

ANNUAL SCIENTIFIC ASSEMBLY PROGRAM AND HIGHLIGHTS

The ARKANSAS FAMILY PHYSICIAN

Volume 16 • Number 3



**65TH ANNUAL SCIENTIFIC
ASSEMBLY ISSUE**

June 14-16

(Pre Assembly June 13)

Doubletree Hotel, Little Rock



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

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Edition 60

Dear Academy Member,

The 65th Annual Scientific Assembly of the Arkansas AFP is just around the corner – a month earlier than usual and starting later in the week – all at your request!

We hope you will make our Annual Scientific Assembly a priority this summer. Mark these dates – June 14, 15 and 16 Thursday, Friday and Saturday until Noon will be the Assembly dates! A pre assembly program on “Allergy Testing” will be held on Wednesday afternoon June 13 for an additional fee from 1-4 pm. And we again will be downtown at the Doubletree Hotel!

To continue to meet your CME needs, this meeting will offer up to 23.50 AAFP Prescribed Hours by attending the Pre Assembly course, and the Thursday, Friday and Saturday programs along with two monographs worth up to 5 Prescribed Hours!

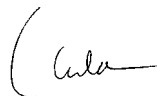
Special hotel rates are offered for our group by contacting the Doubletree Hotel 501-372-4371 and specify you are with the Arkansas Academy of Family Physicians – Group Code AFP or you can go online and obtain your room at: http://doubletree.hilton.com/en/dt/groups/personalized/L/LITMBDT-AFP-20120611/index.jhtml?WT.mc_id=POG. Rates start at \$133. For single, double, queen and King. Concierge floor is also available as well as suites at a higher price.

In addition to the excellent faculty and topics to be presented, several social events are offered for you to participate in! A night at the ballpark on Thursday night with a picnic and tickets to the Traveler’s game – but you must pre register so that we know how many tickets to reserve!! And at the Installation of Officers Banquet this year, Butch Dicus will present “A night with Elvis” that we are sure you will enjoy.

The program complete with registration is included in this Journal and by the time you receive this issue you should have received the program in the mail. Please join us this year for a great CME event and encourage your colleagues to attend! For the first time we will be offering free registration to resident and student members for the entire assembly to encourage their attendance.

Any questions, please contact us at 501-223-2272 or in state toll free 1-800-592-1093. We look forward to receiving your registration!

Sincerely,



Carla Coleman
Executive Vice President



COVER IMAGE:

A PICNIC AND TICKETS TO A TRAVELER’S GAME AT DICKEY STEPHENS PARK IS PLANNED FOR THURSDAY EVENING, JUNE 14 AT 6:00 P.M. DURING OUR ANNUAL SCIENTIFIC ASSEMBLY.

FAMILY MEDICINE MATCH RESULTS

This year, 130 UAMS College of Medicine Seniors participated in the National Resident Matching Program. Twelve failed to match initially. Fifty five percent of the Seniors received residencies in primary care specialties (Family Medicine, Internal Medicine, Pediatrics and Ob/Gyn). 55 or 42% of the Seniors chose out of state residencies.

Family Medicine matched 18 Seniors down only one from last year but down 8 from 2010. Internal Medicine matched 23 from this year's class; Internal Medicine-Pediatrics matched 7; Pediatrics – 16 and Ob-Gyn matched 8.

Eight of the 18 seniors who matched with Family Medicine residencies chose to go out of state (John Peter Smith Hospital – Texas,

Cox Medical Center, Springfield, Missouri (3); McKay Dee Hospital, Ogden, Utah; Jacksonville Naval Hospital, Jacksonville, Florida; Mayo School of Graduate Medical Education, Jacksonville, Florida; St. Joseph Mercy Livingdtone Hospital, Brighton, Mi.).

The following UAMS Seniors matched with Family Medicine Residency Programs in Arkansas:
 Kyle Arthur, UAMS AHEC, Fayetteville; William Bennett, UAMS AHEC, Texarkana; Samuel Cooke, UAMS AHEC, Fayetteville; Marie Dalby, UAMS AHEC Pine Bluff; Gregory Henson, UAMS AHEC Pine Bluff; Jon Loudermilk, UAMS AHEC Pine Bluff; David Nguyen, UAMS AHEC Pine Bluff; Paul Silveri, UAMS AHEC Jonesboro; Tasha Starks, UAMS AHEC Jonesboro; Phillip Terry, UAMS AHEC Pine Bluff.

The following UAMS Medical Students who matched with Family Medicine Residency program out of Arkansas are: Luke Anderson, John Peter Smith, Fort Worth, Texas; Christopher Carter, Cox Medical Center, Springfield, Mo.: Vanna Gordon – McKay Dee Hospital, Ogden, Utah; Stephen McMullan, Jacksonville Naval Hospital, Florida; Katerine Phillips, Mayo School of Graduate Medical Education, Jacksonville, Florida; Hailey Small, Cox Medical Center, Springfield, Mo.: Alisha Trent, Saint Joseph Mercy Livingston Hospital, Brighton, Mi.; Jamie Tribo, Cox Medical Center, Springfield, Mo.

Resident Match Results by Specialty are as follows:

- Anesthesiology – 10
- Dermatology - 3
- Emergency Medicine – 10
- Family Medicine – 18
- Internal Medicine – 23
- Medicine-Pediatrics – 7
- Medicine – Psychiatry – 1
- Neurology – 2
- Neurosurgery – 1
- OB/Gyn - 8
- Ophthalmology – 2
- Orthopaedic Surgery – 4
- Otolaryngology – 3
- Pathology – 1
- Pediatrics – 16
- Psychiatry – 7
- Radiology – Diagnostic - 3
- Surgery – General – 6
- Surgery – Preliminary – 3
- Urology - 2

The results of the National Resident Matching Program occurred on March 16, 2012. The NRMP allows senior medical students who are seeking first year post graduate positions and institutions that are offering positions the opportunity to rank their preferences confidentially at a uniform date and matches each student to the program ranked highest on his/her listing that offers a position.



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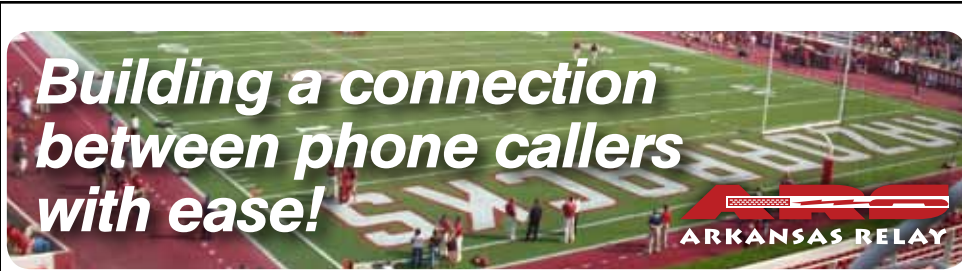
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www.OrthoArkansas.com

Dr. Lonnie Robinson to be Installed AR AFP President June 15

Dr. Lonnie Robinson of Mountain Home will be installed as the Arkansas AFP's 65th President at the Installation of Officer's Banquet on Friday evening, June 15 in the Ballroom of the

Doubletree Hotel. Dr. Richard Madden, a member of the AAFP Board of Directors from Belen, New Mexico will be our special guest from the American Academy and will install Dr. Robinson



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as well as our newly elected officers and Directors for the coming year.

A native of Devalls Bluff, Dr. Robinson graduated from the University of Arkansas, Fayetteville with a B.S. degree in 1994 and completed his M.D. degree at the University of Arkansas for Medical Sciences in 1997. He completed a residency in Family Medicine at the UAMS AHEC Northeast in Jonesboro in 2000 and has practiced Family Medicine in Mountain Home since that time doing the full spectrum of family medicine including obstetrics.

A member of the AR AFP Board since 2002, Dr. Robinson and his wife Robin are the parents of three children. He is a Fellow of the AAFP, a Diplomate of the American Board of Family Medicine, Chairman of the Board of Pregnancy Resource Center of Mountain Home; volunteer staff physician at Mountain Home Christian Clinic; Assistant Medical Director of Hensley Behavioral Health Unit; past Chief of Staff of Baxter County Regional Hospital; a member of the Arkansas Medical Society and the Christian Medical Dental Association. He was the 2011 recipient of the Dr. Faye Boozman Award bestowed annually to an Arkansas Doctor who exemplifies strong Christian faith and commitment to community and service and public health.

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“TAKE ME OUT TO THE BALLGAME”



A picnic and tickets to a Traveler’s Game at Dickey Stephens Park is planned for Thursday evening, June 14 at 6:00 p.m. during our Annual Scientific Assembly.

Award winning Dickey Stephens Park is at the corner of Broadway at the Bridge in North Little Rock – a short drive from the

Doubletree Hotel or a nice walk.

Bring your family and join us at 6:00 p.m. for a picnic in the Baggage Room Picnic Area of the park. The game will begin at 7:10 p.m.

We must know in advance how many tickets to purchase as well as food for the picnic so you **MUST REGISTER IN ADVANCE TO PARTICIPATE IN THIS EVENT!!**

Our thanks to Arkansas Mutual Insurance Company and Stephens Capital Management for funding this event!

DDS Seeks Evaluation Providers

The Arkansas Disability Determination Services (DDS) adjudicates the claims of persons filing for disability benefits with the Social Security Administration. We are presently in need of providers to perform

evaluations and/or testing when more medical findings are needed. Therefore, we are asking you to partner with this Agency in performing consultative examinations on disability applicants.

Contact: Doug Terry
Phone: 501-688-1198
Email: Douglas.Terry@ssa.gov
Posted Date: 03/06/2012

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Pre Assembly CME Opportunity

Wednesday June 13

1 P.M. To 4 P.M.

“Allergy Testing And Immunotherapy For Family Physicians”

This three hour optional course will be presented on Wednesday, June 13 to the first 60 registrants!! The fee

is \$75.00 and participation is by **Pre-Registration Only!!!**
Dr. Harold H. Hedges of Little Rock

will be the instructor of this course. A family physician in private practice in Little Rock, he is a past President of the Arkansas AFP and is known nationally for his instruction of allergy testing for family docs having taught this course for the AAFP Scientific Assembly for over 15 years! He has also participated in several other state chapter meetings, the Pan American Allergy Society and the National Procedures Institute.

Upon completion of the course, participants should:

- Be able to distinguish patients having allergic, non allergic and/or mixed rhinitis
- Effectively treat each modality with appropriate avoidance procedures and pharmacotherapy
- Understand and cost effectively screen patients for allergy
- Understand the current accepted methods of allergy testing and be able to select patients who would benefit from immunotherapy
- Be able to safely start and carry out an immunotherapy program

Physicians make the diagnosis of allergy based on the patient's history and objective skin or in-vitro testing. Immunotherapy (allergy shots) are compounded.

Nurses play a vital role in any allergy program and need to be educated in safely administering immunotherapy. Nurses are responsible for administering shots, maintaining shot records, deciding when to continue escalating doses, decreasing or skipping doses and when to involve the physician in immunotherapy problems.

This course is designed to educate nurses as well as physicians!! If at all possible, it is recommended that physician participants register your nurse or nurses for this course!



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Officers and Directors to be Elected at Upcoming Assembly

The following AR AFP members will be presented to the membership for confirmation of the Nominating Committee's Slate of Officers and Directors for the coming year:

President Elect:

Barry Pierce, M.D., Mountain Home, Arkansas

Vice President:

Daniel Knight, M.D., Little Rock, Arkansas

Secretary:

J. Drew Dawson, M.D., Pocahontas, Arkansas

Treasurer:

Tommy Wagner, M.D., Manila

Delegates:

John E. Alexander, Jr., M.D., Magnolia
Richard Hayes, M.D., Jacksonville

Alternate Delegates:

Julea Garner, M.D., Hardy
Rodney Mark Dixon, M.D., El Dorado

Directors:

Rebecca Floyd, M.D., Van Buren
Michael Macechoko, M.D., Fayetteville, AHEC Representative
Jera Boman, Student Representative
A. Balamurugan, M.D., Resident Representative

If you are an Active member of the AR AFP and have never served on the AR Academy of Family Physicians Board of Directors and are interested, please send an email to the arafp@sbcglobal.net

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ARKANSAS ACADEMY OF FAMILY PHYSICIANS

65th ANNUAL SCIENTIFIC ASSEMBLY

JULY 14-16, 2012

Pre Assembly CME June 13

DOUBLETREE HOTEL, LITTLE ROCK

SCIENTIFIC PROGRAM AND EVENTS

Thursday, June 14

Doubletree Hotel Grand Ballroom

7:30 a.m.

Registration- Ballroom Foyer
Exhibits Open

8:15 a.m.

Presentation of the Colors

8:30 a.m.

“World of Change: Medicaid & the Arkansas Health Care Payment Improvement Initiative”
Andy Allison, PhD

Director, Arkansas Medicaid Program
Arkansas Department of Human Services,
Little Rock, Arkansas



9:15 a.m.

“Overview of Current Legal Issues in Medical Malpractice Cases”

Laura Hensley Smith, J.D.
Partner, Friday, Eldredge, & Clark
Little Rock, Arkansas



10:00 a.m.

Break / Visit Exhibits

10:30 a.m.

AAFP CHAPTER LECTURE SERIES - “Depression in Women”

B. Wayne Blount, M.D., MPH
Professor, Department of Family & Preventive
Medicine Emory University School of Medicine,
Atlanta, Georgia



11:30 a.m.

“The Diabetes Epidemic – Family Physicians on the Frontline”

Dan A. Knight, M.D.
Garnett Chairman & Associate Professor,
Department of Family & Preventive Medicine,
UAMS, Little Rock



Danny L. Proffitt, M.D.
Family Physician; Assistant Professor,
UAMS AHEC Family Medicine Residency;
AHEC Northwest, Fayetteville, Arkansas



SCIENTIFIC PROGRAM AND EVENTS

Thursday, June 14 Continued
Doubletree Hotel Grand Ballroom

12:30 p.m.

Election of Officers

12:30 p.m.

Physician Lunch –
Palisades, Riverside E & W

1:30 p.m.

***“Pneumococcal Disease in Children
– P.S. It Matters”***

Stanley E. Grogg, D.O.
Professor of Pediatrics
Oklahoma State University Center
For Health Sciences, Tulsa, Okla.



2:30 p.m.

***AAFP CHAPTER LECTURE SERIES -
“Fibromyalgia & Pain Management”***

B. Wayne Blount, M.D., MPH
Professor, Department of Family & Preventive
Medicine, Emory University School of Medicine
Atlanta, Georgia



3:30 p.m.

Break - Visit Exhibits

4:00 p.m.

“Adolescent Medicine Update”

Brian H. Hardin, M.D.
Section Head, Adolescent Medicine,
Arkansas Children’s Hospital/
UAMS Little Rock, Arkansas



6:00 p.m.

“Take Me Out to the Ballgame”
**Picnic, Tickets to Dickey Stephens
Park for a fun evening at the Ballgame!!!**
Pre Registration Required
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ARKANSAS ACADEMY OF FAMILY PHYSICIANS

65th ANNUAL SCIENTIFIC ASSEMBLY

JULY 14-16, 2012

Pre Assembly CME June 13

DOUBLETREE HOTEL, LITTLE ROCK

SCIENTIFIC PROGRAM AND EVENTS

Friday, June 15

Doubletree Hotel Grand Ballroom

7:30 a.m.

**Registration, Snacks & Coffee,
Exhibits Open Ballroom/Exhibit Area**

7:30 a.m.

Breakfast with the Exhibitors

8:15 a.m.

“AAFP Issues”

Richard Madden, Jr., M.D.

Family Physician, Director, American Academy
of Family Physicians, Belen, New Mexico



9:00 a.m.

***“Update on Imaging &
Interventional Radiology”***

Jean Matchett, M.D.

Radiologist, Private Practice
Radiology Associates, P.A. Little Rock, Arkansas



9:45 a.m.

***“Testosterone: Temptation, Testing
& Treatment”***

Dosha Cummins, PharmD, BCPS

Associate Professor, Pharmacy Practice &
Family and Community Medicine
UAMS, AHEC NE Jonesboro, Arkansas



10:30 a.m.

Break - Visit Exhibits

11:00 a.m.

“ABFM Update”

Arlene Brown, M.D.

Family Physician
Board Member & Treasurer, American Board of
Family Medicine, Rudoso, New Mexico



11:45 a.m.

Final Break with Exhibitors

SCIENTIFIC PROGRAM AND EVENTS

Friday, June 15 Continued

Doubletree Hotel Grand Ballroom

12:15 a.m.

Lunch - Palisades & Riverside

1:15 p.m.

AAFP Chapter Lecture Series

“Pain Under Treatment”

Jeffrey T. Kirchner, D.O.

Associate Director, Family Medicine Residency Program, Temple University School of Medicine, Lancaster, Pennsylvania



2:15 p.m.

“Well Child Care”

Steven Thompson, M.D.

Pediatrician, Private Practice, Little Rock Children’s Clinic, Little Rock, Arkansas



3:00 p.m.

Break

3:15 p.m.

“Skin Cancer Update”

Scott Dinehart, M.D.

Private Practice, Arkansas Skin Cancer and Dermatology Center, Little Rock, Arkansas



6:30 p.m. -

Installation of Officers Banquet & Dance

Special AAFP Guest: Richard Madden, Jr., M.D., FAAFP

American Academy of Family Physicians

An Evening with Elvis

By Butch Dicus, “the King of Hearts”

Compliments of:

Arkansas Blue Cross Blue Shield and Baptist Health

SCIENTIFIC PROGRAM AND EVENTS

Saturday, June 16

Doubletree Hotel Grand Ballroom

7:00 a.m.

Breakfast Meeting Buffet –
Compliments of Arkansas Foundation for Medical Care

7:30 a.m.

***“Arkansas Legislation Affecting
Family Medicine”***

Mike Mitchell, J.D.,
Partner, Mitchell, Blackstock, Ivers & Sneddon,
PLLC, Little Rock, Arkansas



8:30 a.m.

***“Patients at Risk: Improving
Pneumococcal Immunization Rates
in the Patient Centered Medical Home”***

Julea Garner, M.D.
Family Physician, Private Practice
Hardy, Arkansas



9:30 a.m.

***“Lipid Management in the CKD
Patient – A Patient Centered
Approach to Care”***

Danny Proffitt, M.D.,
Family Physician, Associate Professor
UAMS AHEC Family Medicine Residency,
Fayetteville, Arkansas



10:30 a.m.

Break

10:45 a.m.

***“Pre Sports Exams for Children
& Adolescents”***

Elton Cleveland, M.D., D.V.M.
Family Physician, Associate Professor,
UAMS Department of Adolescent Medicine
Little Rock, Arkansas



11:30 a.m.

ADJOURN

*An Organizational Meeting of the Board will follow
in the Palisades Room at the conclusion of the Scientific
Assembly. All Members of the Board should attend!*

REGISTRATION & GENERAL INFORMATION

SCIENTIFIC ASSEMBLY FEES

Prior to May 28

(Registration includes all events & meals)

Academy Active & Affiliate Members	\$425.00
Non-Members (including Other Health Professionals)	\$475.00
Inactive/Life Members	\$125.00
Resident Physician Members	No Charge
Spouse/Guest Fee (Installation Banquet included)	\$75.00
Additional Installation Banquet Ticket	\$45.00
Student Members	No Charge
Optional Foundation Contribution (suggested)	\$25.00
Pre Assembly "Allergy Testing" Optional Workshop	\$75.00

To Obtain "Free" registration, Residents & Students must pre register
Add \$100.00 to each fee if registering after May 28

VISA & MASTERCARD are accepted for Registration. You may register by phone if using a Credit Card. Please remember our instate toll free number: 1-800-592-1093.

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

Spouse/Guest Registration & Activities Fees The registration fee of \$75.00 includes admission to all lectures, exhibits, Thursday evening Picnic and Tickets for Dickey Stephens Ballpark; Exhibitor's Breakfast Friday, the Installation of Officers Banquet on Friday evening and the Breakfast Meeting on Saturday. *Pre-registration is necessary.*

Cancellations prior to June 1, 2012 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.

Registration & General Information (Cont'd):

Special Needs For The Disabled

If you have a disability and require special accommodations (special meals included) in order to fully participate in this activity, please contact the Arkansas Academy of Family Physicians office prior to the convention so that appropriate accommodations may be made.

Telephone Service

The convention telephone service will be established at the Academy's registration desk at the Doubletree Hotel. Registration will be inside the Ballrooms beginning Tuesday, June 12 and will be available through Saturday, June 16. The number is 501-690-2250 for these days only!!!!

Room Reservations

The Doubletree's special rate is \$133.00 Single: Double: King or King Sofa and Suites are available starting at \$151. Suites and rooms are also available on the Concierge/Executive Level. To make your reservation, call the Doubletree at 501-372-4371 and specify you are with the Ar. Academy of Family Physicians Group, Group Code: AFP for our special block rate or go to our personalized web page at: http://doubletree.hilton.com/en/dt/groups/personalized/L/LITMBDT-AFP-20120611/index.jhtml?WT.mc_id=POG and make your room reservation online. The deadline for making room reservations for our block is the earlier of May 21 or when the room block is filled. You are urged to obtain your room as soon as possible.

Convention Site Information

All Scientific programs, exhibits and social events will be held at the Doubletree Hotel Ballroom Level located at 424 W. Markham Street, Little Rock, AR.

Parking

Self parking is available at the Doubletree at no charge 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. Physician Registrants may have their parking validated by the AAFP registration desk daily and will be paid by the AAFP.

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.

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The following functions are included in assembly registration fees:

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Physician Lunch – Friday..... _____
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AAFP RELEASES “TOP 5” LIST OF POSSIBLY OVERUSED TESTS AND PROCEDURES

As part of the new, national *Choosing Wisely Campaign*, an initiative of the ABIM Foundation that encourages doctors and patients to carefully consider and openly discuss certain tests, treatments and procedures before they take action, the AAFP released a list of “**Five Things Physicians and Patients Should Question**” within the specialty of family medicine.

The AAFP’s “**Five Things Physicians and Patients Should Question**” list includes the following:

1. Imaging for low back pain – Do not do imaging for low back pain within the first six weeks unless red flags are present. (Red flags include but are not limited to, severe or progressive neurologic deficits or when serious underlying conditions such as osteomyelitis are suspected). Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs and involves unnecessary radiation exposure. Low back pain is the fifth most common reason for all physician visits.

2. Routine antibiotic prescriptions - Do not routinely prescribe antibiotics for acute mild to moderate sinusitis unless symptoms last for seven or more days or symptoms worsen after initial clinical improvement. (Symptoms must include discolored nasal secretions and facial or dental tenderness when pressure is applied). Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis, resulting in risk of side effects without benefit. Sinusitis accounts for 16 million office visits and \$5.8 billion in annual health care costs.

3. Dual Energy x-ray absorptiometry (DEXA) screening for

osteoporosis – Do not use DEXA in women younger than age 65 or men younger than 70 with no risk factors. DEXA is not cost effective in younger, low risk patients, but is cost effective in older patients.

4. Annual electrocardiograms (EKGs) or any other cardiac screening – Do not order EKGs or other cardiac screening for low risk patients without symptoms. There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False positive tests are likely to lead to harm through unnecessary invasive procedures, over treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

5. Pap smears - Do not perform Pap smears on women younger than 21 or who have had a hysterectomy for non cancer disease. Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non cancer disease) and there is little evidence for improved outcomes.

The AAFP’s involvement in **Choosing Wisely** campaign underscores family physicians long term commitment to ensuring high quality costs effective care to their patients. Family Medicine’s Top 5 list encourages more indepth conversations between patients and their doctors so they discuss all options and then “choose wisely” when it comes to a treatment plan.

Each “top 5” list provides specific, evidence based recommendations that physicians and patients should discuss to help make wise decisions about the most appropriate care based on the individual.

Currently the Campaign comprises nine leading physician specialty societies that have each identified specific tests or procedures within their specialty that are commonly used but are not always necessary. Patient advocates such as partnering organization, *Consumer Reports*, say the campaign helps take a significant step toward improving the quality and safety of healthcare.

The AAFP’s “top 5” list is an endorsement of the five recommendations

for family medicine previously proposed by the National Physicians Alliance and published in 2011 in the *Archives of Internal Medicine*, as part of its Less is More series.

AAFP RESPONDS TO CMS GRADUATE NURSE EDUCATION DEMONSTRATION

In a letter written to the Centers for Medicare and Medicaid Services, the AAFP Board Chair, Dr. Roland Goertz expressed serious concerns to CMS so that the agency only selects demonstration participants that exclusively produce APRNs that deliver primary care services. According to demonstration materials, this effort is intended to “increase the base of primary care providers” and provide APRNs with the clinical skills necessary to provide primary care, preventive care, transitional care, chronic care management, and other services appropriate for Medicare beneficiaries.” CMS thus appears to assume that increasing the number of APRNs will result in more primary care providers. The AAFP is concerned with this assumption, since research from the Agency for Healthcare Research and Quality found that only 52 percent (approximately 56,000) of nurse practitioners actually practiced primary care in 2010.

The AAFP continues to advocate for highly trained and educated primary care health professionals.

- To that end, the AAFP has worked to ensure appropriate funding for Health Professional Grants to train primary care physicians and for the National Health Service Corps through which family physicians can provide care in underserved areas while defraying their medical school debt.
- In addition, the AAFP is working to ensure that efforts to increase the advanced practice nursing workforce improve access to the primary care needed by patients and provided in the patient centered medical home.

CMS recently announced the Graduate Nurse Demonstration

- The Graduate Nurse Education Demonstration complies with the Affordable Care Act which stipulated that CMS allocate \$200 million over four years to five teaching hospitals to increase the

number of APRNs

- The demonstration requires that half of clinical training occur in non hospital community settings

The AAFP has called on CMS to ensure the outcome of this demonstration will increase the number of APRNs who actually perform primary care services in the context of the patient centered medical home. To that end, the AAFP has called on CMS to:

- Select only demonstration applicants that will exclusively produce advance practice RNs who deliver primary care services as part of a health care team that includes physicians and that is within the context of the patient centered medical home
- Spell out that demonstration funds are allocated to train APRNs who will provide primary care services for at least five years following graduation
- Require the demonstration participants to focus on a true primary care curriculum
- Exclude certified registered nurse anesthetists, clinical nurse specialists and nurse midwives, since their training and the services they provide are unrelated to delivering comprehensive primary care services

AAFP's letter to CMS also emphasized current efforts of the AAFP to grow the primary care physician workforce. The AAFP continues to work with Congress to:

- Budget and appropriate steady funding for Health Professions Grants and the National Health Service Corps
- Pass the Primary Care Workforce Access Improvement Act (HR3667) which creates a pilot program to direct graduate medical education funds to non hospital medical training sites



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Building the medical home: After-hours access

By J. Gary Wheeler, MD, MPS, and William Golden, MD, MACP

Arkansas Medicaid has supported a statewide primary care case management program since the mid-1990s. Primary care physicians receive \$3 per member per month to provide a basic medical home for a panel of Medicaid patients. Provider participation has been good and emergency room visits declined substantially with the initiation of the program. Central to the PCCM program is good access to a medical home. As such, since the 1990s, it has been a requirement of this Medicaid program that “a PCP must make available 24-hour, 7 days per week telephone access to a live voice (an employee

of the primary care physician or an answering service) or to an answering machine that will immediately page an on-call medical professional.”

Rule 171.510 also specifies a 30-minute response time, requirements for the on-call professional to provide specific guidelines and referral after hours, and equity in providing services compared to private insured patients. Professionals or facilities other than the PCP must provide a record of their interactions for the PCP’s medical record. These requirements are increasingly standard in the majority of Medicaid programs and a core component for practices seeking to become

certified as a medical home.

Patients who can reach a provider after hours are less likely to seek inappropriate care, specifically ER care, when their complaints do not justify that level of care. A recent review of providing after-hours phone services shows significant savings in several situations by preventing inappropriate ER visits.¹ The authors noted a 24% drop in Medicaid children’s visits with institution of physician phone service after hours in North Carolina and an 80% drop in inappropriate ER visits in a similar population in Kentucky. The cost consequences of inappropriate visits to the ER are significant. Not only are individual costs for episodes rising due to the increased use of laboratory tests and imaging, the rate of national Medicaid ER visits increased 84% between 1997 and 2007.²

In addition, better access can promote better patient satisfaction. The 2008 Commonwealth Fund National Scorecard on U.S. Health System Performance reported only half of patients reported good communications with their physicians and only one-third of sick adults reported it was easy to get care after hours without going to the ER.³

Unfortunately, after-hours and weekend coverage is often lacking in many practices. A study published in 2003 showed that 58% of internists simply turned on their answering machines when they left the office and instructed their patients to call 911 if there was an emergency.⁴

In May 2011, the Arkansas Department of Human Services/ Medicaid asked the Arkansas Foundation for Medical Care to determine how

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continued on page 24

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THIS MATERIAL WAS PREPARED BY HITARKANSAS, A DIVISION OF THE ARKANSAS FOUNDATION FOR MEDICAL CARE, IN COLLABORATION WITH THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES. AFMC IS A COOPERATIVE PARTNER OF THE OFFICE OF THE NATIONAL COORDINATOR (ONC).

well physicians enrolled in the PCP program were adhering to the program's after-hours requirements. A structured survey tool was developed and 801 physicians in the PCP program were contacted by telephone. Of the 690 practices that answered, 456 completed the survey (66% response rate). The resulting data set was de-identified. Analysis documented 55% of surveyed providers fulfilled the program's requirement for providing a live-voice after-hours service. While overall half of these overnight calls were subsequently documented in the medical record, only a minority of practices in the northeast, northwest, and southeast regions of the state achieved this standard. Most practices with fewer than 350 Medicaid patients and practices in the southeast and southwest areas of the state relied on answering machines after hours and did not have answering service access for their panels. Central Arkansas had the highest rate of adherence to the PCCM program standards.

Response To After-Hours Calls By Size Of Medicaid Caseload

AFMC conducted follow-up calls to validate survey responses. Overall, 75% of field-tested practices had after-hours access that corresponded to their survey answers. In addition, AFMC contacted a few nonresponding practices after hours. These practices had a much lower prevalence of live-voice access than survey participants.

There are several methods by which physicians in Arkansas can provide such after-hours availability:

- Utilize new arrangements with existing local colleagues to share after-hours clinical consultation.
- Create internal triage services utilizing nurses or APNs (provided they work within their scope of practice) to screen calls and direct appropriate calls to physician

	Less than 200 n 108	200 to 349 n 113	350 to 649 n 110	650 and more n 108	All Respondents n 439
Answering machine where patients leave messages	55.56%	51.33%	41.82%	43.52%	48.06%
Answering service	38.89%	38.05%	37.27%	36.11%	37.59%
Clinical triage service (example: nurse hotline)	2.78%	7.08%	20.00%	17.59%	11.85%
Direct contact with on-call physician	2.78%	3.54%	0.00%	2.78%	2.28%
Other	0.00%	0.00%	0.91%	0.00%	0.23%

providers.

- Utilize group after-hours services that are nurse-centered and use commercially available algorithm-based triage services. This would be particularly valuable for rural and small practices. Children's Hospital has offered a nurse triage service for several years and has an active subscription base of pediatric practices.

Providing 24/7 coverage requires an investment by a practice site to provide the patient-centered care that medical home payments are designed to support. In collaboration with DHS, AFMC has followed up with the Arkansas Medical Society and the primary care specialty associations to review these results and consider ways to improve performance. In addition, AFMC will work with larger Medicaid panel clinical sites to determine best practices in overnight and weekend patient access and work with practices without live-voice access to improve their compliance with program expectations.

The results of the survey were mailed to all Medicaid PCPs in November 2011.

It is hoped that the distribution of these survey results (available online at http://www.afmc.org/Documents/pdf_files/surveys/2011AFMC_24_7S_surveyReport.pdf) will alert Arkansas physicians to recognize 24/7 patient live access to a provider as an expected improvement to our current health system and an essential component

of achieving the status of a medical home. Opportunities certainly exist to develop systems that by scale can reduce the cost and improve the quality of consumer health.

J. Gary Wheeler, MD, MPH, is associate medical director for quality for the Arkansas Foundation for Medical Care and a professor of pediatrics at the University of Arkansas for Medical Sciences. William Golden, MD, MACP, is medical director of Arkansas Medicaid and a professor of medicine and public health at UAMS.

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