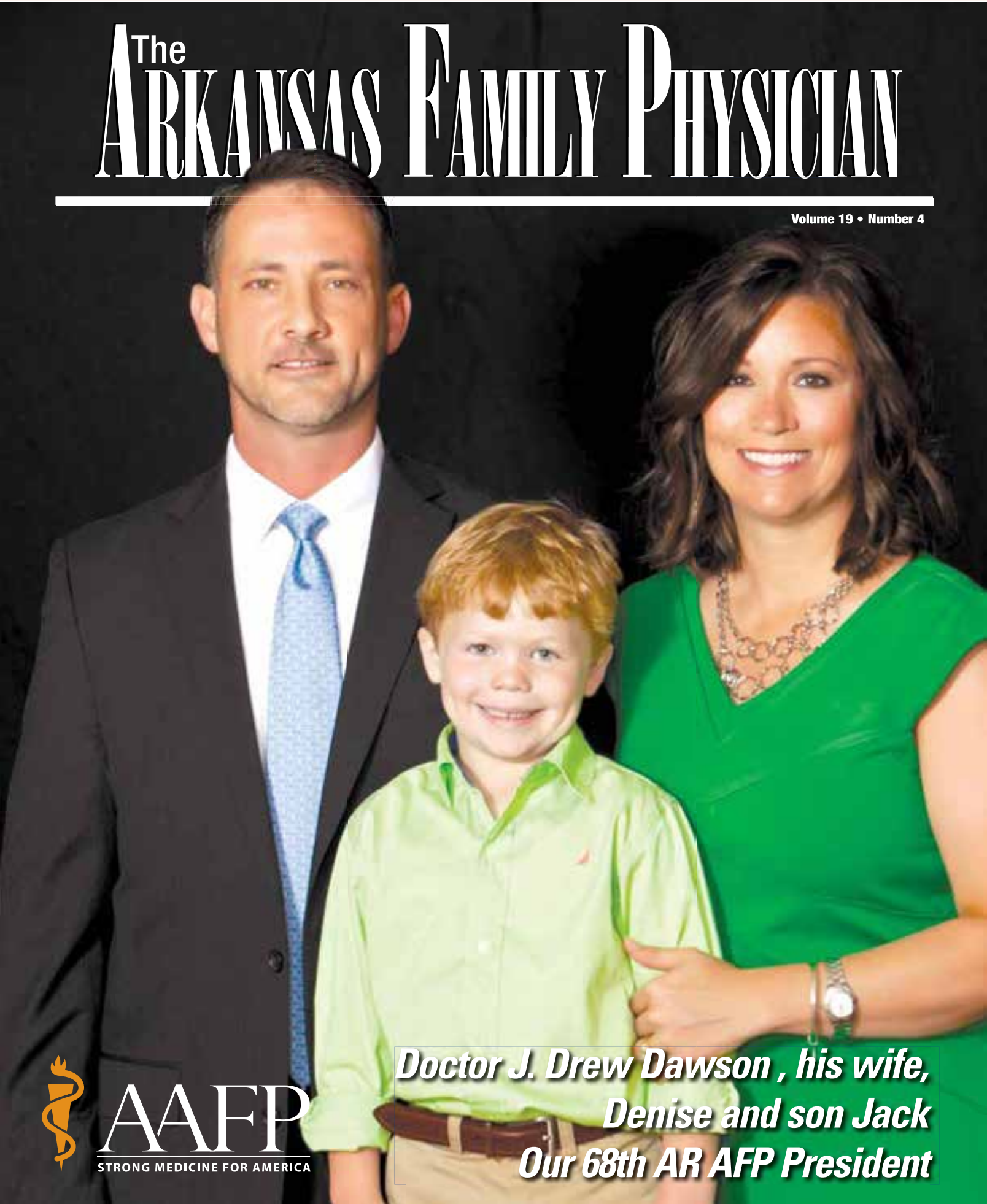
Officers and Directors Installed: Nine Arkansas FP's Receive Degree of Fellow

The Arkansas Family Physician

Volume 19 • Number 4



Doctor J. Drew Dawson , his wife, Denise and son Jack
Our 68th AR AFP President

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The Arkansas Family Physician

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

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Edition 73

Dear Academy Member,

What an outstanding Annual Scientific Assembly we had in June at the Doubletree Hotel! We thank each of you that attended, participated and also for those that exhibited with us and provided grant funds for our programs.

Our registration numbers were up from last year with 154 physicians in attendance. The top rated speakers are listed in an article elsewhere in this publication along with installation photos of our newly installed President Doctor J. Drew Dawson of Pocahontas and our newly elected officers and board members.

A very special ceremony was held this year for the first time at our chapter meeting – the Fellowship Convocation of the AAFP with nine Family Doctors in the State receiving their degree. Prior to this year, candidates for the degree of Fellow had to be conferred at the AAFP Assembly held out of state. We look forward to having many of you participate in this ceremony next year!

And we are pleased to inform you that we have a big change for next year's Annual Scientific Assembly. **We will be at Embassy Suites in Little Rock August 4-6!!!** Please jot this date on your calendar and plan to be with us.

If you are one of the more than 100 members in our chapter that are lacking hours for re-election at the end of this year, please remember to take advantage of the many courses offered online by the American Academy. If you have attended any courses, please make sure these are reported for the three year period January, 2013 through December 31, 2015. You may claim up to 25 Elective hours each three year period for "enrichment activities" and if you have served as a Teacher to medical students, residents , or other health professionals, you may claim up to 20 hours of AAFP Prescribed hours each year. If we can help you please call us at 501 223 2272 or send us an email to arafp@sbcglobal.net.

Sincerely,

Carla Coleman
Executive Vice President

On the cover:

Doctor J. Drew Dawson, our 68th AFP President , his wife, Denise and son Jack

Photographs by Darrick Wilson Photography

Doctor J. Drew Dawson Installed 68th ARAFP President!

J. Drew Dawson, M.D., of Pocahontas was installed the 68th President of the Arkansas AFP by Dr. Wanda Filer, AAFP President Elect of York, Pa., during the Academy's Annual Scientific Assembly on Friday June 12 at a luncheon.

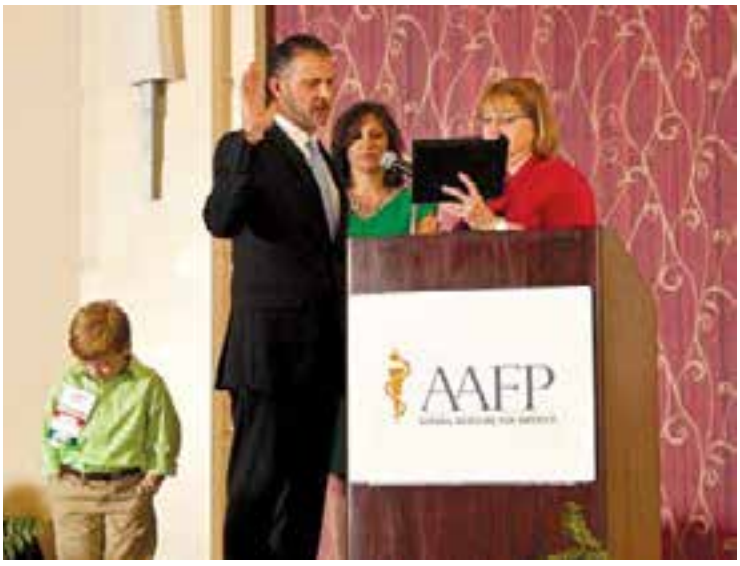
He talked about the many changes in medicine that are currently being discussed state and nationwide but adding that he felt in the long run it would be advantageous not only for physicians but for patients. He mentioned his dad who always encouraged him to do more, to keep following his dreams and expressed his sincere appreciation in being the leader for this year of the AR AFP. He expressed his appreciation to Dr. Joe Stallings and Dr. Elton Cleveland for being role models during his medical school and residency years.

A native of Pocahontas, he graduated Cum Laude from Harding University in Searcy with a Bachelor of Science in Biology. He received his Medical Degree from the University of Arkansas for Medical Sciences in 1999 and completed a three year Family Medicine Residency at the UAMS AHEC Family Medicine Residency in Jonesboro where he served as Chief Resident. He has practiced Family Medicine at Pocahontas Medical Clinic since 2002.

Dr. Dawson is a Diplomate of the American Board of Family Medicine and has been an Active member of the Arkansas AFP since 2002. He has served in every elective capacity of the Board since 2005.

An avid outdoorsman, he is a statewide tournament bass angler, an accomplished mountain climber and outdoorsman who enjoys running and many outdoor hobbies. He and his wife Denise resident in Pocahontas with their six year old son Jack.

Dr. Dawson's parents, Bob and Peggy Dawson and Denise's parents, Janet and Dennis Holt with Dr. Dawson, Jack and Denise



Dr Dawson takes oath of office by Dr. Filer as Denise and Jack look on

Dr. Dawson presents plaque of appreciation to outgoing President, Dr. Dan Knight

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Doctors Busby, Caldwell, Clifton, Covert, Nelson, Coker, Floyd, Knight, Nix

First AAFP Fellowship Convocation Held at AR AFPAnnual Meeting

Nine Arkansas AFP members received the Degree of Fellow during a special convocation ceremony by AAFP President Elect Wanda Filer, M.D. of York, Pennsylvania on Friday, June 12.

Receiving recognition certificates and pins for their accomplishments were:

James David Busby, M.D., FAAFP, Alma
Charles Brian Caldwell, M.D.,FAAFP, Texarkana
Charles Robert Clifton, M.D.,FAAFP, Greenbriar
Raymond Kirk Coker, M.D., FAAFP, Stuttgart
Kent James Covert, M.D., FAAFP, Little Rock
Rebecca R. Floyd, M.D., FAAFP, Van Buren
Daniel Knight, M.D., FAAFP, Little Rock
Joseph Paul Nelson, M.D., FAAFP, Bryant
Matthew Wayne Nix, M.D., FAAFP, Texarkana

Recognized for distinguish service to family medicine by their advancement to healthcare to the American people, and by their professional development through medical education and research, Fellows of the AAFP are recognized as champions of family medicine and are the physicians who make family medicine the premier specialty in service to their community and profession.

From a personal perspective, being a Fellow signifies not only "tenure" but ones additional work in the community, within organized medicine, within teaching and a greater commitment to continuing professional development.

This is the first year the Arkansas Chapter has held the convocation ceremony recognizing Fellows in our chapter. If you wish to participate in next year's convocation , please complete the Fellowship application found on the AAFP website and we will be informed that you have met the criteria for participating in either the Arkansas convocation ceremony or at the AAFP Assembly.

AAFP President Elect Wanda Filer congratulates the Arkansas Fellows!

Charles Busby, M.D.

Charles Robert Clifton, M.D.

Kent James Covert, M.D.

Joseph Paul Nelson, M.D.

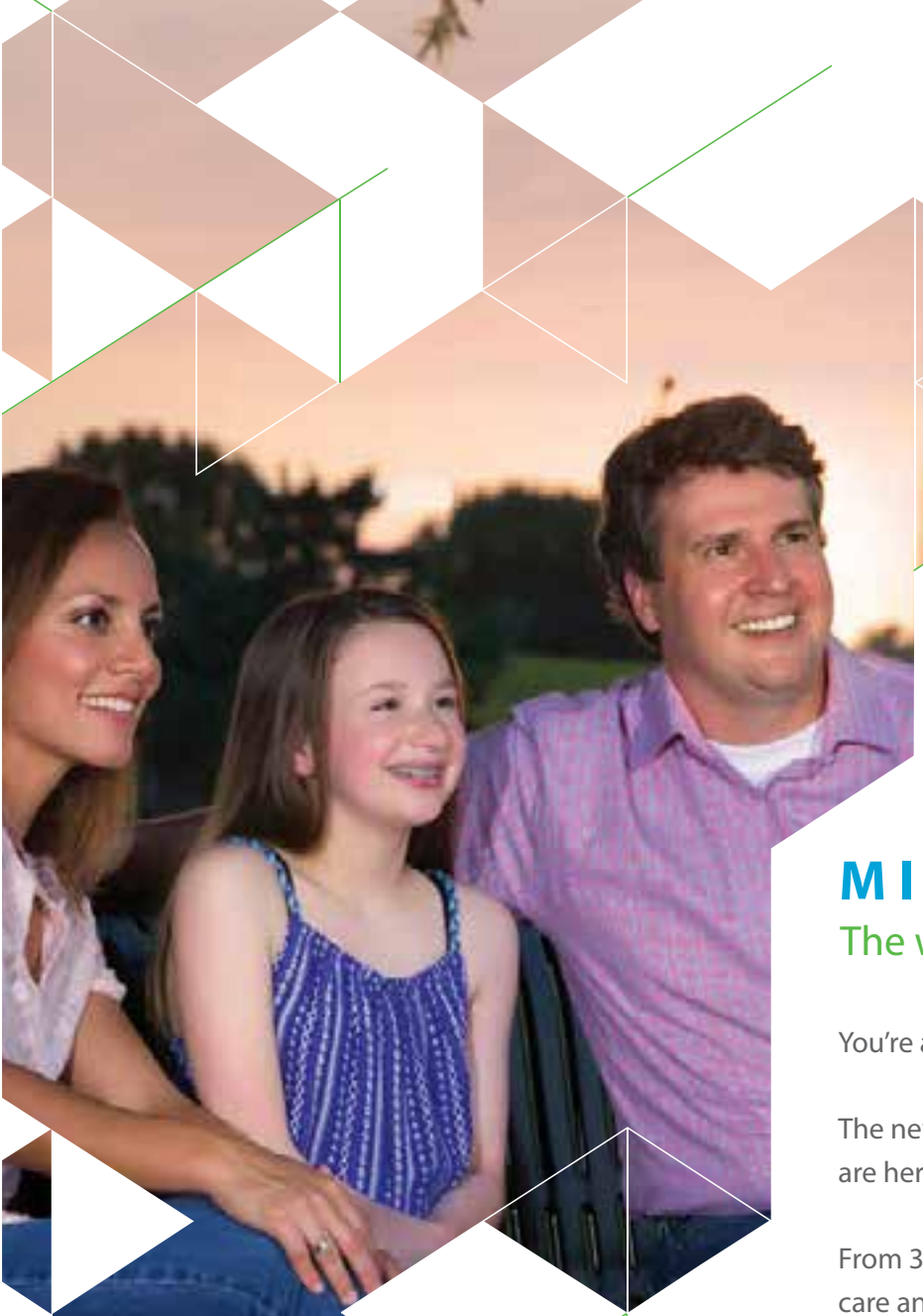
Raymond Kirk Coker, M.D.

Rebecca Floyd, M.D.

Daniel Knight, M.D.

Matthew Nix, M.D.

Charles Brian Caldwell, M.D.



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Officers and Directors Installed at AR AFP Annual Meeting

Along with Dr. Drew Dawson being installed President, the following Officers were installed for the coming year by Dr. Wanda Filer, AAFP President Elect:

Doctors Wagner, Dickson, Gresham, Mayfield and Yelvington

2016-17 Newly Elected Officers

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

Doctors Smith, Monteith, Shotts, Stewart, Halstedt, Franklin, Starks, Floyd and Balamurugan

Newly Elected Directors Installed

Appathuria Balamurugan, M.D., Little Rock
Rebecca Floyd, M.D., Van Buren
Ross E. Halstedt, M.D., Mountain Home
Joseph Shotts, M.D., Cabot
Charles E. "Chuck" Smith, M.D., Little Rock
Tasha Starks, M.D., Jonesboro
Gerry Stewart, M.D., Conway
Lauren Monteith, M.D., Magnolia
Sarah Franklin, Little Rock

Remaining on the Board are: Doctors Julea Garner as Delegate; Lonnie Robinson, Alternate Delegate; Directors – Doctors Hunter Carrington, James Chambliss, Amy Daniel, Eddy Hord, Leslye McGrath, Matthew Nix and Philip Pounders.

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A Rising Concern:
Why Aren't Adults Getting Vaccines?

All too often, the discussion on vaccines is centered solely on children. Certainly, the importance of childhood immunizations should not be diminished, but what about adults?

Unvaccinated adults are not only at risk themselves, but they also pose a threat to those more vulnerable for infection, such as the elderly and children. Despite this ripple-effect threat, adult vaccination rates remain dismally low, according to data from National Health Interview Survey (NHIS). The barrier to higher vaccination use among adults centers on education; physicians are often unsure how to best purchase vaccines, and have a difficult time tracking their patients' immunization schedules, and patients, similarly, are confused as to why it matters, what they need to do, and when they need to do it.

The numbers tell a troubling story. According to NHIS data from 2013, adoption of most vaccines for adults above the age of 19 remained flat, as much improvement is needed. Modest gains were seen for the Tdap, Shingles, and HPV vaccines. However, even with the gains, fewer than 18% of adults ages 19 to 64 received the Tdap vaccine, less than 25% of adults ages 60 and above received Shingles vaccination, and only 40% of women and 6% of males between ages 19 to 26 reported at least one dose of the HPV vaccine. Given the advancements and innovations in our nation's healthcare system, these are particularly alarming figures.

The message from this data is that better practices are necessary to ensure adult patients are receiving the appropriate vaccinations, and physicians must play an integral role in helping us get there. Overcoming the large gap in adult vaccine coverage will not be an easy task, but there are meaningful tactics that can be implemented immediately:

- Stay Up-to-Date – Recommended vaccination schedules continue to evolve as medicine advances. The CDC's website provides an easy-to-read version updated to include the most recent schedule released in February 2015.

- Participate in a Vaccine Buying Group – In many cases, physicians are not confident that they can efficiently, effectively and profitably provide immunizations to their adult patients. Such practices would benefit by joining a buying group that has expertise working with Family Physicians, Internists, and Women's Health Providers.

- Communicate – Why shouldn't asking about vaccines be as common as checking a patient's blood pressure or discussing their medications? Start today and ask your patients about the vaccines they have received, consult patient records, educate them on the approved vaccine schedule, and, together, determine whether they are appropriate for certain immunizations.

As healthcare shifts from focusing on curing sick patients to keeping people healthy, physicians can strengthen their practices and lead the way by proactively managing their patients' vaccination needs.

For more information, please contact Cindy Berenson or Jeff Winokur at 800-741-2044 or info@atlantichealthpartners.com.

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The Fevers: *A Part of Life*

Sam Taggart, M.D.

Margaret Breckinridge was a nurse on a Union Hospital boat in the wilds of Arkansas during the Civil War. In a letter to her family she wrote, "If I wait any longer to write you of these times, I am afraid it will float away from me entirely, like a great shadowy island, and be lost in the ocean of the past."

I fear this is true of much of the history of health and disease in this place we call Arkansas. Over the next couple of years we will present a series of articles looking at the evolution of health and disease over the last 200 years.

In this series we will explore: who these people were, what type of problems they dealt with, what tools they had at their disposable and how they responded.

For those of us who practice the art and science of healing, history becomes a close friend. We and those we deal with become a part of other people's history. The valued memory of our mentors, fellows-in-arms, students and, most importantly, the patients and their families are an important resource that is worth saving. I would encourage you to begin today writing down and sharing your memories especially anything that makes your experiences or your community unique.

Map of southwest trail

When the place we call Arkansas was purchased from the French in 1803 there were few humans in the region; estimates are that there were four thousand American Indians, four hundred white Europeans and sixty-five African slaves in Arkansas. In the following twenty years those who migrated to the wilds of Arkansas were small in number because of the almost impenetrable swamps of the Mississippi Delta. Most of the immigrants traveled the Southwest Trail (Old Military Road). Everywhere the trail crossed a major stream someone set up a ferry. In addition to the ferry there was often a small store for supplies, a post office, a room for the night and a saloon; most of the time this was all in one small building. These ferry crossings became the nidus for towns along the trail.

The majority of the first immigrants were poor young families looking for a piece of good land that was unclaimed. Often, the men came alone, cleared a plot of land, built a house and after the first year sent for their family. As to what these adventurous souls faced, it was clearly a hard life. Basic food stuffs like flour and salt were only intermittently available. The principal meat sources were pork and wild game. Taking a page from the American Indians, homegrown corn, beans and squash became staples in the diet.

The Arkansas Traveler

Mosquito

Endemic illness and disease were a fact of life. The germ theory of disease had not been formulated and the prevailing belief was that each location had an **epidemic constitution**; for each locale there was a set of temperature, wind, humidity and

Those who survived the first year were said to be "seasoned,"

continued on page 14

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continued from page 12

decaying organic material in the environment that created an epidemic of disease; as long as this combination existed the epidemic would continue. The word malaria derives from the Latin for *mal (bad) air*. The most important of the illness they faced were the "Fevers" (malaria and typhoid). Almost everyone who came to the wildness had a version of these illnesses in their first year; if they survived, they were said to be "seasoned." The heaviest burden of illness fell on the young mothers and their children. Maternal and infant mortality were high and would continue to be so until the mid-20th century.

The first territorial governor, James Miller, came and went in a short period of time. Most of his tenure he was plagued with "ague and fever" (malaria). Superior court Justice Thomas P. Elkridge was sent to help administer the Territory of Arkansas in the 1828. He stayed for one season, left and did not return because of the "Fever."

During the Civil War the Fevers were credited with disabling more than one military campaign. Helena was described as "Hell-on-the Mississippi" because of the mosquitoes and disease.

Helena was described as Hell-on-the Mississippi during the Civil War.

The 1860's saw the emergence of the germ theory. In that day the Information Float Time; the time it takes for something to be discovered, accepted, disseminated and incorporated was in terms of decades. By the beginning of the 20th century, the cause of malaria and its relationship to mosquitoes had been established.

In 1916 the newly formed Arkansas State Board of Health led by Dr. C.W. Garrison enticed the International Health Commission and the U.S.

In 1916, malaria control was shown to be reasonably simple and cheap but nothing was done.

Public Health Service into creating a demonstration project aimed at eliminating malaria. Two projects, one in Crossett and the other in Lake Village, were carried out. The study in Crossett revolved around eliminating the breeding places for mosquitoes and the one in Lake Village focused on putting screens on houses and treating

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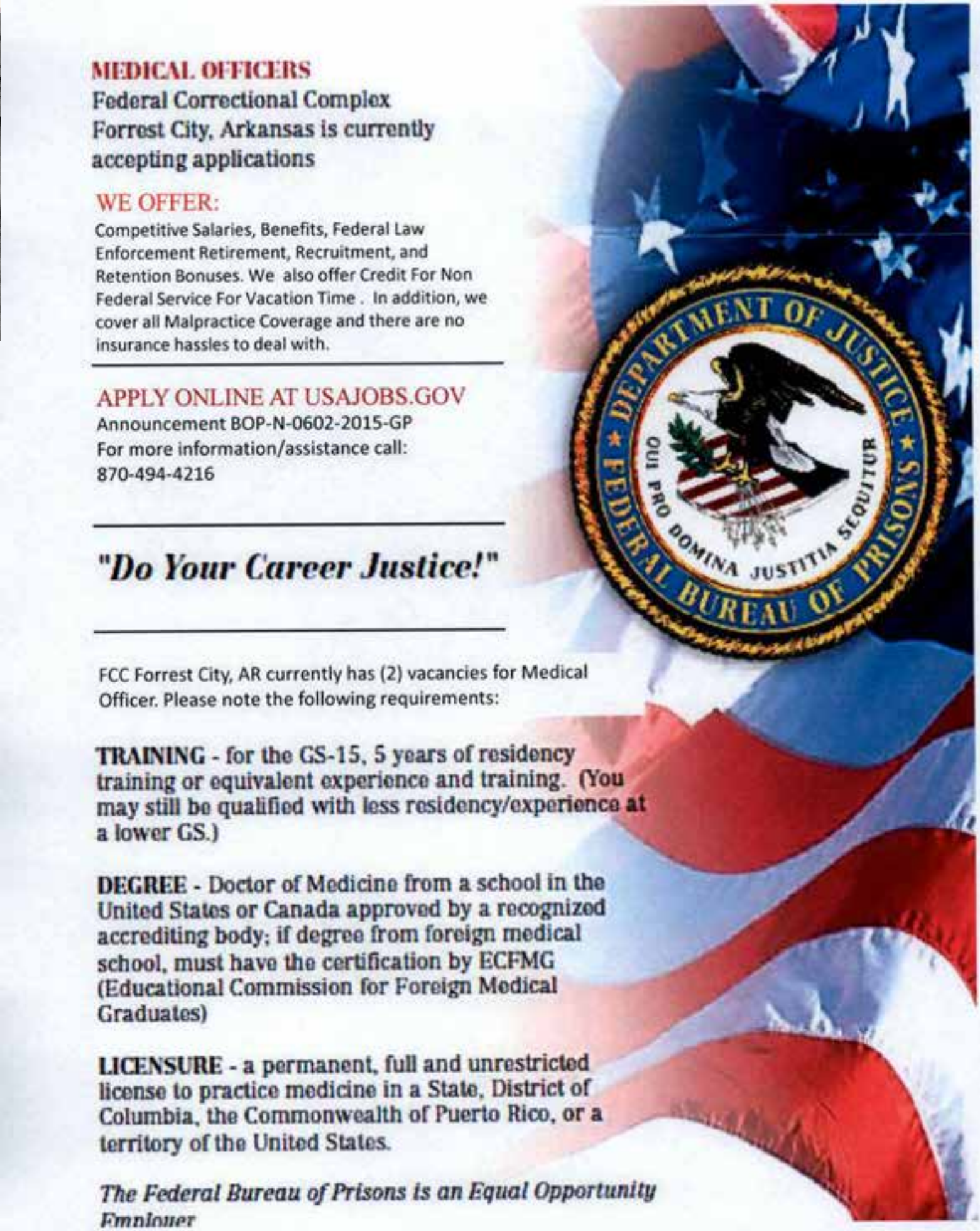

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continued from page 14

human carriers with quinine. Both studies showed a seventy-five percent reduction in cases of malaria in one first year at an average cost of less than $1.60/year.

With the involvement of the U.S. in WWI, Camp Pike in North Little Rock became the focal point of active involvement of the public health services through the cantonment area that included Pulaski, Perry and Lonoke Counties. Again with active intervention the malaria rates in these areas dropped precipitously.

Despite evangelistic efforts of Dr. Garrison of the Board of Health during the twenties and early thirties almost no money was dedicated to malaria control in Arkansas until the return of war in the 1940's

In 1939 DDT was discovered to be extremely effective in mosquito control. During WWII there were 16,000 Japanese-American Internees in Rohwer and Jerome in East Arkansas and 23,000 German and Italian soldiers in prisoner of war camps around the state. These along with the military camps across the state provided the rationale for an aggressive campaign of mosquito and malaria control by the federal government. Most of the control measures were administered by a branch of the U. S. Public Health Service known as MCWA (Malaria Control in War Areas) agency in Atlanta. Based partially on their success in mosquito and malaria control this organization went on to become the Center for Communicable Disease.

By the early 1950's malaria had ceased to play a major role in the health and disease of Arkansas.

Dr. Sam Taggart is a retired doctor/ writer/ marathon runner in practice in Benton for the last 35 years. He recently published *The Public's Health: A narrative history of health and disease in Arkansas*, published by the Arkansas Times. His two other books, *With a Heavy Heart* and *We All Hear Voices* are available at your local booksellers or online at Amazon.com

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Human Papillomavirus (HPV) Vaccination Report: Arkansas

Working Together to Reach National Goals for HPV Vaccination

Report 4: July 2015

Nationally, HPV vaccination coverage continues to fall behind other adolescent vaccination coverage estimates and remains below Healthy People 2020 targets of 80% coverage. These quarterly reports highlight data and strategies to continue to facilitate collaboration to increase HPV vaccination coverage. Your state immunization program may also have other data and information about strategies already being implemented to increase HPV vaccination coverage in Arkansas.

Estimates of Teen Vaccination Coverage Nationwide and in Arkansas: 2013 and 2014

The current report focuses on **the 2014 National Immunization Survey-Teen (NIS-Teen) vaccination coverage estimates.** To assess vaccination coverage among teens aged 13–17 years, CDC analyzed the 2014 NIS-Teen survey data collected via telephone interviews and provider questionnaires. Revised 2013 NIS-Teen estimates were also calculated to account for an NIS-Teen methodological change and are presented below to provide an appropriate comparison from 2013 to 2014.

To read the full *Morbidity and Mortality Weekly Report* article about the 2014 NIS-Teen analysis, please visit: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a3.htm?s_cid=mm6429a3_w

NIS-Teen Methods Change:
NIS-Teen estimates are based on provider-reported vaccination history among teens with adequate provider data (APD). In 2014, a revised APD definition was implemented and expanded inclusion in the NIS-Teen sample. This change may result in lower vaccination coverage estimates, and coverage estimates using the revised APD definition may not be directly comparable to those previously published. More information can be found here: http://www.cdc.gov/vaccines/imz-managers/coverage/nis/teen/apd-report.html

Estimated National and State/Local Vaccination Coverage, Teens Aged 13-17 Years, NIS-Teen 2013 (revised)* and 2014

	≥1 Tdap	≥1 MenACWY	HPV					
			Females			Males		
			≥1 dose	≥2 doses	≥3 doses	≥1 dose	≥2 doses	≥3 doses
Arkansas								
2013*	75.6%	39.7%	42.9%	34.1%	23.1%	17.9%	9.9%	NA†
2014	84.6%**	64.8%**	54.6%	37.8%	23.4%	35.1%**	21.8%**	11.4%
United States								
2013*	84.7%	76.6%	56.7%	46.9%	36.8%	33.6%	22.6%	13.4%
2014	87.6%**	79.3%**	60.0%**	50.3%**	39.7%**	41.7%**	31.4%**	21.6%**

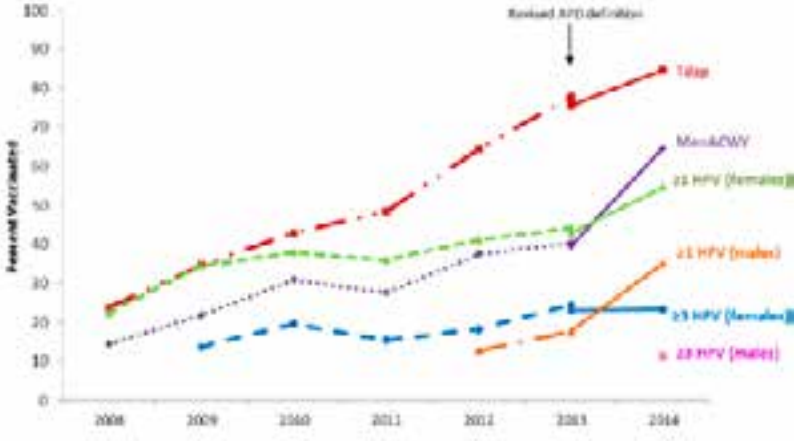
CDC. National, Regional, State, and Selected Local Area Vaccination Coverage among Adolescents Aged 13-17 Years: United States, 2014. *Morbidity and Mortality Weekly Report (MMWR)*. July 31, 2015.
*For the purposes of comparability to 2014 estimates, 2013 estimates were revised by retrospectively applying the revised 2014 adequate provider data definition to 2013 NIS-Teen data, and as a result, differ from those previously published.
**Statistically significant (p<0.05) increase from revised 2013 estimates.
†Estimate not reported due to data limitations.

2014 NIS-Teen HPV Data Summary: Arkansas

Compared to revised estimates for 2013, HPV vaccination coverage in Arkansas:

- Significantly increased from 2013 to 2014 in ≥1 and ≥2 dose coverage for males.
- Did not change from 2013 to 2014 for females. There were non-significant increases in ≥1, ≥2, and ≥3 dose coverage for females.

Estimated Vaccination Coverage, Teens Aged 13-17 Years, NIS-Teen 2008 – 2014, Arkansas



NIS-Teen estimates from 2008-2013 connected with dashed lines are previously published estimates using the previous APD definition. NIS-Teen estimates from 2013-2014 connected with solid lines use the revised APD definition. For complete footnotes, consult the MMWR article linked above.

Have questions? Contact us at preteenvaccines@cdc.gov.

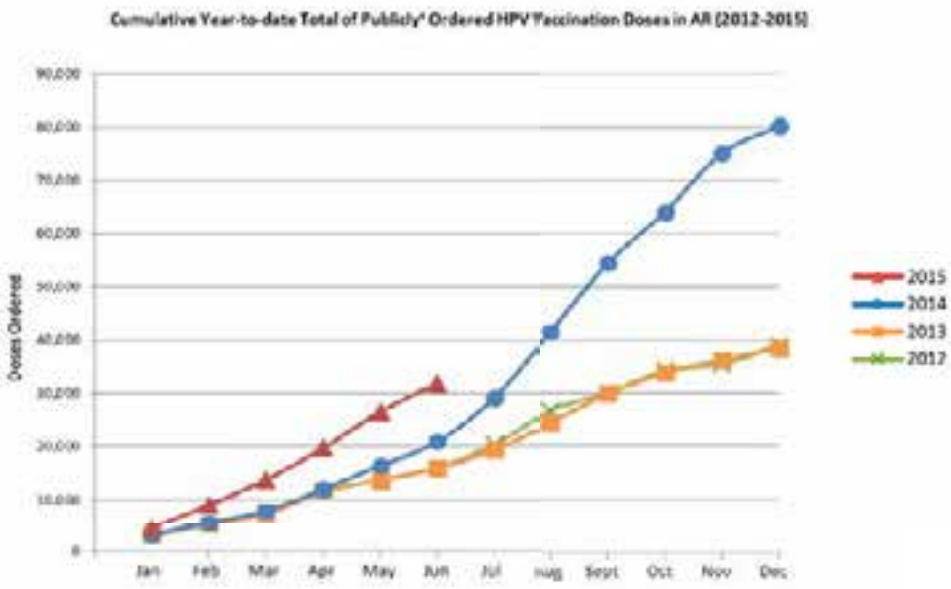
Human Papillomavirus (HPV) Vaccination Report: Arkansas

Working Together to Reach National Goals for HPV Vaccination

Report 4: July 2015

2015 HPV Vaccine Ordering Trends in Arkansas

CDC recommends examining vaccine ordering data for trends to approximate recent HPV vaccination uptake, as ordering data can inform action in real time. Reviewing ordering data at the health system or clinic level can help target outreach activities to clinicians or facilities with inconsistent or lower ordering patterns.



Cumulative Year-to-date Total of Publicly‡ Ordered HPV Vaccination Doses, AR (2014-2015)

	2014	2015	% change
Jan	3,210	4,430	**38.0%**
Feb	5,450	8,990	**65.0%**
Mar	7,870	13,690	**74.0%**
Apr	11,930	19,710	**65.2%**
May	16,400	26,490	**61.5%**
Jun	20,880	31,890	**52.7%**
Jul	29,150		
Aug	41,600		
Sept	54,450		
Oct	64,090		
Nov	75,110		
Dec	80,190		

CDC. Vaccine Tracking System (VTrckS). July 2015.
‡Defined as orders for publicly funded vaccine (i.e. Vaccines for Children, 317, state/local, or CHIP doses).

New HPV Vaccination Resources

Continuing education opportunities:

- **CDC's *MMWR* article** contains the complete 2014 NIS-Teen survey results: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a3.htm?s_cid=mm6429a3_w
- **CDC's You Call the Shots HPV module** is now updated: http://www2a.cdc.gov/nip/isd/ycts/mod1/courses/hpv/ce.asp

Additional communications and educational resources:

- Three archived **#PreteenVaxScene webinars** are available online:
  - "HPV Vaccine Recommendation Update": https://youtu.be/LDvauWcDVhE
  - "CDC's Clinician Engagement Initiative": https://youtu.be/C1vEnHXQWbg
  - "ACIP Meeting Update and Opportunities for Summer HPV Vaccination": https://www.youtube.com/watch?v=aa2IBlZjuYw
- A **school nurse back-to-school vaccines letter** is available at: http://www.cdc.gov/vaccines/who/teens/for-partners/index.html
- The **National Immunization Awareness Month (NIAM) toolkit** contains preteen & teen communications resources and can be found at: https://www.nphic.org/niam-preteensteens
- The 13th edition of the **Pink Book chapter on HPV vaccination** is available at: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hpv.pdf

Additional guidance on 9-valent HPV vaccination:

- CDC expert Dr. Lauri Markowitz answers **common questions about 9-valent HPV vaccination**: http://www.medscape.com/viewarticle/846509
- A **clinician-specific resource sheet** provides additional guidance for use of 9-valent HPV vaccination: http://www.cdc.gov/vaccines/who/teens/downloads/9vHPV-guidance.pdf

Visit the clinician-specific web portal for more resources & materials: www.cdc.gov/vaccines/YouAreTheKey

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AR AFP Annual Scientific Assembly a Success!!!

With an outstanding attendance of over 160 (many who walked in and registered onsite), we were thrilled with the meeting, the speakers and from evaluations of attendees it seems the meeting was very much a success!

David Wroten EVP of the Arkansas Medical Society presents Carla Coleman with Award for Outstanding Service during the recent Legislative Session

The top rated speaker on the program was Ar AFP Member, Doctor Mark Jansen on "Primary Disorders of the Nail"; followed by Doctor Louis Kuritzky on "Diabetes," Doctor Graves Hearnsberger on "ENT Potpourri," Doctor Randell Minton on "Anticoagulants," Doctor Brendan Stack on "Thyroid Nodules," and Doctor David Weismiller on "Adult Immunizations."

Comments from attendees were: they liked the Fellowship, the good diversity of topics, great presenters, roundtable discussions, the location, the Pre Assembly Program on ICD 10, breakfast and lunch meetings for more hours, local speakers and the professionalism of the meeting.

Suggestions for next year's meeting include: something more than a straight lecture: later starting time, more scientific lectures, more case presentations, wider range of topics, shorter lectures, more general family medicine topics, more resident and student involvement, and interactive talks. Topics suggested were: Dementia Update: ENT Pearls: Women's Health: Infectious Disease: Sleep Apnea: Weight Management: Orthopaedic Problems: Neurology Topics: Pediatric Renal Disease: Diabetic Foot: Office Procedures: Practice Management: Stroke: Drug Updates: Preventing Physician Burnout.

Dr. Daniel Knight and Carla Coleman are presented a plaque for the Arkansas Chapter's support and decisive action in preserving the interests of physicians during the 90th Arkansas General Assembly

From your comments made in the last two years and the problems with parking downtown, we have now contracted with Embassy Suites in West Little Rock for the 2016 meeting which will be :

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From AAFP NEWS NOW:

AAFP Demands Answers on Flawed Audit Process

In a recent letter to CMS, the AAFP warned of growing concerns after receiving scathing reports from family physician who have found themselves on the end of such audits. After more than three months of sending a letter to CMS, their failure to respond raised the stakes. Dr. Reid Blackwelder, chairman of the AAFP Board wrote, "The AAFP is concerned that auditors are causing undue hardship for family physicians and pelting physicians with unreasonable and burdensome documentation requests that when tallied add significantly to the cost of physicians trying their best to comply with program rules." "Family Physicians who have implemented and fully use electronic health records in the spirit of meaningful use program should have a reasonable expectation that the accompanying financial subsidy would help offset the implementation costs and associated initial increase in practice productivity."

AAFP members have documented frustrating instances of where they have:

- Waited for correspondence from auditors that was long past due
- Experienced a complete lack of follow up by auditors after an audit was instigated
- Seen no end date in sight to audits that drag on and on

Endured continuing and repetitive correspondence from auditors when that communication served only to prolong the audit process.

A simple step in the right direction would be prompt and straightforward answers from CMS to three questions according to Dr. Blackwelder. Family Physicians need to know:

- The percentage of eligible professionals undergoing audits
- The overall pass/fail rate of completed audits and
- Details outlining the audit selection process
- Publicly release the answers to these above questions with immediate attention to these concerns.

Achieving Better Health Care at Lower Costs

By Lynda Beth Milligan, MD, FAAFP, CPE, CHCQM

Everyone seems to be talking about patient and family engagement. However, providing effective patient engagement that achieves better, more cost-effective outcomes can be a challenge.

Patient engagement — ongoing and constructive dialog between the patient, patient's family and provider with the aim of improving overall health — is a cornerstone of several of the Centers for Medicare and Medicaid Services' (CMS) current initiatives, including patient-centered medical homes (PCMH) and Stage 2 of Meaningful Use (MU).

Why engagement matters

As the PCMH model becomes more widely used, it is increasingly important to include the patient's voice. Patients who are engaged with their health care providers and who can communicate easily regarding their care can be expected to achieve better outcomes and have higher levels of satisfaction with their providers. A National Research Corporation study shows a direct correlation between patient experience and an organization's reputation.[1] According to the study, "hospitals with low patient experience scores are four times more likely to have poor reputation scores."

There is solid data that demonstrate more actively engaged patients incur lower costs. One study found patients with lower "patient activation scores" had a 21 percent higher health care cost the following year, when compared with patients with higher patient activation scores.[2]

Improving patient engagement provides an opportunity to access bonus Medicare payments. The CMS requires providers to meet several patient engagement benchmarks to improve quality. Stage 2 of MU requires that, for providers to earn bonus Medicare payments, 5 percent of patients must log onto and upload data via a patient portal; more than 50 percent of a clinician's patients must receive timely online access to health information, including diagnostic test results and medication lists; and more than half of patients receive a clinical summary of their office visit within one business day.

Engaging effectively

Providers who want to increase patient engagement must first assess the practice's current level of engagement as well as the range and type of patients' engagement habits. Starting with a comprehensive plan for the practice will save time and resources in the long term.

While no provider could operate without the telephone, patient communication has expanded with email and other electronic formats. A patient portal — an online web-based connection that facilitates information sharing and two-way communication in a secure format — is the next step. About 40 percent of office-based physicians currently have a portal through their electronic health records (EHR) system. Cleveland Clinic reports that its portal is crucial in coaching patients and eliminating unnecessary office visits.[3]

A patient portal allows a patient to access his or her personal health information securely and reliably from a personal computer, cell phone or tablet. Be certain your EHR system is optimized for mobile devices, because usage is increasing. Overcoming patient resistance to using your patient portal, especially among older, less tech-savvy patients, will be crucial to its success. Research published in the *Annals of Family Medicine*[4] reports that a practice must both actively promote and integrate portals into routine patient care. Small- to medium-size practices are unlikely to engage in large-scale promotion; however, success has been reported with low-cost methods.

Eight small practices that used an interactive preventive health record (IPHR) were studied for over two years.[4] The IPHR provided patients with personally tailored recommendations and resources for chronic conditions and preventive services. More than 25 percent of patients created an IPHR account. The high utilization rate was credited to using these methods:

- Use a team approach to notify and encourage patients about the benefits of the IPHR, not just the physician
- Provide the ability to view lab results
- Stress the importance of the IPHR for patients with chronic conditions
- Customize treatment plans
- Include the imprimatur of the patient's personal clinician (online personal health records offered by Internet companies or health plans did not provide this important element of credibility)

Cleveland Clinic says that allowing patients to log on through the patient portal, view their provider's schedule and make their own appointments was one of the Clinic's earliest and most successful changes.[3]

Ongoing patient education ensures patient satisfaction and ongoing engagement.[3] Patient education should actively involve family members and caregivers. Providing clear and concise written instructions after each visit will ensure the best outcome. Cleveland Clinic found that patients want to know two things: what's going on with their health and what's going to happen next.

continued on page 26

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continued from page 24

Cleveland Clinic is experimenting with a series of pilot projects that allow patients to enter data into their own health records via the portal. The data become part of the clinical workflow, and let physicians track patient progress and potentially modify care between visits.[3]

Look for other opportunities to engage patients outside of usual business hours. Modern technology makes this relatively simple and inexpensive for most providers. Social media options such as Facebook, Twitter, YouTube and Instagram are popular and successful ways to educate and message patients.

Providers can use these channels to address general health issues and topics without increasing overhead. The Center for Social Media at the Mayo Clinic reports zero cost for the Mayo Clinic's social media (Facebook, YouTube and Twitter) and $75 annually for a customized blog.

Mobile device "apps" are increasingly popular with younger, more highly educated urban/suburbanites. An app is software designed for mobile devices such as cellphones and tablets that extends the device's capabilities. Apps are increasingly the standard pathway to connect to the Internet for mobile computing.

A November 2011 Pew Research Center study reported that 34 percent of adults with a cell phone or tablet computer had downloaded an app. However, only two-thirds reported actually using apps; about half on a weekly basis.[5]

Apps that are currently being used successfully in clinics include:

- Dietary apps for food education, calorie tracking and weight management
- Exercise apps to track walking, exercise and activity levels
- Health management apps that provide more comprehensive information such as WebMD
- Chronic disease management apps to help manage the treatment of a specific condition such as asthma or hypertension

As technology advances and more information becomes available, it will be increasingly important to simplify data so a patient can understand and easily apply it to his or her daily life. Most patients want to know what to do to help themselves. Patients are more likely to make positive health changes if they take responsibility for their health and feel invested in health care treatment and services. The more patients understand, the more likely they are to ask questions, learn, and obtain the care that meets their specific needs. Providers can encourage this by teaming up with patients, encouraging and enabling them to take responsibility for their health and quality of life.

REFERENCES

1. Davies E. Cleary D. Hearing the patient's voice? Factors affecting the use of patient survey data in quality improvement. Quality and Safety in Health Care 2005; 14: 428-432

2. Hibbard J. Greene J. Overton V. Patients With Lower Activation Associated With Higher Costs. Health Aff Feb. 2013 vol. 32 no. 2 216-222

3. Rowe J. 5 ways Cleveland Clinic improved its patient engagement strategies. Healthcare IT News Oct. 1, 2013 blog post

4. Hirsch M. Study: Tailored team approach to portal promotion boosts atient engagement. FierceEMR.com Sep. 15, 2014

5. Purcell K. Pew Research Center Half of adult cell phone owners have apps on their phones. Pewinternet.org Nov.2, 2011

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From AAFP NEWS NOW:

ICD 10 TRANSITION GRACE PERIOD

CMS announced in early July that it will provide greater flexibility during the transition to ICD 10 billing codes, easing physicians trepidation about the move by incorporating several changes that the AAFP urged the agency to adopt.

Rather than imposing the new system according to the date of October 1 – physician practices will have additional time to adjust to the new coding system – a one year grace period beginning October 1, 2015 the date ICD 10 codes are implemented. Medicare claims will not be denied based on which diagnosis code was selected as long as the physician submits an ICD 10 code from an appropriate family of codes.

Also during the grace period, Medicare claims will not be audited based on the specificity of the diagnosis codes used as long as they are from an appropriate family of codes. Additional guidance has been released by CMS (http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10 guidance pdf) on flexibility in the auditing and quality reporting process as the medical community gains experience using the new set of codes.

AAFP Joins AMA Task Force to Reduce Opiod Abuse -

Comprising 27 physician organizations a task force was formed to identify best practices to combat opiod abuse and to swiftly implement these practices in offices across the United States. According to AAFP News, 44 people die each day from overdose of prescription painkillers in the U.S. and many more are becoming addicted – opiod abuse in this county has reached a critical level. The AMA Task Force (http://www.ama-assn.org/ama/pub/advocacy/topics/preventing-opiod-abuse/opiod-abuse-task-force-page) released the first of several recommendations to address the growing epidemic on July 29.

AAFP, Coca Cola End Consumer Alliance Agreement

The AAFP and Coca Cola (TCCC) have mutually agreed to end their current Consumer Alliance Agreement at the end of this year. The AAFP and TCCC have agreed to discuss future project specific funding for opportunities that will benefit members and their patients. The TCCC banners on FamilyDoctor.org will be removed 12/31/15 and will cease using the "Proud Partner of FamilyDoctor.org" tagline when the partnership ends.

2015 AAFP Congress of Delegates Convenes September 28-30 in Denver at the Hyatt Regency Denver. The Congress will convene in conjuction with the AAFP Family Medicine Experience (http://www.aafp.org/events/fmx.html) scheduled for

September 29-October 3. Representing the Arkansas Chapter will be: ARAFP Delegates Doctors Julea Garner ,Hardy, Ar and Dennis Yelvington, Stuttgart: Alternate Delegates – Doctors Lonnie Robinson, Mountain Home and Jeff Mayfield, Bryant, President J. Drew Dawson of Pocahontas and Carla Coleman of the AR AFP office.

AAFP Board Takes Stand on Retail Clinics

The AAFP is ready to enter into discussion with any and all such companies about future opportunities to collaborate for the good of patients governing how retail clinics nationwide should approach the provision of health care (http://www.aafp.org/conent/dam/AAFP/documents/about_us/policies/RetailClinicCharacteristics-072815pdf). The AAFP Board of Directors adopted a nine point list as the first step in "tough love" approach that reflects the Academy's unwavering stance that patient care suffers when continuity of care is not maintained. Retail clinics have a place in the health care marketplace, reasoned AAFP leaders but only when such clinics: employ local supervising physicians – preferably family physicians or other primary care physicians as medical directors and ensure that those physicians are committed to developing and using evidence based care management protocols that improve care quality: seek to support the patient centered medical home and the coordination of care delivered to patients; support the patient physician relationship by always referring patients back to their primary care physician for ongoing care: focus on a defined set of guideline specific episodic care services delivered in coordination with a patient's primary care physician when applicable: care services for chronic medical conditions may be provided in a retail clinic only when care coordination between the clinic and the patient's primary care doctor is in place and follows specific guidelines, procedures and protocols agreed to by the physician, the patient and the retail clinic; utilize electronic health records to transfer a patient's medical records to his/her primary care physician: help patients who don't have a primary care physician to find one in the community; maintain a list of primary care physicians who are accepting new patients and whose offices are located reasonably close to the retail clinic and establish a specific email address family physicians can use to add their names to running list of primary care physicians who are accepting new patients.

IN MEMORY OF AR AFP MEMBERS

Our sympathy go out to the families of the following Family Physicians who passed away recently

Richard Armstrong, M.D., Little Rock
Brenda Covington, M.D., Little Rock
Richard Gardial, M.D., Hot Springs
Richard Harsa, M.D., Sherwood
Robert Sykes, M.D., Nashville
Oliver Wallace, M.D., Green Forest

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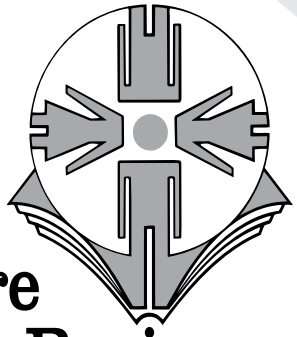

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