychiatrists, three of whom are boarded in child and adolescent psychiatry. With a limited number of psychiatrists in Arkansas who are certified within this specialty, I am pleased to lead a team that has attracted such qualified and reputable physicians in the field of psychiatry.

Acute and residential services, supported by less restrictive school-based mental health and day treatment programs, provide a full continuum of services to ages 5-17.

As you serve children and families in Arkansas, please know that we as a medical team at Pinnacle Pointe are available to assist you in facilitating services for children and adolescents in crisis.

Benjamin Nimmo, M.D., Child and Adolescent Psychiatry

Scott Hogan, M.D., Child and Adolescent Psychiatry

Thomas (Chris) Stinnett., M.D., Psychiatry

Jim Aukstuolis, M.D., Child and Adolescent Psychiatry

Brian Kubacak, M.D., Child and Adolescent Psychiatry

Lynn Thomas, M.D., Psychiatry

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TRICARE®

AR AFP Officers and Directors Named


Dr. Lonnie Robinson


Dr. Barry Pierce


Dr. Dan Knight


Dr. Bryan McDonnell

In addition to Dr. Jeff Mayfield's installation as President, the following officers and directors were named for the coming year:

Dr. Lonnie Robinson of Mountain Home, a member of the Board since 2002 will serve as President Elect. A graduate of UAMS, he completed his family medicine residency at AHEC Northeast in Jonesboro; is a Diplomate of the American Board of Family Medicine and is in group Family Medicine in Mountain Home. He and his wife Robin are the parents of one son and two daughters.

Dr. Barry Pierce of Mountain View will serve as Vice President. A graduate of UAMS he completed is family medicine residency at AHEC South in Pine Bluff. He is a Diplomate of the American Board of Family Medicine, has served in various capacities on the Board since 1996 (student rep and resident rep) and is in emergency room medicine. He and his wife Beverly reside in Mountain View.

Dr. Dan Knight was elected as Secretary for the coming year. A member of the Board since 2006. Dr. Knight is Chairman of the UAMS Department of Family and Preventive Medicine and is a Diplomate of the American Board of Family Medicine. He received his medical degree from UAMS and completed his residency at the UAMS Department of Family Medicine. He resides in Little Rock

Dr. Bryan McDonnell was elected to serve another term as Treasurer, a position he has held since 2007. A member of the AR AFP Board since 2002, he is in group Family Medicine in Arkadelphia and is a Diplomate of the American Board of Family Medicine . He graduated from UAMS and completed a family medicine residency at AHEC Southeast in Texarkana. He and his wife Michelle reside in Arkadelphia and are the parents of one daughter.

Directors reappointed for another three year term were: **Doctor Edward Andy Gresham** of Crossett and **Doctor Jason Lofton** of DeQueen. **Doctor John E. Alexander** of Magnolia was re-elected to a two year term as Delegate to the AAFP Congress and **Dr. Rodney Mark Dixon** of El Dorado was re-elected as Alternate Delegate.

Newly elected Directors for three year terms were: **Doctor Senthil Raghaven** of Augusta who is Chief Medical Information Officer of ARCare. He completed his residency in Family Medicine at UAMS Department of Family and Preventive Medicine and is a Diplomate of the American Board of Family Medicine. **Doctor James Chambliss** of Magnolia received a three year board appointment also. He is a graduate of UAMS and the UAMS South Arkansas Family Medicine Residency in ElDorado. He is in private family medicine in Magnolia. **Doctor Brandon Thurow**, a third year Family Medicine Resident at AHEC South in Pine Bluff and **Dr. Appathurai Balamurugan**, a second year resident in Family Medicine at Little Rock will serve as co chairs of the Resident members. **Ms. Jera Boman**, a second year medical student was elected to serve as the Student Representative to the Board as well as the President of the Family Medicine Interest Group on campus at UAMS.


Doctors Robinson, Pierce, Knight, Alexander, Dixon, Lofton, Chambliss, Bala, Boman, Gresham, Thurow

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Michael Chesser, MD
Neurology

Allan Smith, MD
Sports Medicine Fellow

Hank Wallace, MD
Sports Medicine Fellow

Adam Smitherman, MD
Shoulder and Elbow Fellow

OrthoArkansas

www.orthoarkansas.com

Arkansas Musculoskeletal Institute
10301 Kanis Road
Little Rock
501-604-6900

North Little Rock Branch
4104 Richards Road
North Little Rock
501-955-5519

Benton/Bryant Branch
2305 Springhill Road, Suite 4
Benton
501-847-0158

UAMS Reaching Out To Promote Family Medicine

In 2011, only 19 students in the UAMS senior medical class matched in family medicine. Out of 139 students, less than half matched in a primary care specialty. UAMS is trying to change these numbers so that more students choose primary care and specifically family medicine, but we need your help.

Through a grant from the Health Resources and Services Administration, UAMS is working to not only recruit more students to choose family medicine but also to change the perception of family medicine among students. UAMS is also revising its preceptorship and clerkship programs. In the preceptorship program, there are the additions of a structured online curriculum as well as the new service-learning preceptorship. The program will continue to be modified on the basis of feedback from students.

A complete revision of the family medicine clerkship curriculum is being implemented in the 2011-2012 academic year that will standardize and strengthen the curriculum. Online, peer-reviewed interactive clinical cases are being used to teach the students the key principles of the specialty of family medicine in addition to working directly with Area Health Education Centers (AHEC) and the UAMS Department of Family and Preventive Medicine (DFPM) faculty and residents in the clinic and hospital.

This fall, plans are underway for the creation of a Community Practice Learning Collaborative for first year medical students that will pair the student with family physician mentors. Students will participate in monthly sessions that explore issues related to primary care and rural practice to counter the misconceptions or inaccurate information that they are

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Are you ready?

WEEKLY TO-DO LIST

Version 5010 Deadline:
JAN 1st, 2012

ICD-10 Deadline:
OCT 1st, 2013

Prepare Now for the Version 5010 and ICD-10 Transitions

The change to Version 5010 standards takes effect on January 1, 2012.
The change to ICD-10 codes takes effect on October 1, 2013.

In preparation for ICD-10, starting January 1, 2012, all practice management and other applicable software programs should feature the updated Version 5010 HIPAA transaction standards. Providers will need to use ICD-10 diagnosis and inpatient procedure codes starting on October 1, 2013.

Make sure your claims continue to get paid. Talk with your software vendor, clearinghouse, or billing service NOW, and work together to make sure you'll have what you need to be ready. A successful transition to Version 5010 and ICD-10 will be vital to transforming our nation's health care system.

Visit www.cms.gov/ICD10 to find out how CMS can help prepare you for a smooth transition to Version 5010 and ICD-10.

CMS CENTERS for MEDICARE & MEDICAID SERVICES ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10

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exposed to in a tertiary academic medical center.

We need the help of family physicians in our campaign. There are three ways that you can help us reach medical students and potentially have a positive impact on their decision of which specialty of choose. You can be a mentor, be a preceptor or be interviewed.

Mentor – The UAMS DFPM and AHEC programs together with the Arkansas Academy of Family Physicians are working together to start a volunteer family medicine mentorship program for interested first and second year medical students. Your responsibilities as a mentor would include being available to the students when they have questions, inviting the student into your clinic four times per year to shadow you and possibly participate in monthly meetings to discuss different topics of interest to students. The goal of this program is for students to have regular contact with family physicians to show them how rewarding family medicine can be.

Preceptor – Preceptorships are for students during the summer after their first and second years of medical school (M1 or M2). Students have two different options for preceptorships: an AHEC Family Medicine Preceptorship or a Service Learning Preceptorship.

The Family Medicine Preceptorship program is for a four-week period for an M1 or M2 where they will have the opportunity to observe and become a part of all aspects of the private practice of a family medicine physician in a community setting. All communities in the state except those in Pulaski County are eligible to participate.

The Service Learning Preceptorship is an eight-week period for entering sophomores and will combine clinical experience with a service learning project that responds to real-life community problems. By students being able to spend a significant amount of time in the clinic, they will be able to see what the day-to-day life of a family medicine physician is like.

Interview – We are looking for family medicine physicians who are passionate about their job to be video interviewed. We have visited with several physicians around the state asking why they chose family medicine, what their practice is like and any advice they would give to students considering family medicine. Through the videos, we are able to show students how rewarding family medicine can be and how stimulating and varied it is. We place the video interviews on our website for students (IsThisYourSeat.com), and we also distribute selected interviews in DVD format.

While we would love for students to participate to the mentorship or preceptorship programs, we realize the time commitment could be an issue for some. Through the videos, students are able to hear from family medicine physicians in minutes. The videos are part of our on-going campaign, Is This Your Seat?, which was launched in early July. If you are interested in seeing video interviews we have conducted with physicians and students, go to IsThisYourSeat.com.

At UAMS, we recognize that the best way for students to choose family medicine is for them to see and hear from family practice physicians who practice every day and love what they do. If you are interested in becoming a mentor or a preceptor, call 501-686-5260. If you are willing to be interviewed, call 501-686-8981.

Medicaid Registration Process

In a recent letter from Eugene Gessow, Director of the Ar Department of Human Services Division of Medical Services, an update on the Medicaid registration process for electronic health record incentive payments was provided. Registration will open November 7, 2011. Providers may attest to the adoption, implementation or upgrade criteria beginning November 8, 2011. For providers who meet all of the required criteria, payments can begin as soon as November 17, 2011.

Arkansas Medicaid will make payments of up to $63,750. payable over six years for eligible Medicaid providers who adopt, implement or upgrade to a certified EHR system. Eligible providers include MD's, Do's, dentists, certified nurse midwives, nurse practitioners and physician assistants in a Rural Health Clinic or Federal Qualified Health Center. Eligible providers must have a 30% Medicaid caseload (the exception pediatricians who only need 20% caseload):

Arkansas Medicaid posts the latest information on the EHR incentive program on their website: www.medicaid.state.ar.us. Updates are also available from HIT Arkansas, www.hitarkansas.com or the AR Office of Health Information Technology – (OHIT). At ohit.arkansas.gov.

Go Paperless and Get Paid

Register NOW for CMS Electronic Health Record Incentives

The Centers for Medicare & Medicaid Services (CMS) is giving incentive payments to eligible professionals, hospitals, and critical access hospitals that demonstrate meaningful use of certified electronic health record (EHR) technology.

Incentive payments will include:

- Up to $44,000 for eligible professionals in the Medicare EHR Incentive Program
- Up to $63,750 for eligible professionals in the Medicaid EHR Incentive Program
- A base payment of $2 million for eligible hospitals and critical access hospitals, depending on certain factors

Get started early! To maximize your Medicare EHR incentive payment you need to begin participating in 2011 or 2012; Medicaid EHR incentive payments are also highest in the first year of participation.

Registration for the EHR Incentive Programs is open now, so register TODAY to receive your maximum incentive.

For more information and to register, visit:

www.cms.gov/EHRIncentivePrograms/

For additional resources and support in adopting certified EHR technology, visit the Office of the National Coordinator for Health Information Technology (ONC):

www.HealthIT.gov

CMS CENTERS for MEDICARE & MEDICAID SERVICES

HealthIT.gov

EHR INCENTIVE PROGRAM

Three Family Medicine Clinics in Arkansas Receive PCMH Grants!

At the Installation of Officers Banquet held on July 21 at the Doubletree Hotel Ballroom, the official announcement of the three grant recipients for the Patient Centered Medical Home Project was made.

Carla Coleman, Executive Vice President of the AR AFP Foundation and the AR AFP announced the recipients of the $150,000 grant from **Blue and You Foundation** received in January of 2011 for a two year pilot program to transform three practices into a Patient Centered Medical Home.

Recipients shown below with **Blue and You Foundation Executive Director Patrick O'Sullivan are:**

Dr. Robert Cowherd of the Cowherd Family Medicine Clinic in Heber Springs where he practices with his wife, Dr. Kristi Cowherd

Dr. Jason Lofton and his wife, Cindy Lofton of the Lofton Family Clinic in DeQueen

Dr. Rebecca Floyd and her husband Gordon, of the Sophia Meyer Family Medicine Clinic in Van Buren.

A kick off meeting was held the previous night with the project manager and lead facilitator from TransforMED, a subsidiary of the American Academy of Family Physicians who we contracted with to facilitate the change process for these practices in becoming a Patient Centered Medical Home.

The AR AFP Foundation's grant was one of 23 health improvement projects funded in 2011 by the Blue and You Foundation for a Healthier Arkansas. The three practices selected to participate in the two year project were chosen based on a variety of selection criteria including type of practice, patient population, practice location , ownership status, number of physicians and likelihood of success in implementing the PCMH model in their practices.

The Patient Centered Medical Home model will benefit patients by enriching the quality of care that will be provided in a comprehensive, team based, patient centered environment. It is also hoped that widespread PCMH adoption will also increase the number of medical students who choose to practice primary care, a factor which has been shown to be critical in improving the health of the community while lowering health care costs.

Patrick O'Sullivan, Cindy & Jason Lofton, Rebecca & Gordon Floyd

Dr Hayden Franks Receives Honorary Membership

Dr. Hayden Franks, a Little Rock Dermatologist was honored at the Academy's Annual Scientific Assembly July 20 with our very first Honorary Membership in the Arkansas Chapter!

Dr. Franks, a popular speaker at our assembly each year is also a very staunch supporter of Family Medicine in Arkansas and has been a member of the Academy's Legislative Coalition formed five years ago .

Dr. Danny Proffitt, President of the Arkansas Chapter in 2009-10 presented the award to Dr. Franks stating that in recognition of Dr. Franks support for the Academy and Family Medicine the past several years through testifying for us in the legislative arena and in financial support for our lobbying effort as well as his annual scientific presentations to our members on dermatologic problems, it was a distinct pleasure to present our first state chapter's honorary membership to Doctor Franks!

Dr. Danny Proffitt presents Honorary Membership to Dr. Hayden Franks

ENDING CHILDHOOD OBESITY WITHIN A GENERATION

We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.

2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.

3. Boost resources (financial/rewards/incentives/ training/technical assistance) to schools in order to improve physical fitness and nutrition programs.

4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.

5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.

Action for Healthy Kids™

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

eat right. American Dietetic Association

eat right. American Dietetic Association Foundation

USDA United States Department of Agriculture Center for Nutrition Policy and Promotion

F·R·A·C

FUEL UP to Play 60

NHMA National Hispanic Medical Association

National Medical Association

PRESIDENT'S CHALLENGE PROGRAM

SCHOOL NUTRITION ASSOCIATION

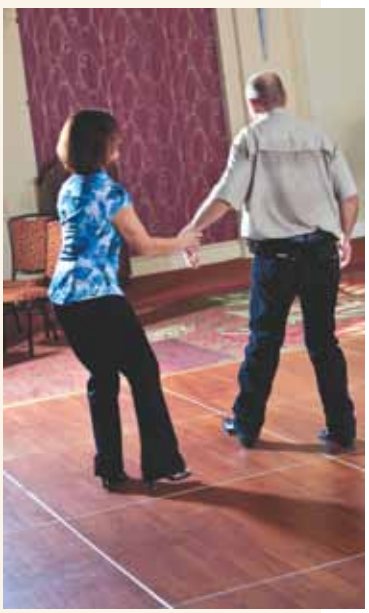
USDA

AR AFP ANNUAL SCIENTIFIC ASSEMBLY 2012 NEW MONTH, NEW FORMAT!!

Big changes are being made to the 2012 Annual Scientific Assembly at your request!! The dates will be Thursday, Friday and Saturday til Noon, June 14-16. An Optional Pre Assembly CME program will be offered on Wednesday afternoon July 13 for additional hours with a separate registration and fee.

MARK YOUR CALENDARS and plan to be with us: JUNE 14-15, 16 , 2012 ANNUAL ASSEMBLY: Optional CME – June 13, 2012 – Doubletree Hotel, Little Rock!

Many positive comments were received from attendees of this year's meeting with the highest speaker evaluations received by Dr. Angela Driskill, Dr. Brad Baltz, Dr. Hayden Franks, Dr. James Magee, Dr. Dosha Cummins and Dr. Rick Kellerman! Your comments mattered – we are listening – let us know your choice of topics and speakers for 2012 – plans will be finalized by January!



DON'T FORGET!

It is 2011 Re-Election Time

Members due for re-election this year have until December 31, 2011 to earn your CME!

CME Requirements for Membership

ACTIVE and SUPPORTING (FP) MEMBERS must accrue at least 150 hours of approved continuing education within each three-year reporting period to retain membership. These credits must include at least 75 Prescribed credits and at least 25 group activity hours.

Reporting Your CME

The Academy offers four easy and convenient ways to report CME credit:

- Online at www.aafp.org/cme
- Complete and mail the quiz cards for AAFP programs such as American Family Physician, Family Practice Management, Home Study Self Assessment, Video CME, and Proficiency Testing.
- Call a CME representative 1-800-274-2237 between the hours of 8:30 a.m. – 5:00 p.m. Central Time.
- Complete and fax the AAFP reporting form to 913-906-6087 or mail to:

AAFP, CME Records
11400 Tomahawk Creek Parkway
Leawood, Kansas 66211-2672

The AAFP offers members over 200 credits of free online CME. For a complete listing, log-on to www.aafp.org/onlinecme.xml.

Questions About CME

If you have questions about your reelection or need a current copy of your CME record, please call 1-501-223-2272 or 1-800-592-1093.

Important Changes In ABFM Requirements

Important changes are taking place in family medicine residencies in relation to the American Board of Family Medicine (ABFM).

First, the dates to take the ABFM exam have moved from July and December to April and November. After completing their residency, residents will have six months to obtain a valid state license to receive their ABFM certification.

Also, Maintenance of Certification for Family Physicians (MC FP) is moving into residency training. Residents entering family medicine residency in 2012 will need to accumulate 50 MC-FP points to be eligible to sit for eh 2015 ABFM exam. Points will be accumulated by completing at least one SAM and at least one Part IV activity such as METRIC. The Self Assessment modules (SAMS) and Part IV activities will be offered free to residents. The ABFM hopes the residents will become very familiar with the computer simulation technology in the SAMS as the 2014 exam will include similar simulations. Addditional information can be found in the ABFM Summer 2011 Newsletter that was sent to Residency Program Directors this past July.

Residency programs will need to monitor and track each resident's progress to ensure that all of the requirements are completed before the resident can take the certification exam. The ABFM will also provide reminders to each resident individually.

For more information, visit the ABMF Website!

Feds Unveil Medicare Bundled Payment Pilot Similar to Arkansas Proposal

Provided by: Mitchell • Blackstock • Ivers • Sneddon • PLLC

The federal government unveiled a Medicare bundled payment pilot program this week that is similar to the payment model being promoted by Arkansas officials.

The Department of Health and Human Services (HHS) announced August 23, 2011, that it is seeking proposals from hospitals, doctors and other providers to participate in the pilot. The Department is offering a choice of four broadly defined models for hospitals, physicians and other providers caring for patients during acute care hospital stays or post-discharge recovery.

"Patients don't get care from just one person – it takes a team, and this initiative will help ensure the team is working together," said HHS Secretary Kathleen Sebelius in a statement. "The Bundled Payments initiative will encourage doctors, nurses and specialists to coordinate care. It is a key part of our efforts to give patients better health, better care and lower costs."

The pilot is being spearheaded by the HHS Centers for Medicare and Medicaid Services (CMS) and the Centers for Medicare and Medicaid Innovation (CMI), which was created by the Affordable Care Act of 2010.

The pilot is designed to move providers away from fee-for-service. CMS says this approach of paying providers for how much they do rather than how well they do, "lead[s] to fragmented care with minimal coordination across providers and health care settings." As noted by Kaiser Family Foundation, bundled payments have yet to take off nationally because in most parts of the country hospital and doctors and other providers are not used to working closely together and amicably splitting the same fee.

The initiative appears similar to the bundled payments for episodes of care that Arkansas Governor Mike Beebe has proposed for Medicaid and private payers. However, the federal proposal differs in that it will still pay providers under fee-for-service, with a discount. Then, at the end of the episode, the government will compare the total payments it made to participating providers against a pre-determined target price. Any savings will be shared among providers. In short, providers will have to figure out how to split any savings, but not the base amount they are paid.

The agencies expect providers to propose episodes around such procedures as heart bypass surgery, hip replacement, coronary artery bypass graft (CABG) surgery, cataract, etc. The four models are as follows:

Retrospective

Model 1: Acute hospital stay only. (Services: hospital only.)

Model 2: Acute hospital stay, plus post-acute care for 30 or 90 days after discharge. (Services: inpatient hospital, physician; related post-acute care; related re-admissions; other services defined in the proposal.)

Model 3: Post-acute care only, beginning at discharge and continuing for at least 30 days. (Services: related post-acute care; related re-admissions; other services defined in the proposal.)

Prospective

Model 4: Acute hospital stay only, with a single, prospective payment only. (Services: Inpatient hospital, physician, and related admissions.)

Providers will have the flexibility to determine which clinical condition to cover, the time period for the episode, and which services will be bundled together. They will also name their own target price -- but it must be at a discount off what Medicare would otherwise pay for all the services in the bundle. A fact sheet from CMS says the discounts generally must be at least 2% to 3%, though the post-discharge model has no minimum.

In a departure from some bundled payment models, Medicare will continue to pay providers in the first three models under the original Medicare fee-for-service program, but with a negotiated discount. At the end of the episode, the total payments will be compared with the target price, and providers will split any savings. Under the fourth model, Medicare pays a single, prospective bundled payment to the hospital, which is responsible for paying the physicians and any other providers in the arrangement.

In Model 1, it appears CMS means to pay the hospital, but expects the hospital to enter into a gain-sharing arrangement with physicians. For Models 2 and 3, CMS want the bundles to include hospital services; physician services; post-acute services (by long-term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities, or home health agencies); clinical laboratory services; durable medical equipment; prosthetics, orthotics, and supplies; and Part B drugs. Model 4 is a payment only to the hospital, but covers the services of physician and other practitioners as defined by the hospital.

Medicare is requiring all providers to include a strict quality monitoring program as part of the application. Quality measures, internal monitoring, and quality improvement protocols will be required.

Initial reaction from provider groups was marked by caution. The flexibility and avoidance of one-size-fits-all approach is appealing to many. One concern may be Medicare's requirement that providers accept a discount off Medicare's fee schedule, rather than relying solely on the incentive of shared savings to produce cost efficiency. However, in this model, as opposed to the Medicare Shared Savings Program, any savings are shared solely among the providers, not Medicare, which may be enough to attract more providers. One concern for physicians, home health and some other providers is that the models are all hospital-driven, something the American Medical Association alluded to in a press statement.

Organizations interested in applying to the Bundled Payments for Care Improvement initiative must submit a Letter of Intent (LOI) no later than September 22, 2011 for Model 1 and November 4, 2011 for Models 2, 3, and 4. For more information about the various models and the initiative itself, go to http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html. To view a fact sheet, visit http://www.healthcare.gov/news/factsheets/bundling08232011a.html.

From AAFP NEWS NOW:

■ FPs Remain High in Demand
Family Physicians Once Again Top List for Recruitment Requests in 2010-11

By News Staff • 8/17/2011.

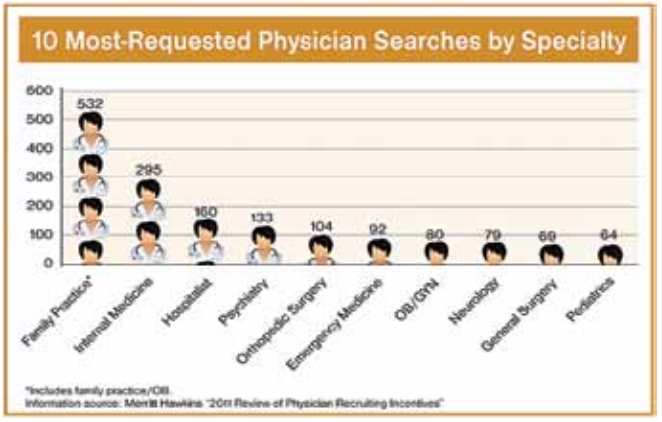
The demand for family physicians continues to outstrip demand for other physician specialties and subspecialties, making family physicians the most sought-after physician group in terms of recruitment and retention. That's according to a recent survey <http://www.merritthawkins.com/uploadedFiles/mha2011incentivesurveypreview.pdf> from Merritt Hawkins, a national physician search firm, which tracked more than 2,660 physician recruiting assignments from April 1, 2010, through March 31, 2011.

This is the fifth consecutive year that family medicine has topped Merritt Hawkins' list for recruitment searches. The company received 532 requests for family physician placements, a 42 percent increase from 2009-10. Internal medicine ranked second, with 295 requested searches, and pediatrics broke into the top 10 most-requested physician assignments for the first time this year, with 64 requests.

Story Highlights

For the fifth straight year, family physicians were the most sought-after physician group, according to a recruitment and retention survey conducted by physician search firm Merritt Hawkins.

The survey found that the average salary for family physicians in 2010-11 was $178,000 compared with $205,000 for internal medicine physicians and $183,000 for pediatricians.



Fifty-six percent of Merritt Hawkins physician search assignments in 2010-11 featured hospital employment of the physician, an increase of 5 percent from the previous year.

"Primary care physicians have become a particular focus of recruiting efforts for several reasons," says the survey. In particular, the shortage of medical students willing to go into primary care is a factor. As a result, many family medicine residency programs are having difficulty filling their available residency slots. "This contraction in supply coincides with the renewed focus that hospitals and medical groups are putting on primary care after several years of neglect in the early part of this decade," the survey notes.

Practice style and physician demographics are additional factors inhibiting supply, says the study. Many physicians are looking for part-time practice work or more structured hours that fit better with their personal lifestyles. For example, notes the study, "Female physicians, who typically work fewer hours than male doctors, are concentrated in primary care, eroding the number of primary care full-time equivalents."

In addition, population growth in the United States is creating a greater demand for primary care physicians, as is the emphasis on providing better value for dollars spent, which is a priority of health care reform efforts.

The survey also looked at average salaries for family physicians and other specialties and subspecialties. It found that the average salary for family physicians in 2010-11 was $178,000 compared with $205,000 for internal medicine physicians and $183,000 for pediatricians. Family physicians who provide obstetric service as part of their practices had an average salary of $197,000.

By comparison, orthopedic surgeons earned an average salary of $521,000 in 2010-11, urologists earned $453,000, and dermatologists earned $331,000, according to the survey.

The survey also made these key findings:

- fifty-six percent of Merritt Hawkins physician search assignments in 2010-11 were for hospital-employed physicians, a 5 percent increase from the previous year and up 33 percent from 2005-06;
- most search assignments (74 percent) feature salary with a production bonus, and the majority of bonuses continue to be based on relative value units rather than on quality or cost-based compensation metrics;
- signing bonuses, relocation and continuing medical education allowances remain standard in most physician recruitment incentive packages;
- housing allowances are a new recruiting incentive some facilities are offering to help physicians having difficulties relocating because of the volatile real estate market; and
- nearly half (44 percent) of search assignments in 2010-11 took place in communities of 100,000 or more, while only 22 percent of assignments took place in communities of 25,000 or less.

■ Heads Up to Family Docs
Prepare to Revalidate Your Medicare Provider Enrollment by 2013

By Sheri Porter • 8/22/2011

Family physicians who provide health care for Medicare patients and who enrolled in Medicare before March 25, 2011, will be required to revalidate their Medicare enrollment in coming months. That's according to a recent "special edition" article in CMS' online MLN Matters

(http://www.cms.gov/MLNMattersArticles/Downloads/SE1126.pdf) publication for Medicare professionals.

CMS cautioned physicians to hold off on taking any action, however, until they receive notification about their individual revalidation from their Medicare administrative contractors. Beginning immediately and through March 23, 2013, Medicare contractors will send notices to affected professionals and suppliers notifying them that it's time to begin the revalidation process.

According to Cynthia Hughes, C.P.C., an AAFP coding and compliance specialist, the revalidation mandate is likely to irritate busy family physicians.

Story highlights

Medicare participating physicians who enrolled before March 25, 2011, must revalidate their Medicare enrollment.

Physicians should not act until they receive a notice from their Medicare contractor regarding revalidation.

Revalidation notification will continue through March 23, 2013.

The revalidation effort stems from language in the Patient Protection and Affordable Care Act that seeks to combat Medicare fraud and abuse.

"Many of our members just completed the re-enrollment process to ensure that they were entered into CMS' PECOS (https://pecos.cms.hhs.gov) (Provider Enrollment, Chain and Ownership System) for ordering and referring purposes or to add their national provider identifier number to the system," said Hughes. "This will be a duplication of effort for many physicians," she added.

Section 6401(a) of the Patient Protection and Affordable Care Act called for the establishment of certain procedures to screen physicians and other health care professionals who provide medical services to Medicare and Medicaid beneficiaries, as well as those who participate in the Children's Health Insurance Program, as a means of combating fraud. CMS published a final rule in the Feb. 2, 2011, (http://edocket.access.gpo.gov/2011/pdf/2011-1686.pdf) Federal Register (http://edocket.access.gpo.gov/2011/pdf/2011-1686.pdf) to implement those provisions and provided details in a March 23 CMS Change Request (http://www.cms.gov/transmittals/downloads/R371PI.pdf).

Subsequent to those changes, "CMS decided all Medicare providers have to re-enroll based on their new screening levels," said Hughes, adding that most physicians fall into the limited-risk category.

How to Submit Revalidation Information

According to CMS, the most efficient way for physicians to submit their revalidation information is by using the agency's Internet-based Provider Enrollment, Chain and Ownership System, or PECOS. PECOS allows users to review and update information currently on file. To complete the process, physicians should:

- submit the revalidation electronically;
- print, sign, and date the provided certification statement; and
- mail the statement and all required supporting documentation to the appropriate Medicare administrative contractor immediately.

Medicare contractors will process the revalidations in the same manner as previous enrollments. However, according to Hughes, CMS will provide contractors with a list of physicians and other health care professionals who have had a previous "adverse action," which includes exclusion from participating in Medicare, Medicaid, or other federal health programs; license revocation; or felony conviction.

"CMS will check new enrollments and revalidations against this list," said Hughes. "Physicians on the list could be subject to higher levels of screening -- including site visits -- to confirm that a valid practice is in operation," she added.

The topic of revalidation is on the agenda for the next CMS Open Door Forum scheduled for Sept. 20, 2011. Hughes urged family physicians to sign up to request notification (https://subscriptions.cms.hhs.gov/service/subscribe.html?code=USCMS_C115) when information about that call is posted. Physicians will have an opportunity to comment and ask questions.

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Psych TLC: A new Arkansas resource for pediatric mental health

By Juan L. Castro, MD; J. Lynn Taylor, MD; and William E. Golden, MD

Arkansas has a shortage of mental health professionals, especially child psychiatrists. The 2007 edition of "Natural Wonders," a comprehensive analysis of the health of the state's children prepared by Arkansas Children's Hospital, states that the prevalence of serious emotional disturbances exceeds national rates for mental illness in children in nearly all of Arkansas' 75 counties.[1] Primary care physicians, especially in rural areas, can face difficult psychiatric diagnostic and management issues on a regular basis with limited professional support. Clearly, there is a growing need for more mental health services to meet this pressing health problem and threat to the future success of young Arkansans.

According to the State Medical Board website, there are 37 board-certified child psychiatrists licensed in Arkansas. Managed care and multidisciplinary models recommend approximately 14.5 child and adolescent psychiatrists per 100,000 youths to provide proper mental health coverage for a commercial market.[2] Arkansas is ranked sixth nationally in having the highest population of youth living in poverty.[3] Evidence has shown that children living in poverty or rural areas are less likely to have access to child and adolescent psychiatrists and have higher rates of psychopathy.[4] Arkansas, therefore, could use at least 50 additional child psychiatrists to meet population needs. Moreover, our shortage of psychiatrists is compounded by an uneven distribution that favors urban locations and central Arkansas. This requires many children to travel long distances to access mental health services, which can delay or even prevent consultation with a specialists.

The Arkansas Department of Human Services (DHS) has a major responsibility to provide mental health services to children and adolescents throughout the state. To assist primary care physicians in meeting the needs of troubled children and their families, DHS has partnered with the Psychiatric Research Institute (PRI) at the University of Arkansas for Medical Sciences (UAMS) to offer distance clinical and educational services to physicians throughout the state.

Psych TLC

Psychiatric Telehealth, Liaison and Consults, or Psych TLC, was created by the PRI's Division of Child and Adolescent Psychiatry in partnership with the Arkansas Division of Medical Services. Telehealth is the use of communications and information technologies to deliver health services and exchange health information when distance separates the participants.[5,6] Psychiatry was one of the first medical specialties to use telehealth.[7,8] There are several studies indicating that telepsychiatry is clinically useful and that users are generally satisfied with it.[9]

The Psych TLC program's immediate goal is to provide primary care physicians in Arkansas with access to high quality child and adolescent psychiatric consultation. The longer term goal is to improve the quality of mental health treatment throughout the state. This psychiatric tele-consultation service has created a "virtual clinic" with the objective of delivering child psychiatric consultations, clinical services, and most importantly, enabling physicians in distant rural primary care clinics to treat children with behavioral problems.

Results

Consultation service: During the first 16 months of the program, 54 telephonic consultations were received through the call center. Five telemedicine psychiatric evaluations were scheduled. Five consultations were made directly to physicians. In order of frequency, the most common referral diagnoses in the patients evaluated were autism, mood disorders (depression, bipolar disorder) and ADHD. The most common reasons for consult were medication advice, aggression, suicidality and severe anxiety.

Disposition: From the 54 calls, only four were referred for an evaluation to the emergency room. Four emergency referrals were avoided due to the consultation provided. The patients not referred to the emergency room were evaluated by the telemedicine service or referred for an immediate evaluation to a local clinic.

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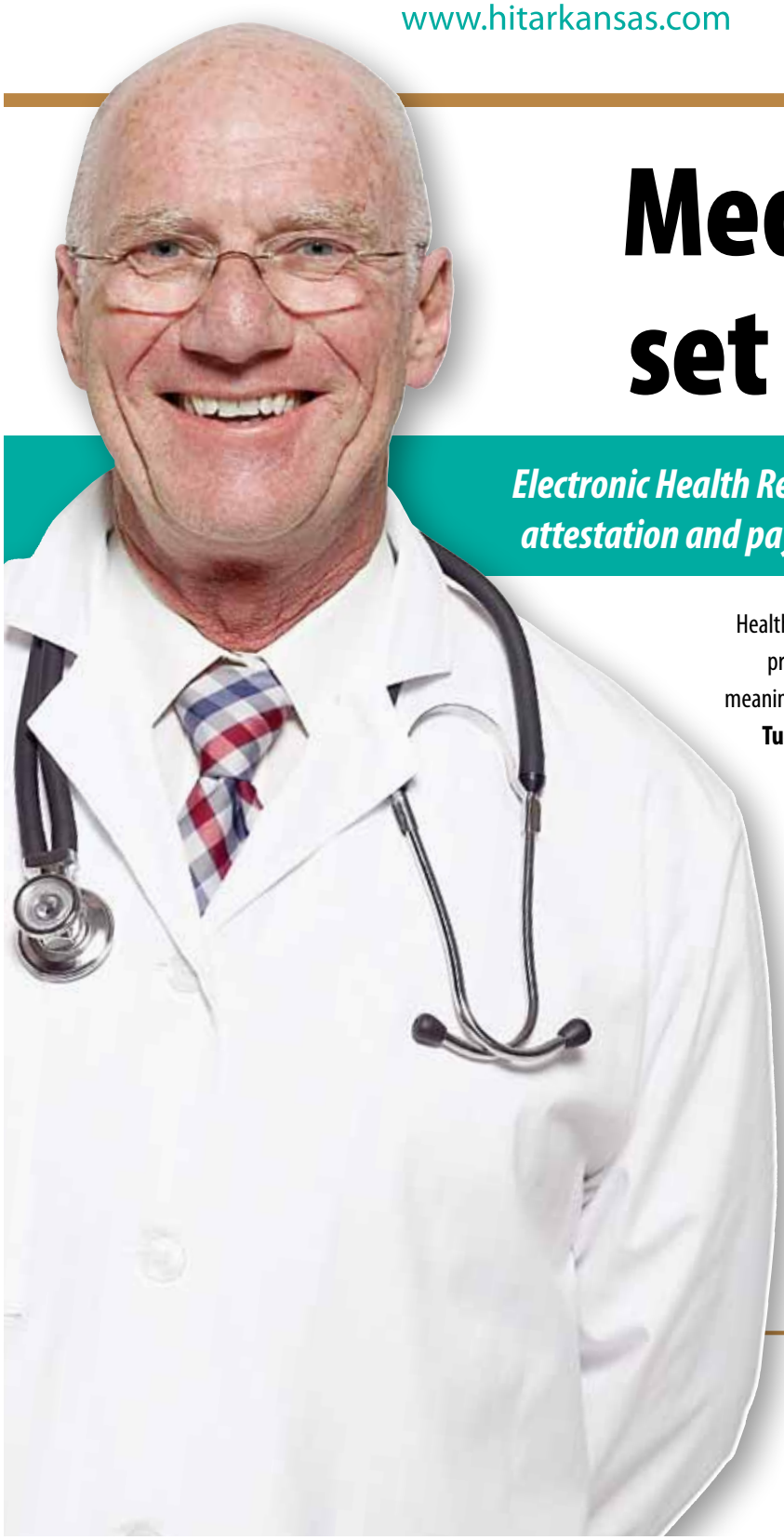

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Educational activities: Monthly educational activities through televideo have been offered statewide. Since the telemedicine program began, topics have included: violent behaviors, depression, suicide, bipolar illness, substance abuse and infant mental health. A clinical case conference on infant mental health has also been held, and a nationally recognized researcher has been brought to Arkansas to present on suicide. The sites that have connected to teleconferences are: Arkansas Children's Hospital, El Dorado, Crittenden Regional Hospital, North Arkansas Regional Medical Center, Conway Human Development Center, Chicot Memorial Hospital, Delta AHEC, Forrest City Medical Center, Helena Regional Medical Center, Ouachita Medical Center and Great River Medical Center.

Conclusions

Prior work has documented the usefulness of telemedicine in terms of providing care in rural areas with a scarcity of specialty services.[10] The Psych TLC program is the first in Arkansas to provide this care to children with psychiatric needs. According to the results, the most common type of consultation was for medication management. The second most common type of consultation was for aggressive behaviors, and the diagnoses were mostly related to autism. A notable finding is the savings in terms of use of emergency rooms for behavioral issues.

Preliminary data indicate that the service has been well accepted by the targeted districts, as evidenced by increasing referrals during the study period. This has also been confirmed by surveys done to physicians in the community.

Contact information

The Psych TLC call center at UAMS is staffed by child and adolescent psychiatrists, Monday through friday, 8 a.m. to 5 p.m. Health care providers across the state can receive consultation within 15 minutes of their request. Call 501-526-7425 or toll-free 1-866-273-3835. A psychiatrist will answer questions, provide consultation regarding medication or diagnoses, or arrange to do a telemedicine consultation as indicated. After each call, the psychiatrist will complete a form to record the clinical encounter in the patient's medical record, tracking diagnoses, reason for consult, and history of present illness and disposition. This form is then securely faxed to the referring clinician. For more information, go to www.psychiatry.uams.edu/PsychTLC.

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William E. Golden, MD serves as medical director of Arkansas Medicaid Enterprise and is a professor of medicine and public health at UAMS.

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Faculty Position

UAMS AHEC NW Family Medicine Residency Program in Fayetteville, Arkansas is seeing a full-time faculty member. The Program was established in 1975 and has experienced very little faculty turnover.

It is a 10-10-10 community program with university administration. There are 2 clinics and 2 community hospitals with busy inpatient services. Residents rotate to a local woman's hospital for the OB training experience.

Inpatient management skills are essential but OB skills are optional.

Northwest Arkansas has a relatively low unemployment and crime rate. The area is home to several Fortune 500 companies including Wal-Mart and Tyson Foods. The flagship state university is located in Fayetteville and there are many outdoor recreational activities nearby.

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