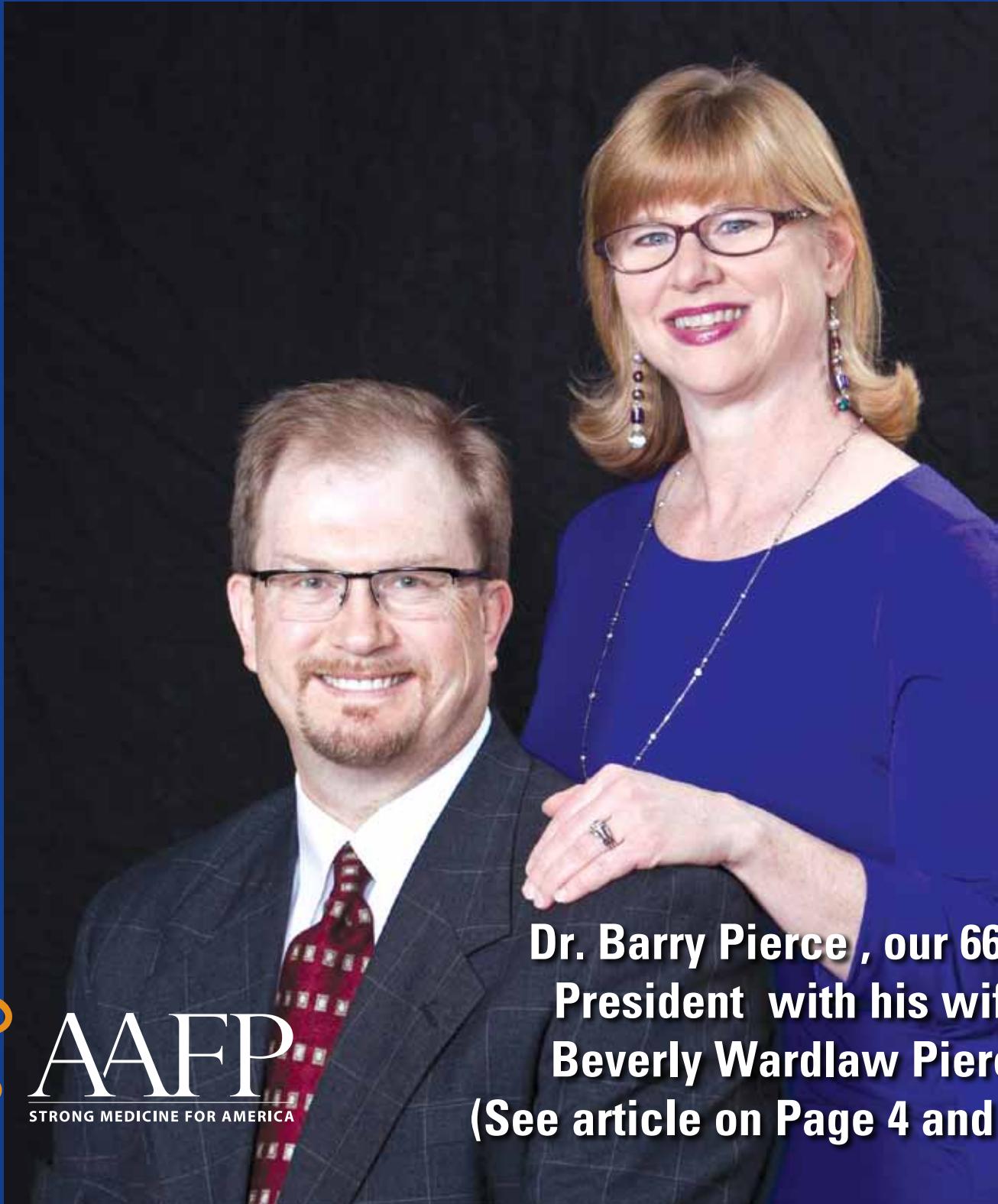


New Officers and Directors Installed • Carla Recognized for 30 Years of Service

# The ARKANSAS FAMILY PHYSICIAN

Volume 17 • Number 4



**Dr. Barry Pierce , our 66th  
President with his wife,  
Beverly Wardlaw Pierce  
(See article on Page 4 and 6)**



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# The ARKANSAS FAMILY PHYSICIAN

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

Managing Editor  
Carla Coleman

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Dear Academy Member,

Another year almost gone by and for me it has been over 30 years with the Arkansas AFP. An article in this issue highlights the special recognition given to me by Dr. Lonnie Robinson on behalf of the Board and Past Presidents at the opening of the Annual Scientific Assembly for these past thirty years. I can assure you it has been an honor to work with such a great group of physicians and the best medical specialty organization in the nation!



The Annual Scientific Assembly was a success. Although there is one outstanding grant not yet received and one bill not yet received, we had a net income from the meeting of \$43,000. – which is outstanding in this day and time when we hear of a lot of meetings not breaking even! So thank you for supporting our meeting through your attendance, through exhibiting and from the generous grants of our sponsors for events! A synopsis of the meeting is in this publication along with statistics of attendance and speaker evaluations!

Our focus now will fall on planning next year's meeting again at the Doubletree Hotel with dates of June 19-21 (Wednesday through Saturday), recruitment of new members and retention of our current members! We will also be looking at planning a winter meeting to provide additional CME opportunities to you.

If you are due for re-election at the end of this year, please consider taking an online course with the AAFP, the Core Content Review or the many other resources available as an AAFP member such as the monthly quiz in the AFP Journal that you can go back 12 months and turn in for Prescribed Credit Hours. Over 100 members were dropped last month for non payment of 2013 dues . If you did not pay your dues, you can be reinstated by contacting the AAFP at 800 274 2237 and paying with a check or credit card!

We look forward to your suggestions for our programs we are planning and always appreciate hearing from you! Visit our website at [arkansasafp.org!!](http://arkansasafp.org)

Sincerely,

Carla Coleman  
Executive Vice President

**PHOTOGRAPHS BY DARRICK  
WILSON PHOTOGRAPHY,  
LITTLE ROCK AR**

## Dr. Barry Pierce Installed AR AFP's 66th President!



President Barry Pierce takes his oath of office as President with Dr. Carlos Gonzales and his wife Beverly looking on

Doctor Barry Pierce of Mountain View was installed the 66<sup>th</sup> President of the Arkansas Chapter, American Academy of Family Physicians on Friday, June 14 at the Doubletree Hotel during the Annual Assembly before a packed room of over 150 AR AFP members and friends by Doctor Carlos Gonzales. Dr. Gonzales is a Director of the American Academy of Family Physicians Board and practices in Patagonia and Nogales, Arizona.

In his address to the attendees, Dr. Pierce stated that he had another career for several years but his dream of being a Family Doctor brought him to UAMS where he began medical school in his 30's with his wife Beverly in full support of his decision. He began his interest in the AR AFP as a first year medical student where he began working with the Family Medicine Interest Group and started the BackPack for Kids Program with Arkansas Rice

Depot. He visited with local high school students about AIDS and worked in the trauma coordination office part time during medical school.

A member of our Board of Directors since 1998, he now serves on the Governor's Trauma Board Advisory Committee and is a very active in outdoor activities

– bow hunting , trout fishing, knife making and spending time with his wife Beverly and his beloved Lab, Ms. Bailey.

Stressing the fact that Family Doctors can do most anything, he stated he chose Emergency Room

*continued on page 6*



Barry, Beverly and their family!

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Medicine after serving in a rural Arkansas town when he began his medical career. His plans for the year include continuing efforts to interest medical students and Family Medicine Residents in Academy activities. Other priorities include reaching out to new practicing physicians about Academy membership and benefits. He emphasized he was honored to serve as AR AFP President the coming year and would work toward increasing membership and interest of the specialty of family medicine; the benefits of the AAFP and knowledge of the many avenues a Family Physician can take in their career.

Dr. Pierce presented Dr. Lonnie Robinson, immediate

past president with a plaque of appreciation for his year of service.

A special gift was presented by Doctor Carlos Gonzales to Doctors Pierce and Robinson. Dr. Gonzales, a member of the "Yaqui" from southern Sonora along the Yaqui River. A "amulet" was presented to both made of an actual deer's eye in the center with a tuft of red yarn. The amulet is given for good luck, spiritual support, protection against evil and guidance and hidden under one's shirt at times other than ceremonial activities. It should be used during times of need and

stress and can be also placed on a wall as a spiritual protection of the home. The amulet consists of the deer's eye – one's spiritual guide: the tuft of red yarn symbolizing where dreams and guidance arise to lean one on a good path. Above it are red beads each with a color for significance; white for family and humility; black for introspection and the ancestor; red for spirituality and strength and yellow for guidance and vision.



Dr. Carlos Gonzales presents "deers eye" necklace to Drs. Pierce and Robinson for good luck

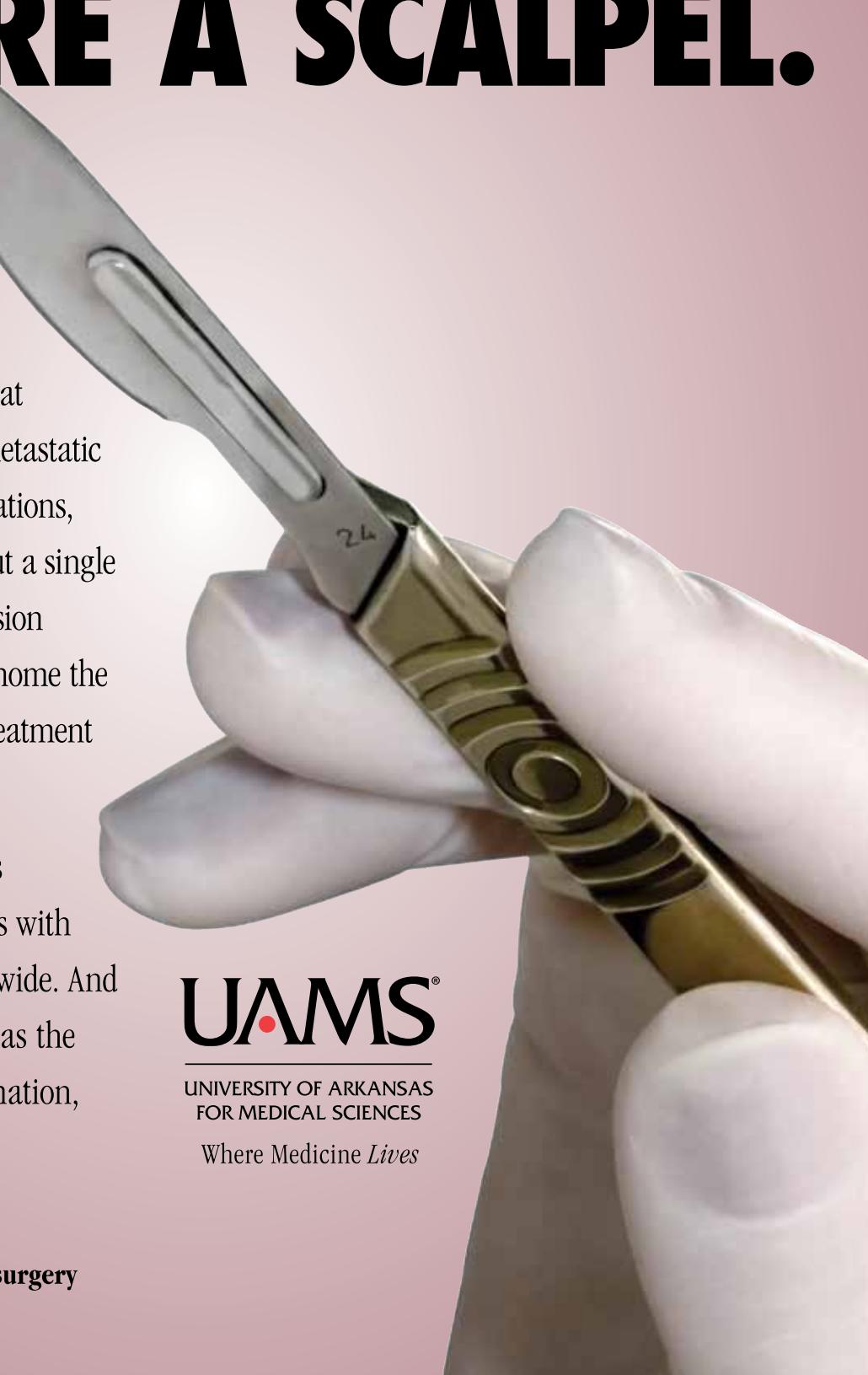


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# Job Opening for Residency Program Director

The UAMS Department of Family and Preventive Medicine is seeking a dynamic, forward-thinking residency program director. This position will plan the direction of the residency program and the department, which cares for patients and teaches residents and medical students. Applicants should have faculty experience and show leadership skills in recruiting and broad academic interests.

including scholarly activity.

The department is the first NCQA level 3 recognized Patient Centered Medical Home in Arkansas and leads the campus in medical informatics. We also have robust programs in community research and continuing medical education and direct on-campus student and employee health services.

The department is located in Little Rock, Arkansas, which

offers affordable homes, big-city amenities in a smaller-city atmosphere, and is within driving distance to the many attractions of the "Natural State." Women and underrepresented groups are encouraged to apply. Contact Jamie Rankins, Human Resources Manager ([jlrankins@uams.edu](mailto:jlrankins@uams.edu)), for information and to apply for this position.

## Assistant Professor of Medicine, Family & Preventive Medicine

### Job Description

The Department of Family & Preventive Medicine in the College of Medicine at the University of Arkansas for Medical Sciences invites applications for a Board-certified family physician and faculty member. UAMS is located in Little Rock, Arkansas, population 200,000.

Applicants must possess or be eligible for medical licensure in the State of Arkansas. Applicants must demonstrate experience and competence in teaching and patient care. The successful candidate will become an employee of The University of Arkansas with an annual salary based on experience and a generous full benefits package including a retirement match. Information on University benefits programs is located at: <http://hr.uams.edu/benefits/benefits-home-page/>

**Job Responsibilities:** Applicant will be primarily providing direct patient care in our Family Medical Center, a Level 3 NCQA-recognized PCMH clinic, as well as providing inpatient care and call duties several weeks per year. Duties will also include teaching residents and medical students in the provision of patient care, participating in Patient Safety project teams and serving as leader and role model for residents. The successful candidate will provide outstanding care to patients and work collaboratively with other faculty members to help advance a high quality Family Medicine Residency Program.

### Required Experience

- MD/DO degree
- Arkansas Medical License
- DEA Certificate
- Board Certified in Family Medicine

*Candidates with experience in family medicine teaching/practice are strongly encouraged to apply*

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# Carla Recognized for 30 Years with the Academy



Dr. Lonnie Robinson, immediate Past President of the AR AFP recognized the Arkansas AFP's EVP, Carla Coleman for 30 years of service at the Opening of the Academy's Annual Scientific Assembly June 13 !

As a surprise, he called her to the stage for a "Get to Know your Chapter Exec" to the attendees and ask various questions about her high school, her husband, her hobbies and most recent letting a skunk in her house through the back door!

He concluded with a presentation by the Past Presidents, Officers and Board members of a sterling silver bracelet and a crystal plaque etched with her name and years of service to the Arkansas Chapter.

Carla responded with her sincere appreciation to all for making the last thirty years a pleasurable but what seemed to be a short period of time – one of enjoyment, travel, learning, making new friends, watching medical students grow up to be practicing family doctors.

She expressed her thanks to the 30 Past Presidents she had worked for and the Board of Directors stating there could not have been a career she could have chosen that fit her better or one that she could possibly have enjoyed as much as with the AAFP. She stated that she had so much respect for Family Doctors and that she was so very proud to be associated with such a wonderful organization.

She remarked that in 1983 she was



Carla with Dr. Charles Rodgers at the ribbon cutting of the AR AFP's first office in 1983

hired after several interviews with the entire Board of Directors. She moved to the Academy's first office at Tanglewood Shopping Center which had 300 square feet and was furnished with office items donated by Academy members – only one remains and that is her desk which is a solid oak plantation style desk donated by the late Dr. Walter Lane of Dover, Arkansas. The desk dates back to the late 1800's. Computers were not available and her equipment was a Selectric Typewriter which she individually typed mailing labels for all mailouts including a monthly newsletter and individually tallied members hours each year for re-election purposes from 3 X 5 notecards.

In 1983 the total membership was less than 300 and the Academy had \$13,000. in deposits in the bank. Carla was a one person office for many years after which she hired part time employees until adding Michelle Hegwood full time. The office moved in 1987 to Arcade Square until March of this year when a move was made to Cambridge Square Office Complex on Pleasant Valley Drive. The Arkansas AFP now has a membership of over 1200 members and a net assets of over \$700,000.

**FROM CARLA TO THE ENTIRE  
MEMBERSHIP OF THE ARKANSAS  
ACADEMY OF FAMILY  
PHYSICIANS!!  
THANK YOU!! WHAT A GREAT  
ENJOYABLE CAREER –  
I AM LOOKING FORWARD TO  
A FEW MORE YEARS WITH YOU!"**



Dr. Tommy Wagner, and Dr. Drew Dawson present Carla with personalized "AAFP Rep" jackets for her pets , Emmie and Ellie



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# A Review of our Recent Annual Scientific Assembly!

Our registration for this year's meeting was 155 physicians – although down from the past two year's meetings the ATTENDANCE was outstanding and much higher than past years! The average attendance was 121 at each of the lectures held over the three day meeting with the largest attendance in recent years at our Installation Lunch of over 145!

Several changes were made to this year's program including the format going from a Wednesday through Friday schedule to a Thursday through Saturday schedule. From evaluations received, it appears that the majority of attendees favor this schedule and attended due in part to the schedule. The printed course syllabus was replaced this year with an online version on our website – still accessible by going to our website, [arkansasafp.org](http://arkansasafp.org). Each of our speaker's presentations can be printed from this site.

The hall for exhibitors was also changed this year to the three smaller rooms on the ballroom floor to allow for Physician CME breakfast and lunch meetings in the adjacent ballroom previously used as an exhibit hall. The physicians loved it, most of the exhibitors were not happy with the layout.

Also for the first time ever, a

Medical Jeopardy Contest was held for our Family Medicine Residents in the state and a luncheon was held in honor of residents and students in attendance. An article about the Medical Jeopardy contest is in a separate article in this Journal. We plan to continue this but will hold it on a weekday late in the afternoon in hopes of drawing more residents.

The highest rated speakers were: Dr. A. J. Zolten, Dr. Elton Cleveland, Dr. Harold Hedges, Dr. Hayden Franks, Dr. Rick Hanna and Dr. Bob Hopkins.

From evaluations received, our attendees **liked most**: the speakers and topics, the meals, the location of the meeting and the hotel, meeting colleagues and the well planned and organized program. They **liked least**: Not enough CME Hours offered, breaks too long, not enough topics on things that need to be referred. There were a few complaints about not having a printed syllabus from those that did not read the information provided in advance that it would be online to print if one wished to have it during the assembly.

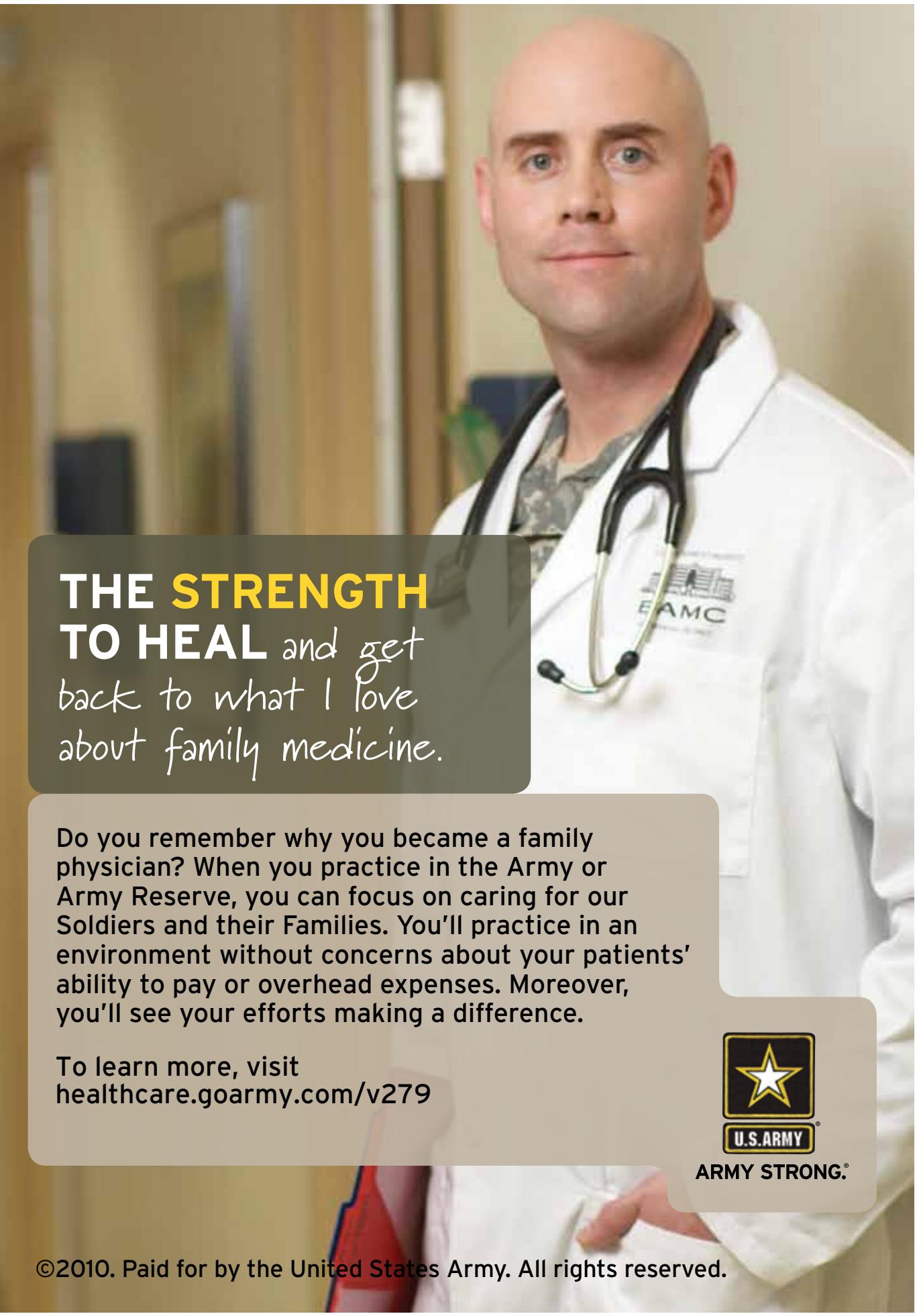
Suggestions for next year include: Practice enhancement topics; A year in review lecture: Diabetes, Depression, Bi Polar: More Nuts and Bolts: Shorter presentations:

more talks by Family Physicians, More talks by Females: More local speakers: More Derm Talks: Antibiotic Update: End of Life Issues, Nutrition Counseling and offer at least 20 CME hours.

Since Evidence Based CME credit is no longer available, it is very difficult to get 20 hours of lectures in a two and one half day format and allow for breaks to visit exhibits which are a crucial part of our funding for this meeting but we plan to offer a Pre Assembly CME next year on Wednesday afternoon June 18 which will provide another three hours of credit for those needing additional CME and we will also alternate between 30 minute and 45 minute lectures which should also allow for another two hours of CME credit. Due to the low attendance at evening functions, we will no longer plan late afternoon or evening events.

If you have any suggestions for speakers or topics, please forward them to Carla at the AR AFP office as soon as possible at [arafp@sbcglobal.net](mailto:arafp@sbcglobal.net). The planning for the 2014 program has already started! The dates will be: JUNE 19, 20 AND 21 AT THE DOUBLETREE HOTEL IN LITTLE ROCK – PLEASE PLAN TO BE WITH US AGAIN NEXT YEAR!!!!





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# 66TH ANNUAL SCIENTIFIC ASSEMBLY PICTURES

## JUNE 13-15, 2013



Arkansas Surgeon General Joe Thompson



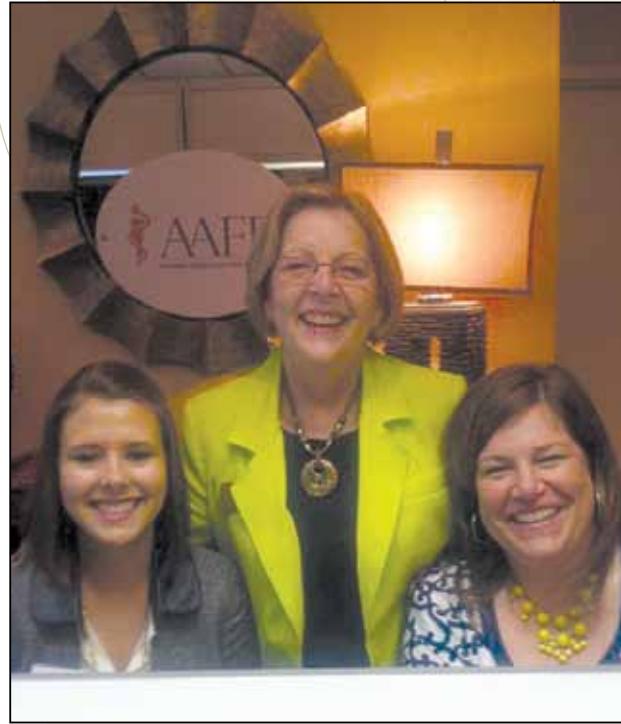
Two generations of Family Docs – Brian Bowlin and his wife Chelsea and Dr. and Mrs. Randal Bowlin



The National Anthem by Sean Michel



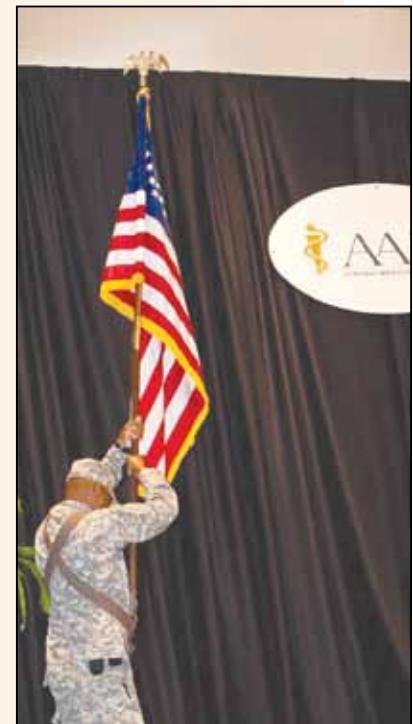
Dr. Oliver Wallace with his daughter, D'Jini



Ashton Chumley, Carla Coleman and Michelle Hegwood



Carla thanks the AR AFP as Dr. Robinson looks on



# Directors Installed For Coming Year!

The following directors were elected to serve on the Board in the coming year:

**Doctor Timothy Killough** of Searcy was re-elected to a three year term. In private family practice, Dr. Killough is a graduate of UAMS and completed his family medicine residency at AHEC Fort Smith. He serves on the Finance Committee.

**Dr. Matthew Nix** of Texarkana was elected to serve on the board for the first time. He is faculty with AHEC SW in Texarkana. He graduated from UAMS and completed his family medicine residency at AHEC SW. He will serve on the Membership, Public Relations and Publications as well as Education Committee.

**Dr. Amy Daniel** was elected to serve on the Board also for the first time. She is in practice with ARCare in Augusta and is a graduate of UAMS and completed her residency at AHEC NE in Jonesboro. She will serve on the Planning Committee.

**Dr. Philip Pounders** of Jonesboro will serve as the Resident Representative. He is a graduate of

UAMS and is a third year resident at AHEC NE in Jonesboro. He will serve on the Academy's student and resident committees.

**Dr. Dennis Yelvington** of Stuttgart was elected Alternate Delegate to the AAFP Congress of Delegates for a two year term. He is in private family practice in Stuttgart. Dr. Yelvington is a past president of the AR AFP, graduated from UAMS and AHEC NE and will serve on the Academy's Legislative and Governmental Affairs and Health Care Services Committees.

**Dr. Richard Hayes** of Jacksonville was elected Delegate to the AAFP Congress of Delegates for a two year term. Dr. Hayes has served in this position for four years and is a past president of the AR AFP, graduated from UAMS and completed a family medicine residency at the University of Tennessee. He is in private practice in Jacksonville and serves on the Finance Committee.

**Vanessa Graves** of Little Rock was elected Co Student Representative to the AR AFP Board. She is a fourth year medical student and serves as FMIG Chair.

**Brian Bowlin** of Little Rock was elected Co Student Representative to the AR AFP Board. He is also a fourth year medical student and was active in legislative activities of the AR AFP the past year. (noteworthy to add: Brian attended his first AR AFP Annual Scientific Assembly when he was only four months old with his dad, Dr. Randal Bowlin of Conway!)

Continuing terms on the board are: Dr. John Alexander as Delegate; Dr. Julea Garner, Alternate Delegate; Directors – Dr. James Chambliss of Magnolia; Dr. Angela Driskill of Alexander; Dr. Rebecca Floyd of Van Buren; Dr. Andy Gresham of Crossett; Dr. Len Kemp of Paragould; Dr. Jason Lofton of DeQueen; Dr. Michael Macechko of Fayetteville; Dr. Senthis Raghavan of Little Rock.

A photo of the officers and board installed are below with Dr. Gonzales:

Drs. Killough, Nix, Hayes, Daniel, Bryan, Dawson, Wagner, Knight, Yelvington, Ms. Graves, Dr. Pounder and Mr. Bowlin.



Doctors Tim Killough, Matthew Nix, Richard Hayes, Amy Daniel, James Bryan, Drew Dawson, Tommy Wagner, Carlos Gonzales, Dan Knight, Dennis Yelvington, Vanessa Graves, Philip Pounds, Brian Bowlin

# First Annual "Medical Jeopardy" Contest for FP Residents Held

The first Medical Jeopardy contest for Family Medicine Residents was held at the Ar AFP's Annual Scientific Assembly June 15 with four programs participating – AHEC NE in Jonesboro; AHEC NW in Fayetteville; Department of Family and Preventive

Medicine, Little Rock; AHEC South in Texarkana.

After several rounds of Medical Jeopardy with host Dr. Scott Dickson of Jonesboro, the winner of the contest was residents of the Northeast AHEC FP Residency program in Jonesboro.

Dr. Lonnie Robinson , past President of the Arkansas AFP and Dr. A. Bala, the 2013 Resident Representative to the Board planned this function as a way to get residents involved in the Academy and to provide them with a planned activity to get to know each other as well as Academy members.

A trophy was presented to the winning team which was a Specimen Cup mounted on a wood pedestal with handles

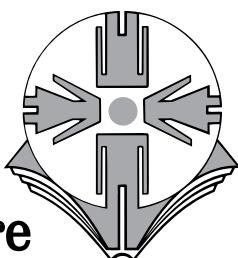


with their program's name on the front. The trophy will be brought to the annual meeting each year for the contest and passed along to the next winning program!

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## Officers Installed for Coming Year!!

New Officers for the coming year were installed by Dr. Carlos Gonzales and will also serve the AR AFP as the Executive Committee in the coming year.

**Dr. Daniel Knight** of Little Rock – President Elect. Dr. Knight has been a member of the Board of Directors for many years and is Chairman of the UAMS Department of Family and Preventive Medicine. He is a graduate of UAMS and completed his family medicine residency at UAMS. He is a Diplomate of the American Board of Family Medicine and serves on several Academy committees.

**Dr. J. Drew Dawson** of Pocahontas – Vice President.

Dr. Dawson has served on the Board since 2005 and is in private family practice in Pocahontas. He graduated from UAMS and completed a Family Medicine Residency at AHEC NE in Jonesboro. He is a Diplomate of the American Board of Family Medicine. He will chair the Ar AFP's Committee on Membership, Public Relations and Publications.

**Dr. Tommy Wagner** of Manila – Secretary. Dr. Wagner has also served on the Board since 2005 and is in private family practice in Manila. A graduate of UAMS, he completed a Family Medicine residency at AHEC NE in Jonesboro and is a Diplomate of the American Board of Family Medicine. He

chairs the Academy's Legislative/Governmental Affairs Committee.

**Dr. James W. Bryan** of Little Rock – Treasurer. Dr. Bryan has served on the Board since a student – as FMIG Representative and as Resident Representative. He graduated from UAMS and completed his residency at the UAMS Department of Family and Preventive Medicine and then completed a Primary Care Sports Medicine Fellowship at the University of Oklahoma College of Medicine. He maintains certification in both specialties. He practices at Little Rock Air Force Base in the Flight Medicine Clinic. He will chair Finance in the coming year.



Our 2013-14 EXECUTIVE COMMITTEE

Officers Tommy Wagner, James Bryan, Lonnie Robinson, Dr. Gonzales, Dan Knight, Barry Pierce and Drew Dawson.

# CANCER SURVIVORSHIP E-LEARNING SERIES FOR PRIMARY CARE PROVIDERS



[CancerSurvivorshipCenterEducation.org](http://CancerSurvivorshipCenterEducation.org)

The National Cancer Survivorship Resource Center's E-Learning Series, designed to heighten the awareness of the ongoing needs of cancer survivors, gives primary care providers **free continuing education credits** with first-hand patient experiences, presentations by national leaders on survivorship issues, and case studies. The goal of the series is:

- To provide information on how to tailor care to cancer survivors; and
- To teach primary care providers the skills they need to provide follow-up care for cancer survivors.

## Module 1: Current Status of Survivorship Care and the Role of Primary Care Providers

Learn about the latest models of delivering follow-up care for cancer survivors

View webinars led by national experts who are creating new standards of care at the intersection of primary and cancer survivorship care

Listen to the first-hand experience of a breast cancer survivor as she discusses her cancer journey – from diagnosis, to treatment, and supportive care

## Module 2: Late Effects of Cancer and its Treatments: Managing Comorbidities and Coordinating with Specialty Providers

Learn about the common physical effects after treatment and the possible interactions with non-cancer comorbidities

View clinically-based presentations on implementing a coordinated plan of care with oncology specialty providers and how to manage the late effects

Hear a rectal cancer survivor share his story and describe the physical effects from his cancer treatments

## Module 3: Late Effects of Cancer and its Treatments: Meeting the Psychosocial Health Care Needs of Survivors

Learn about the types of psychological and social issues that cancer survivors may encounter after completing their cancer treatment and how primary care providers can facilitate proper supportive care

View presentations by clinical experts on risk factors, how to quickly and easily screen for psychosocial issues, and a primary care provider's role in ensuring appropriate follow-up support

Listen to a prostate cancer survivor who candidly reveals the psychosocial impacts of his cancer experience

**New modules will be added on health promotion, survivorship care planning, and clinical guidelines.**

For more information visit: [www.CancerSurvivorshipCenterEducation.org](http://www.CancerSurvivorshipCenterEducation.org)

### CONTINUING EDUCATION

The George Washington University School of Medicine and Health Sciences is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The George Washington University School of Medicine and Health Sciences designates this enduring material activity for a maximum of 3.0 AMA Physician Recognition Award Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. 3.0 contact hours have been awarded.

### PROGRAM SUPPORT

The Cancer Survivorship E-Learning Series for Primary Care Providers is supported by Cooperative Agreement #1U55DP003054 from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

**GW Cancer Institute**

THE GEORGE WASHINGTON UNIVERSITY



## Demographic Characteristics By Membership Type

### Chapter: Arkansas AFP

| Demographic                     | Active     |               | Inactive |               | Life      |               | Resident   |               | Student   |               | Supporting (FP) |               | Totals      |               |
|---------------------------------|------------|---------------|----------|---------------|-----------|---------------|------------|---------------|-----------|---------------|-----------------|---------------|-------------|---------------|
|                                 | Count      | Percent       | Count    | Percent       | Count     | Percent       | Count      | Percent       | Count     | Percent       | Count           | Percent       | Count       | Percent       |
| <b>Gender</b>                   |            |               |          |               |           |               |            |               |           |               |                 |               |             |               |
| Male                            | 609        | 73.55         | 5        | 71.43         | 90        | 93.75         | 64         | 55.17         | 50        | 65.79         | 1               | 50.00         | 819         | 72.80         |
| Female                          | 219        | 26.45         | 2        | 28.57         | 6         | 6.25          | 51         | 43.97         | 25        | 32.89         | 1               | 50.00         | 304         | 27.02         |
| No response                     | 0          | 0.00          | 0        | 0.00          | 0         | 0.00          | 1          | 0.86          | 1         | 1.32          | 0               | 0.00          | 2           | 0.18          |
| <b>Gender Totals</b>            | <b>828</b> | <b>100.00</b> | <b>7</b> | <b>100.00</b> | <b>96</b> | <b>100.00</b> | <b>116</b> | <b>100.00</b> | <b>76</b> | <b>100.00</b> | <b>2</b>        | <b>100.00</b> | <b>1125</b> | <b>100.00</b> |
| <b>AAFP Fellow</b>              |            |               |          |               |           |               |            |               |           |               |                 |               |             |               |
| Yes                             | 150        | 18.12         | 2        | 28.57         | 69        | 71.88         | 0          | 0.00          | 0         | 0.00          | 0               | 0.00          | 221         | 19.64         |
| No                              | 678        | 81.88         | 5        | 71.43         | 27        | 28.13         | 116        | 100.00        | 76        | 100.00        | 2               | 100.00        | 904         | 80.36         |
| <b>AAFP Fellow Totals</b>       | <b>828</b> | <b>100.00</b> | <b>7</b> | <b>100.00</b> | <b>96</b> | <b>100.00</b> | <b>116</b> | <b>100.00</b> | <b>76</b> | <b>100.00</b> | <b>2</b>        | <b>100.00</b> | <b>1125</b> | <b>100.00</b> |
| <b>Med. School Grad</b>         |            |               |          |               |           |               |            |               |           |               |                 |               |             |               |
| US Med. Sch.                    | 697        | 84.18         | 7        | 100.00        | 92        | 95.83         | 40         | 34.48         | 76        | 100.00        | 2               | 100.00        | 914         | 81.24         |
| Int. Med. Sch.                  | 131        | 15.82         | 0        | 0.00          | 4         | 4.17          | 69         | 59.48         | 0         | 0.00          | 0               | 0.00          | 204         | 18.13         |
| No response                     | 0          | 0.00          | 0        | 0.00          | 0         | 0.00          | 7          | 6.03          | 0         | 0.00          | 0               | 0.00          | 7           | 0.62          |
| <b>Med. School Grad Totals</b>  | <b>828</b> | <b>100.00</b> | <b>7</b> | <b>100.00</b> | <b>96</b> | <b>100.00</b> | <b>116</b> | <b>100.00</b> | <b>76</b> | <b>100.00</b> | <b>2</b>        | <b>100.00</b> | <b>1125</b> | <b>100.00</b> |
| <b>FP Residency Grad</b>        |            |               |          |               |           |               |            |               |           |               |                 |               |             |               |
| Yes                             | 780        | 94.20         | 7        | 100.00        | 13        | 13.54         | 116        | 100.00        | 0         | 0.00          | 1               | 50.00         | 917         | 81.51         |
| No                              | 48         | 5.80          | 0        | 0.00          | 83        | 86.46         | 0          | 0.00          | 76        | 100.00        | 1               | 50.00         | 208         | 18.49         |
| <b>FP Residency Grad Totals</b> | <b>828</b> | <b>100.00</b> | <b>7</b> | <b>100.00</b> | <b>96</b> | <b>100.00</b> | <b>116</b> | <b>100.00</b> | <b>76</b> | <b>100.00</b> | <b>2</b>        | <b>100.00</b> | <b>1125</b> | <b>100.00</b> |
| <b>Ages</b>                     |            |               |          |               |           |               |            |               |           |               |                 |               |             |               |
| 20-24                           | 0          | 0.00          | 0        | 0.00          | 0         | 0.00          | 0          | 0.00          | 18        | 23.68         | 0               | 0.00          | 18          | 1.60          |
| 25-29                           | 11         | 1.33          | 0        | 0.00          | 0         | 0.00          | 30         | 25.86         | 40        | 52.63         | 0               | 0.00          | 81          | 7.20          |
| 30-34                           | 83         | 10.02         | 0        | 0.00          | 0         | 0.00          | 57         | 49.14         | 6         | 7.89          | 0               | 0.00          | 146         | 12.98         |
| 35-39                           | 96         | 11.59         | 0        | 0.00          | 0         | 0.00          | 16         | 13.79         | 3         | 3.95          | 0               | 0.00          | 115         | 10.22         |
| 40-44                           | 136        | 16.43         | 0        | 0.00          | 0         | 0.00          | 9          | 7.76          | 3         | 3.95          | 0               | 0.00          | 148         | 13.16         |
| 45-49                           | 104        | 12.56         | 2        | 28.57         | 0         | 0.00          | 4          | 3.45          | 0         | 0.00          | 0               | 0.00          | 110         | 9.78          |
| 50-54                           | 110        | 13.29         | 2        | 28.57         | 0         | 0.00          | 0          | 0.00          | 0         | 0.00          | 1               | 50.00         | 113         | 10.04         |
| 55-59                           | 127        | 15.34         | 0        | 0.00          | 1         | 1.04          | 0          | 0.00          | 0         | 0.00          | 1               | 50.00         | 129         | 11.47         |
| 60-64                           | 90         | 10.87         | 1        | 14.29         | 4         | 4.17          | 0          | 0.00          | 0         | 0.00          | 0               | 0.00          | 95          | 8.44          |
| 65-69                           | 41         | 4.95          | 1        | 14.29         | 9         | 9.38          | 0          | 0.00          | 0         | 0.00          | 0               | 0.00          | 51          | 4.53          |
| 70-74                           | 10         | 1.21          | 1        | 14.29         | 25        | 26.04         | 0          | 0.00          | 0         | 0.00          | 0               | 0.00          | 36          | 3.20          |
| 75->                            | 1          | 0.12          | 0        | 0.00          | 57        | 59.38         | 0          | 0.00          | 0         | 0.00          | 0               | 0.00          | 58          | 5.16          |
| Unknown                         | 19         | 2.29          | 0        | 0.00          | 0         | 0.00          | 0          | 0.00          | 6         | 7.89          | 0               | 0.00          | 25          | 2.22          |
| <b>Ages Totals</b>              | <b>828</b> | <b>100.00</b> | <b>7</b> | <b>100.00</b> | <b>96</b> | <b>100.00</b> | <b>116</b> | <b>100.00</b> | <b>76</b> | <b>100.00</b> | <b>2</b>        | <b>100.00</b> | <b>1125</b> | <b>100.00</b> |
| <b>Average Ages</b>             | 48.44      |               | 57.00    |               | 76.76     |               | 32.95      |               | 27.01     |               | 56.50           |               | 47.98       |               |
| <b>Urbanization Code</b>        |            |               |          |               |           |               |            |               |           |               |                 |               |             |               |



#### PATIENT-CENTERED MEDICAL HOME CONSULTING

**Redesign your practice around those who matter most: your patients**

The patient-centered medical home (PCMH) model helps you provide the kind of comprehensive, prevention-focused care that truly meets the needs of your patients. It results in more efficient operations and more satisfied patients, providers, and staff.

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[www.qhmedicalhome.org/arkansas](http://www.qhmedicalhome.org/arkansas)



# Payment reform at one year:

## *Much accomplished, much left to do*

By Andy Allison, PhD

July 2013 marked the first anniversary of implementation of the Arkansas Health Care Payment Improvement Initiative (APII), an effort that has positioned Arkansas as a national leader for innovation in health care delivery and payment redesign. Early indications are that the initiative is having a positive impact on the system: Medicaid is growing at its lowest rate in 25 years, many providers are reviewing their practice patterns and shifting their delivery of care accordingly, and the federal government is now supporting the initiative financially.

The initiative is a central component of Arkansas' overall health system transformation. Private and public insurers, initially including Arkansas Medicaid, Arkansas Blue Cross and Blue Shield, and QualChoice of Arkansas, have worked to align financial incentives to reward health care providers for high-quality, cost-effective medical care. The initiative includes episode-based care delivery, patient-centered medical homes (PCMH) and health homes.

### STATE INNOVATION MODEL

Earlier this year, the Centers for Medicare & Medicaid Services' (CMS) Center for Medicare & Medicaid Innovation (CMMI) awarded the state a \$42 million State Innovation Model (SIM) grant, one of six nationwide. The grant will be used to implement and test the initiative over the next 42 months and to support further development of episode-based care delivery, PCMH and health homes.

This award signifies the federal government's engagement and interest in the model as one that could be applied more broadly. The state launched its episode-based payment delivery model in July 2012 with an initial focus on five conditions, and aims to launch its PCMH model later this year.

### MEDICAL HOMES

Within the next three to five years, most Arkansans will have a PCMH that offers local access to preventive care and proactively manages a patient's health. Primary care practices will adopt this role. Today, visits to primary care doctors often focus on acute illnesses rather than prevention or chronic condition management. The medical home will reward providers for supporting patients and connecting them with a health services team that will address their individual needs. Medical homes also will actively promote prevention services and give patients the information they need to stay healthy.

The first wave of Arkansas' PCMH implementation

was accelerated last year when the state was selected as one of seven markets to participate in the CMMI's Comprehensive Primary Care Initiative (CPC). In all, 69 primary care practice sites in Arkansas were chosen to participate. As a common design structure of Arkansas' broader PCMH model, these sites receive enhanced per-member-per-month (PMPM) payments to support practice transformation and care coordination necessary to meet specific performance metrics and transformation milestones. Some CPC practices have used PMPM payments to hire more staff for improved care coordination and/or have reorganized their practice environment to improve workflow and team cohesion. Practices also have the potential to share in system savings by lowering the total cost of care of their patient panel.

The second wave of PCMH rollout will begin this fall. While there will be an emphasis on including pediatric patients, all practices that are early adopters may enroll as a PCMH. Wave 3 of PCMH implementation will continue in 2014, with the goal of all primary care practices in Arkansas operating in a PCMH model.

### FINANCIAL INCENTIVES

The Arkansas PCMH initiative changes the payment mechanism to support the costs of primary care practice transformation and to reward providers for effective population health management. Through upside-only gain-sharing opportunities, providers will be rewarded financially for proactively meeting the needs of patients, especially in the areas of prevention and chronic disease management. Primary care physicians can achieve gain sharing in two

#### Five episodes live for Medicaid, 10 more in progress

|                          |         | EPISODE   | LEGISLATIVE REVIEW | REPORTING PERIOD START DATE | MULTIPAYER PARTICIPATION <sup>1</sup> |
|--------------------------|---------|---|--------------------|-----------------------------|---------------------------------------|
| WAVE 1                   | WAVE 1A | 1 Upper respiratory infection                     | Spring 2012        | July 2012                   |                                       |
|                          | WAVE 1B | 2 Attention deficit/hyperactivity disorder (ADHD) | Spring 2012        | July 2012                   |                                       |
|                          |         | 3 Perinatal                                       | Spring 2012        | July 2012                   | BC/BS • QualChoice                    |
|                          |         | 4 Congestive heart failure                        | Nov. 2012          | Dec. 2012                   | BC/BS                                 |
|                          |         | 5 Total joint replacement (hip and knee)          | Nov. 2012          | Dec. 2012                   | BC/BS • QualChoice                    |
|                          |         | 6 Colonoscopy                                     | May 2013           | Q2 CY 2013                  | BC/BS • QualChoice                    |
|                          |         | 7 Cholecystectomy (gallbladder removal)           | May 2013           | Q2 CY 2013                  | BC/BS • QualChoice                    |
|                          |         | 8 Tonsillectomy                                   | May 2013           | Q2 CY 2013                  | BC/BS                                 |
|                          |         | 9 Oppositional defiant disorder (ODD)             | May 2013           | Q2 CY 2013                  |                                       |
|                          |         | 10 Coronary artery bypass grafting (CABG)         | July 2013          | Q3 CY 2013                  | BC/BS                                 |
|                          |         | 11 Percutaneous coronary intervention (PCI)       |                    |                             | BC/BS • QualChoice                    |
|                          |         | 12 Asthma   | July 2013          | Q3 CY 2013                  | BC/BS                                 |
|                          |         | 13 Chronic obstructive pulmonary disease          |                    |                             | BC/BS                                 |
|                          |         | 14 ADHD/ODD comorbidity                           | July 2013          | Q3 CY 2013                  |                                       |
|                          |         | 15 Neonatal                                       | Q3 CY 2013         | H2 CY 2013                  |                                       |
| WAVE 2                   | WAVE 2A | ... Undecided                                     | Q1 2014            | ...                         |                                       |
|                          | WAVE 2B | ... Undecided                                     | Q1 2014            | ...                         |                                       |
| WAVE 2C<br>(not started) |         | ... Undecided                                     | Q1 2014            | ...                         |                                       |
|                          |         | ... Undecided                                     | Q1 2014            | ...                         |                                       |

BC/BS: Arkansas BlueCross BlueShield • 1: Participation includes development and rollout of episode.

continued on page 24



# BREASTFEEDING

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A small investment of your time can make a big difference in Arkansas' future health. And theirs.



Arkansas Foundation  
for Medical Care<sup>SM</sup>

[www.afmc.org](http://www.afmc.org)

ARKANSAS  
DEPARTMENT OF  
**HUMAN  
SERVICES**



ways: based on the physician's performance improvements, and based on high performance compared with physicians statewide. Quality metrics must be met in both options.

This initiative also provides guidance and support for clinical leadership and autonomy. Providers may contract with pre-qualified vendors to support care coordination and practice transformation. The vendors' goal is to support ongoing coordinated care and outline infrastructure and capabilities needed for a coordinated care approach and to improve patient outcomes.

Statewide health information exchange (HIE) connection and electronic health record (EHR) adoption by all providers is essential for PCMH implementation.

It is important for hospitals and providers to sign up with the State Health Alliance for Records Exchange (SHARE) and be set up for secure email messaging. Provider EHR systems then need to be configured to transmit and receive admission/ discharge/ transfer (ADT) information through SHARE.

## HEALTH HOMES

The Arkansas medical home model also includes health homes, a more specialized extension of PCMH for people who need a higher level of care coordination or face greater challenges in navigating the health care system, such as people with developmental disabilities and those living in long-term care facilities. A health home promotes more efficient, high-quality care and an improved patient experience. As with a PCMH, providers will be responsible

for proactively considering the needs of their patients or clients, independent of whether they are seeking care, and will receive incentives for promoting wellness and achieving health outcomes. The health home will serve not as a gatekeeper, but as a hub from which the patient may connect with all the providers who form the patient's health services team. The state is also developing complementary reforms in service payments and assessments of client needs. Health homes and associated reforms are being launched in phases in 2013 and 2014.

## LOOKING AHEAD

The Arkansas PCMH model complements the work already done with episodes, and the two have the same goal: reward high-quality, coordinated and efficient care. Providers will be better equipped to make efficient referrals and better decisions about care coordination through use of provider reports detailing their cost, utilization and quality metric information for each episode of care. Development of additional episodes of care and medical homes will continue simultaneously. As more practices transition to the PCMH model, providers will need to assess their existing operating model and identify and address barriers to practice transformation. Quality, cost and utilization data will help practices track progress and maximize shared savings. The initiative will continue to be guided by the core principles of designing a payment system that is patient-centered, clinically appropriate, practical and data driven.

For the latest updates on the APII, visit [www.paymentinitiative.org](http://www.paymentinitiative.org).

*Andy Allison, PhD, is director of Arkansas Medicaid.*

## Designing Women

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# 17th Annual Family Medicine Update – September 20-21

Little Rock, Arkansas (July 1, 2013) – Primary care physicians can earn 14.5 hours of CME and learn the latest in topics such as COPD, vascular disease and nanomedicine at the 17<sup>th</sup> Annual Family Medicine Update Sept. 20 and 21 at the UAMS Jack T.

Stephens Spine and Neurosciences Institute, 12<sup>th</sup> floor.

The two-day conference, sponsored by the UAMS Department of Family and Preventive Medicine, CME Division, will also feature speakers on geriatrics, endocrinology and orthopedics.

Physicians can get the early-bird price of \$235 for the full conference or \$130 for one day if they register before Sept. 6. To register, call 686-6626 or visit [cme.uams.edu](http://cme.uams.edu).

Contact: Andrea Hooten, 526-6302 or [ahooten@uams.edu](mailto:ahooten@uams.edu)

## Volunteer Physicians Needed At Harmony Health Clinic

Physician volunteers are needed at the Harmony Health Clinic located at 301 E. Roosevelt Road, Little Rock, Arkansas. The hours of the clinic are 5 pm until 9 pm on Thursday and 8 am. til Noon on Saturday.

The clinic which is an affiliate of Volunteers in Medicine, provides routine health care to local residents whose income does not exceed 200% of the Federal Poverty Level and are currently uninsured and over the age of 13.

Please contact Harmony Health Clinic if you can spare some time by calling: 501 375 4402 or visit their website at [www.harmonyclinicar.org](http://www.harmonyclinicar.org)

## CDC Warns Physicians About New H3N2v Infections

The CDC is warning physicians and consumers that the first cases of influenza A variant (H3N2v) virus infection for 2013 were reported during the week of June 24, 2013. According to the CDC, the reported cases were associated with exposure to swine at an agricultural fair in Indiana.

"Reportedly, pigs at the fair also tested positive for H3N2 infection" the CDC said. This outbreak may foreshadow a number of such outbreaks this summer based on what happened last summer when multi state outbreaks resulted in

309 reported H3N2v cases including 16 hospitalizations and one death. Genetic sequencing by the CEDC on one of the Indiana samples has confirmed that the H3N2v virus in Indiana is 99 percent similar to the H3N2v viruses detected last summer.

More recently the CDC issued an advisory by its Health Alert Network. The July 5 communication updates clinicians on H3N2v activity and summarizes the agency's revised case definitions and recommendations for H3N2v surveillance for the summer

and fall of 2013. It also links physicians to information on 2013 testing recommendations as well as to guidance for local and state public health officials regarding surveillance for and investigation of human infections with the virus.

Symptoms of H3N2v infection are consistent with those of seasonal influenza and may include fever, cough, pharyngitis, myalgia and headache. No sustained human to human spread of the virus has been detected although sporadic limited spread of H3N2v has occurred in the past.

## AAFP Congress of Delegates and Scientific Assembly Meets Soon

The Arkansas Chapter will be represented in the AAFP Congress of Delegates by Doctor John Alexander of Magnolia; Doctor Richard Hayes of Jacksonville as Delegates; Doctor Julea Garner of Hardy and Doctor Dennis Yelvington of Stuttgart, Alternate

Delegates; Doctor Barry Pierce of Mountain View, President and Carla Coleman, Executive Vice President

The Congress will meet September 23-25 in San Diego at the San Diego Marriott and is the policy making body of the AAFP. Reference committees will be

held during the Congress on Advocacy, Education, Health of the Science and Public, Organization and Finance and Practice Enhancement. The Annual Scientific Assembly of the AAFP will follow beginning September 25 and conclude on September 28.



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### Primary Care Opportunities

We have an outstanding opportunity for primary care physicians specializing in internal medicine, family medicine and pediatrics at the region's foremost hospital in Fort Smith, Arkansas. Come join our award-winning team.

#### The hospital

Arkansas' first hospital, established in 1887, Sparks Regional Medical Center is a state-of-the-art, 492-bed hospital that provides comprehensive healthcare services, including acute care, open heart surgery, ambulatory care center, sleep lab, home health agency and more.

#### The community

Fort Smith, the second largest city in Arkansas, is ranked No. 1 for the lowest cost of living in the U.S. Nestled between the Ozark and Ouachita Mountains on the Trail of Tears National Historic Trail, this modern city offers a diverse and stable economic base. It also features an educated workforce, professional medical facilities, award-winning schools, outstanding transportation network and a high quality of life.



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# Arkansas AFP News

## WELCOME NEW MEMBERS!!

Dr. Douglas Bernard,  
Batesville – Active Member

Dr. Charles Brian Caldwell ,  
Texarkana – Active Member

Dr. Rosaline Fraser, El  
Dorado – Active Member

Dr. Matthew Jennings,  
Cabot – Active Member

Dr. Lyndsey Kramp, Fort  
Smith – Active Member

Dr. Pratapji Thakor, Marion  
– Active Member

Dr. David Matthew Young,  
Fayetteville – Active  
member

Mahreen Arshad, Little Rock  
– Student Member

Jermye Jones, Benton –  
Student Member

Alexander Kaczenski, Little  
Rock – Student Member

Amanda Smith, Little Rock –  
Student Member

## Arkansas AFP Foundation Assists Resident & Medical Students

The Arkansas AFP Foundation has provided travel funds exceeding \$3,000. to assist one resident and two medical students to attend the three day AAFP National Resident Student Conference being held in Kansas City the first week of August! Several other residents and students are being provided funding by residency programs and individuals in our state. The ArAFP Foundation is a 501 c(3) organization that provides scholarships and grants to residents and students for educational purposes and is tax deductible to contributors! If you would like to contribute to our Foundation, call us at 501 223 2272.

## MEDICAID PRIMARY CARE PAYMENT ERROR

Physicians who have attested to participate in the “enhanced” Medicaid Primary Care Payment Project may have received a lesser amount than was expected due to an error in processing. The ACA contained a provision requiring state Medicaid programs to increase payments to primary care physicians for primary care services to at least Medicare rates for 2013 and 2014, representing approximately a 25% increase for Arkansas Physicians. Arkansas Medicaid is implementing the increase as a quarterly supplemental payment. Several codes including

immunizations were omitted from the first payment covering services billed during the first quarter of 2013. Corrections have been made to the process and will automatically calculate a supplemental payment soon. Qualifying physicians should be receiving the second quarter enhanced payment by the first week of August. Physicians should note that the enhanced payments continue to be limited to the lesser of the enhanced rate or billed charges. Since there are a few procedure codes used exclusively by Medicaid, specifically vaccine administration codes, physicians may need to update their billed charges to reflect what the practice bills other payers for a similar service.

## AR AFP MEMBER MAKES HIGH PROFILE SECTION IN STATE NEWSPAPER!

**Dr. Harold H. Hedges** of Little Rock was highlighted in the *Arkansas Democrat Gazette's High Profile Section* on Sunday, June 30. The two page article highlighted Dr. Hedges 55 years in practice as well as his 50<sup>th</sup> Anniversary of the Little Rock Family Practice Clinic he co-founded with Dr. Jim Flack. Dr. Hedges is a past president of the Arkansas AFP and was named the Arkansas AFP Family Doctor of the Year in 1986. A frequent speaker on the national and state level, he continues to practice medicine, volunteer his services at two free health clinics and enjoys in his spare time gardening and tending to his animals, volunteering at his church and spending time with his wife of 57 years, Merry Helen and his family.



# SVMIC®

State Volunteer Mutual Insurance Company

## AAFP News quotes Dr. Lonnie Robinson on Medicaid Parity

Dr. Lonnie Robinson of Mountain Home, immediate past president of the Arkansas Chapter, was quoted in the July 3, 2013 AAFP NEWS NOW in an article entitled "State Medicaid Programs Slowly Coming Online with Parity Program." The article stated that more than a quarter of state Medicaid fee for service programs, Alabama, Arkansas, Florida, Kansas, Massachusetts, Maryland, Maine, Michigan, Missouri, Montana, Pennsylvania, Vermont and Wyoming had implemented the temporary payment increase according to CMS. The provision which was enacted as part of the Patient Protection and Affordable Care Act will bring Medicaid payment rates for certain primary care services at least in line with Medicare levels for 2013 and 2014.

These services are defined as those billed using specific evaluation and management codes as well as some codes for vaccine administration.

Dr. Robinson who practices in a five member physician practice in Mountain Home, received a 30 percent payment increase in his Medicaid payment check the end of June as a result of the parity provision. He stated that he cares for 3500 patients, 1500 whom are Medicaid and describes the primary care payment as a "good first step" in addressing historically low Medicaid payment rates, but he also describes the parity provision as a short term measure. "The needs of my Medicaid patients are not going to go away after 2014 – with Medicaid we receive less money for taking care of a patient population that has the same or even greater health care needs as the general population."

All in all, Dr. Robinson stated he was pleased with the bump in the Medicaid payment rate.

## SVMIC BOARD NAMES HUDEC CHAIR OF ARKANSAS ADVISORY COMMITTEE

Brentwood, TN – June 27, 2013 – Wayne Hudec, M.D., of Fayetteville, Ark., has been appointed chair of State Volunteer Mutual Insurance Company's (SVMIC) Arkansas Advisory Committee. Hudec is a surgeon with Ozark Surgical Associates in Fayetteville and has served on the committee since its inception in 2003. He succeeds Lloyd Langston, M.D., of Heber Springs, Ark.

Kevin Claybrook, M.D., of Little Rock, Ark., has been newly appointed as a member of the committee. Claybrook is a urologist with Arkansas Urology Associates in Little Rock. Other committee members include J. Greg Elders, M.D., family practice and obstetrics, Mountain Home, Ark.; E. Scott Ferguson, M.D., diagnostic radiology, West Memphis, Ark.; John O. Lytle, M.D., orthopedics, Pine Bluff, Ark.; David M. Mego, M.D., interventional cardiology, Little Rock; Brenda N. Powell, M.D., obstetrics and gynecology, Hot Springs, Ark.; Dennis B. Yelvington, M.D., family practice, Stuttgart, Ark; and Jane M. Snead, M.D., pediatrics, Jonesboro, Ark.

Snead, a practitioner with The Children's Clinic in Jonesboro, was elected to the SVMIC Board of Directors in May. Hudec and Lytle are also on the board, with Lytle serving as secretary.

SVMIC was founded by physicians in 1976 and provides medical professional liability insurance to more than 14,000 physicians in Tennessee, Arkansas, Virginia, Kentucky, Georgia, Alabama and Mississippi.

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# From AAFP NEWS NOW:

## NEW AAFP PQRS REPORTING TOOL AVAILABLE

AAFP has partnered with CECity to provide members with a cost effective tool to report Physician Quality Reporting System (PQRS) survey data. The PQRIqizard ([aafp.pqrwizard.com](http://aafp.pqrwizard.com)) (<https://aafp.pqrwizard.com/default.aspx>) is an outline tool that collects and reports quality measures data under the Centers for Medicare and Medicaid Services PQRS Incentive Payment Program.

Beginning in 2015, a 1.5 percent penalty may be applied to the Medicare Part B Physician Fee Schedule payments for failure to satisfactorily report PQRS measures in 2013. The PQRIqizard enables physicians and staff to walk through four steps to help collect and report results to CMS for payment.

AAFP members can contact Janelle Johnson ([jjohnson@aafp.org](mailto:jjohnson@aafp.org)) at ext 4178 (8002742237) with questions.

## Adjustments in Proposed Medicare Fee Schedule Positive for FP's, Says AAFP

CMS has released the 2014 proposed Medicare physician fee schedule. According to AAFP President Jeff Cain, M.D., of Denver, the fee schedule adjusts misvalued codes and proposes two new complex management codes for primary care physicians which could help create a more equitable payment system.

By adjusting misvalued codes, CMS could raise payment rates for evaluation and management services by as much as three percent, resulting in an estimated 1 percent overall payment increase for family physicians. "Such changes demonstrate CMS intent to support primary care through policies that promote comprehensive and continuous care" said Cain.

Any increase for primary care is threatened by the sustainable growth rate (SGR) formula which calls for a 24.4 percent reduction in the Medicare physician payment rate on January 1. "In light of the SGR's mandate that CMS slash Medicare physician payment by 24.4 percent, these incremental increases do nothing to sustain primary medical care much less build the primary care physician workforce" said Cain. "The SGR required payment cut shines a bright light on the need for Congress to replace this dysfunctional system.

Cain also warned that if "congress fails to avert this disastrous pay cut before 2014, family physicians once again will be forced to choose between caring for Medicare beneficiaries at a significant financial loss or ending participating in Medicare." If enacted, the pending SGR reduction would cost the average family physician \$89,763 in revenues next year, meaning a three physician practice would lose \$269,289 in revenue according to an analysis of the proposed cuts by the AAFP.

The AAFP is preparing a summary of the 2014 proposed Medicare physician schedule for members and will submit comments to CMS on the fee schedule before the deadline for comments expires on September 6.

## ACADEMY URGES ELIGIBLE FAMILY PHYSICIANS TO ATTEST

Family Physicians who participate in Medicaid need to self attest that they qualify for a Medicaid primary care payment increase or they will miss out on higher payments called for by the health care reform act according to the AAFP.

During the past eight months, the AAFP has sent several reminders to family physicians urging them to apply and has provided various resources about the provision itself, including a dedicated web page (<http://www.aafp.org/advocacy/informed>) that links to numerous related resources including eligibility requirements and a summary of the program.

Although the Medicaid primary care payment increase is set to expire at the end of 2014, the AAFP has made extension of the provision a major legislative priority!

## FIRST YEAR FP'S GUARANTEED MEDIAN COMPENSATION INCREASES

Median first year guaranteed compensation for family physicians who do not practice obstetrics jumped by \$7,000 between 2011 and 2012 from \$163,000 to \$170,000. This increase was driven in part by a greater demand for family physicians according to a survey released by Medical Group Management Association.

## ICD 10 READINESS LAGS BEHIND

New research by a Colorado based medical group management company indicates many physician practices were lagging behind and concerned about being ready for the October 1, 2014 compliance date for the nation's implementation of the ICD 10 code set for outpatient diagnosis coding.

## KEEP STUDENT LOANS AFFORDABLE RATE FAILS

The Senate failed to extend lower student loan rate in a vote 51 to 49 on July 10, needing a 60 vote threshold to proceed to debate on the bill. The measure would extend for a year the current reduced interest rate for undergraduate Federal Direct Stafford Loans. The measure may be considered later in the session.

## CARTI Welcomes Dr. Jamie Burton



CARTI is pleased to welcome Jamie Burton, M.D., as our newest hematologist/oncologist.

A graduate of the University of Arkansas for Medical Science, Dr. Burton has recently finished her fellowship at UAMS in the Division of Hematology and Oncology following her Internal Medicine Residency Program, where she served as chief resident.

As the largest private cancer clinic in Central Arkansas, CARTI has medical and surgical oncologists, diagnostic radiologists and radiation oncologists on staff to treat all types of adult cancers and blood disorders. To schedule an appointment with Dr. Burton, call Little Rock Hematology Oncology, a division of CARTI, at 501-537-9008.



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