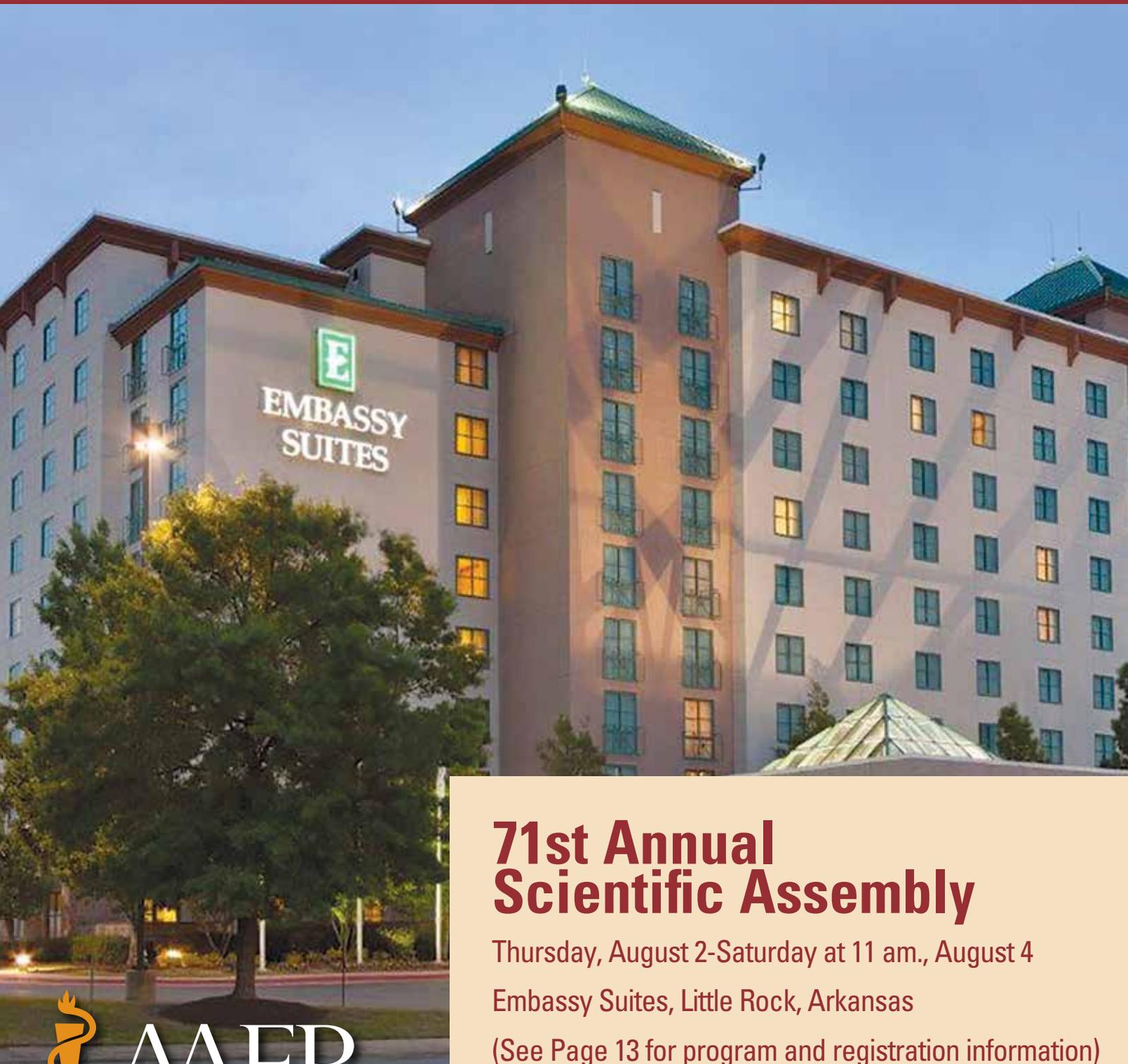


ARAFP's Pre Assembly Course "Pediatric Update" August 1

The **ARKANSAS** **FAMILY PHYSICIAN**

Volume 22 • Number 1



71st Annual Scientific Assembly

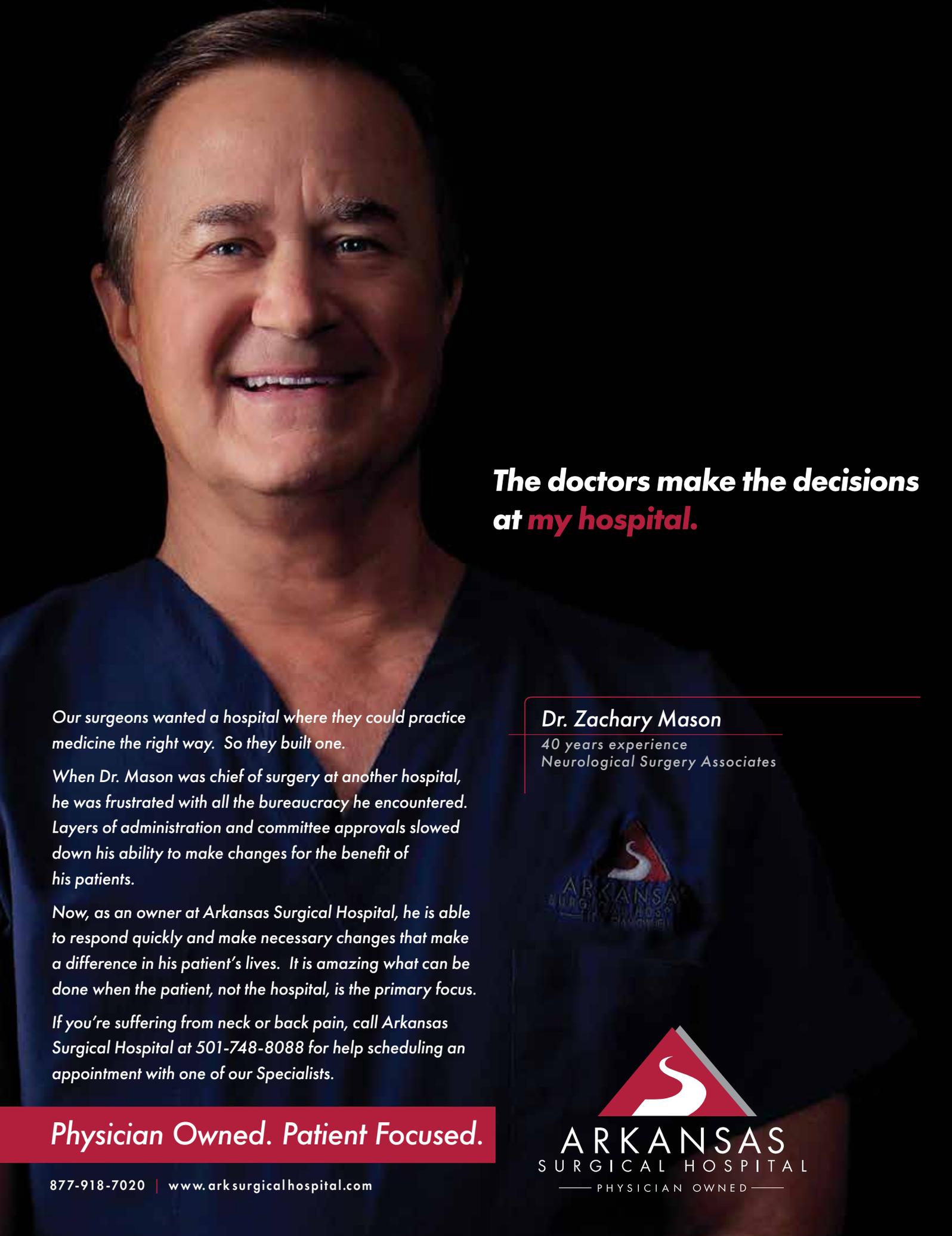
Thursday, August 2-Saturday at 11 am., August 4

Embassy Suites, Little Rock, Arkansas

(See Page 13 for program and registration information)



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Dear Academy Member,

It's that time of year again when we finalize all of the plans for the AR AFP's 71st Annual Scientific Assembly again at the Embassy Suites in Little Rock August 2-4 with a Pre Assembly program on the afternoon of August 1 on Pediatrics. In this publication the program, registration form and hotel accommodation information is included. The program mailed on May 5 so you should have received it as well!

We are happy to announce we will be offering up to 18 AAFP Prescribed Hours at this program. Three of the sessions are approved for Translation 2 Practice which will provide you the opportunity to obtain all of the hours possible at this meeting. Those programs are identified by the T2P logo. Also new this year will be an All Member/Exhibitor Reception on Thursday afternoon after the conclusion of the CME programs in the ballroom foyer. We hope you and your family will join us and meet and greet your colleagues in an informal setting.

Please do make your room reservation prior to July 2 when our block closes. Rooms are \$124 a night double or King Suites.

This is also the time of year that members who did not pay their dues or report the necessary hours for re-election were dropped from the membership roles! We have a large number (article elsewhere in this publication) that were deleted from the roles. If you were dropped for dues – simply call the AAFP headquarters at 1-800-274-2237 and they will accept a credit card or will mail you another invoice. If you were dropped for CME, please report any hours you did not report to the AAFP (same number) or you may call us for assistance at 501 223 2272. These hours must be for the three year period 2015, 2016 and 2017.

We look forward to seeing many of you in August at our Annual Meeting. A great program has been planned.

Sincerely,

Carla Coleman
Executive Vice President



On the cover:

71st Annual
Scientific Assembly

Thursday, August 2-

Saturday at 11 am., August 4

Embassy Suites, Little Rock, Arkansas

Scott Dickson, M.D. to be Installed as AR AFP President August 3

Dr. Scott M. Dickson of Jonesboro will be installed President of the Arkansas Chapter, American Academy of Family Physicians on Friday, August 3 by Dr. Reid Blackwelder, Past President of the AAFP from Johnson City, Tennessee.

Dr. Dickson is the Family Medicine Residency Director, AHEC Northeast Family Practice Residency Program in Jonesboro, a position he has held since 2009. Prior to that he served as Assistant Residency Director for 8 years and also completed his Family Medicine Residency at AHEC Northeast where he was Chief Resident in 2000-2001.

He received his Doctor of Medicine degree from UAMS and



Bachelor of Science in Zoology from Arkansas State University, Jonesboro. He has served the Arkansas AFP as a board member and officer for four years and also holds membership with the Association of Teachers of Family Medicine, the American Medical Association, the Arkansas Medical Society, the Physician's Health Committee, St. Bernard's Medical Center and the Medical Executive Committee, St. Bernard's Medical Center.

He is actively involved in community service and is the recipient of many honors and awards. Dr. Dickson and his wife, Heather live in Jonesboro with their daughter Mary Beth.

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We've Got Your Back: Non-Surgical and Surgical Options for Low Back Pain

by Phillip M. Porcelli,
D.O., FACOS

Low back pain (LBP) is one of the most common reasons for patients to see their doctor. It can interfere with everyday activities and is associated with high costs (including those related to health care) and indirect costs from missed work or reduced productivity (1,2). LBP is generally classified based on symptom duration. Acute pain is defined as lasting less than 4 weeks, subacute back pain lasts 4-12 weeks, and chronic back pain lasts more than 12 weeks (3).

The low back contains several potential anatomic sources of pain. The paraspinal muscles, facet joints, and the intervertebral disc complexes are all innervated by nociceptive fibers and play a role in the pathogenesis of LBP. More than 90% of LBP patients will improve with non-surgical management.

In 2017, the *Annals of Internal Medicine* published guidelines for the non-surgical treatment of acute, subacute, and chronic LBP (4). The guideline: *Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain*, was developed by the American College of Physicians and was endorsed by the American Academy of Family Physicians (5).

Recommendation 1:

Given that most patients with acute or subacute LBP improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence). (Grade: strong recommendation)

Recommendation 2:

For patients with chronic LBP, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)

Recommendation 3:

In patients with chronic LBP who have had an inadequate response to nonpharmacologic therapy, clinicians and patients should consider pharmacologic treatment with nonsteroidal anti-inflammatory drugs as first-line therapy, or tramadol or duloxetine as second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known

risks and realistic benefits with patients. (Grade: weak recommendation, moderate-quality evidence)

Although acute and subacute LBP both have a favorable prognosis, the effects of chronic LBP and its related disability is tremendous. In addition to many nonoperative treatment modalities, injections under fluoroscopic guidance are playing an increasing role in the management of patients with chronic LBP. These include, but are not limited to, steroid injections into the epidural space, medial branch blocks, and sacroiliac joint. Some patients may be candidates for placement of a dorsal column stimulator which requires collaboration with pain management physician and neurosurgeon.

There is a very small percentage of patients with subacute and chronic LBP, concordant with imaging findings, that may be surgical candidates through minimally invasive surgery. The majority of these patients will have concomitant radicular pain (i.e. Sciatica) or neurogenic claudication symptoms as well. The overall goal is to decrease pain and improve the quality of life for these patients. These minimally invasive techniques decrease tissue trauma with less blood loss, reduce postoperative pain, allow shorter hospitalization, and aide in faster recovery.

If you want to know more about non-surgical or minimally invasive surgical options for your spine patients, contact Arkansas Surgical Hospital at (501) 748-8000 for assistance in scheduling an appointment with one of our board certified spine specialists.

References

1. Deyo RA, Mirza SK, Martin BI. Back pain prevalence and visit rates: estimates from U.S., national surveys, 2002. *Spine (Phila Pa 1976)*, 2006, vol. 31 (pg. 2724-7)
2. Andersson GB. Epidemiological features of chronic low-back pain., *Lancet*, 1999, vol. 354 (pg. 581-5)
3. Carey TS, Evans AT, Hadler NM, Lieberman G, Kalsbeek WD, Jackman AM, et al. Acute severe low back pain. A population-based study of prevalence and care-seeking., *Spine (Phila Pa 1976)*, 1996, vol. 21 (pg. 339-44)
4. Qaseem A, Wilt TJ, McLean RM, Forciea MA. For the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med*. 2017;166:514–530. doi: 10.7326/M16-2367
5. <https://www.aafp.org/patient-care/clinical-recommendations/all/back-pain.html>

Changes to the Arkansas Medicaid Website



Due to changes implemented by the Department of Information Services, the Arkansas Medicaid website URL

changed April 6 from the legacy <http://go.afmc.org/e/130061/2018-04-25/2zc765/456948718> to the new URL <http://go.afmc.org/e/130061/2018-04-25/2zc767/456948718>. The legacy Arkansas Medicaid URL will automatically redirect to the updated website URL for a period of time; however, your bookmarks to the website should be updated during this period. In a few months the legacy

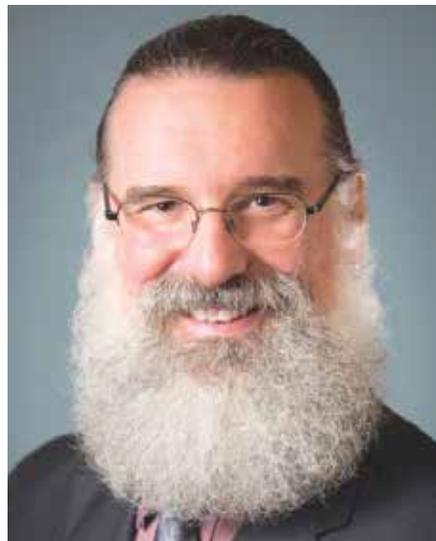
Arkansas Medicaid website URL will no longer exist, and you will receive a "page not found" message.

Although the content of the Arkansas Medicaid website remains the same, you should expect a different look that utilizes a new drop-down menu structure. If you have difficulty locating information you need, please contact AFMC Provider Relations.

AAFP Past President Reid Blackwelder, M.D. to Participate in AR AAFP's Annual Assembly

Reid Blackwelder, M.D., FAAFP, a Family Physician from Johnson City, Tennessee will be our special AAFP guest at our Annual Assembly on August 3. He will provide a keynote address on Friday morning, August 3 on AAFP Issues and will also install our officers and directors at 11:30 a.m. in the Ballroom of the Embassy Suites.

Dr. Blackwelder served as President of the American Academy of Family Physicians in 2013-2014 after serving on several committees and commissions focusing on continuing professional development and education. He is a member of the



Tennessee AAFP and served in several positions including President.

He earned his undergraduate degree from Haverford College in Haverford, Pa. and his medical degree from Emory University in Atlanta, graduating cum laude and as a member of Alpha Omega Alpha Medical Honor Society. He completed a family medicine residency at the Medical College of Georgia. He is board certified by the American Board of Family Medicine.

Dr. Blackwelder is Professor and Chair of Family Medicine, Quillen College of Medicine, East Tennessee State University, Johnson City, Tennessee.

AR AAFP Slate of Officers and Directors Announced

To be voted upon at the Annual Scientific Assembly's Business Meeting on Thursday, August 2 will be the following slate of officers and directors as proposed by the Nominating Committee:

- President Elect**Matthew Nix, M.D., Texarkana
Vice Pres....Appathurai Balmurugan, M.D., DrPH, MPH, Little Rock
Secretary/TreasurerLeslye McGrath, M.D., Jonesboro
Delegate.....Julea Garner, M.D., Hardy
Alternate Delegate.....Lonnie Robinson, M.D., Mountain Home

Directors:

- Amy Daniel, M.D., Searcy
 Charles Smith, M.D., Little Rock
 Tasha Starks, M.D., Jonesboro
 Garry Stewart, M.D., Conway

At the time of this printing, the Student and Resident Representatives have yet to be announced.

Also at the Business Meeting, Members will be informed of an increase in Active and Supporting dues from \$250.00 to \$275.00. This will be the first increase in dues since 2001. A ByLaws amendment was approved in 2014 allowing for a dues increase of no more than \$75. For Active and no more than \$50. For Supporting which falls within the ByLaws adopted June 11, 2014. This is an informational item only and will not need a vote.

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New Medicare Cards: You Can Use MBIs Right Away

Your Medicare patients are getting their new Medicare cards with new numbers known as Medicare Beneficiary Identifiers (MBIs). MBIs will replace the existing Social Security Number (SSN) based Health Insurance Claim Number (HICN) on the new Medicare cards and in the systems Medicare uses now. Medicare will replace all current cards and SSN-based numbers by April 2019.

Medicare is telling your Medicare patients to show you and your office staff their new Medicare card when they come for care. It is important for you to protect the identity of your Medicare patients by getting and using their new MBIs as soon as you have them.

You and your office staff should:

- Use the MBI to bill Medicare as soon as you get a Medicare patient's new number
- Use the transition period to make sure your systems can accept and transmit MBIs

Here are three ways you and your office staff can get MBIs:

- Ask your Medicare patients: Medicare is mailing the new Medicare cards in phases by geographic location to people with Medicare. Ask your Medicare patients for their new Medicare card when they come for care. If they have received a new card but don't have it with them at the time of service, remind them they can use MyMedicare.gov to get their new Medicare number.
- Use the Medicare Administrative Contractors' secure MBI look-up tool: Learn about and sign up for the Portal to use the tool when it is available no later than June 2018. You can look up MBIs for your Medicare patients who don't have their new cards when they come for care.

- Check the remittance advice: Starting in October 2018 through the end of the transition period, Medicare will return the MBI on every remittance advice when you submit claims with valid and active HICNs.

Medicare has resources to help you use the new Medicare cards:

- Learn how you and your office staff can get ready for and use the new MBIs
- Read a Medicare Learning Network fact sheet
- See a timeline
- Find Open Door Forum recaps
- Review outreach materials for your Medicare patients
- Contact the new Medicare card provider Ombudsman

2017 AR AFP Member Re-election and 2018 Dues Cancellations

The Arkansas Chapter of the AAFP had 99 members canceled from the membership roles as of May 3. The majority of these members are for non payment of dues (90 physicians). If you were dropped for non payment of dues, please contact the American Academy of Family Physicians at 1-800-274-2237 (the AAFP Member Resource Center) and they can reinstate your membership .

Six of the 99 dropped members were for not only non payment of dues but for

failure to report sufficient CME hours for re-election and only 3 were dropped for failure to report continuing medical education.

Active members must have 150 CME hours for the past three year period ending 12/31/17 to include 75 hours of AAFP Prescribed or formal course hours and 25 "group" hours. These hours must have been obtained during the three year period from 1-1-2015 through 12-31-17 for reinstatement.

Some courses most members fail to report that are Prescribed Credit are: teaching medical students, residents, nurses for up to 20 Prescribed Hours per year: ACLS, ATLS, PALS courses and hospital and medical staff meetings which are considered to be "elective" hours .

If we can help, please give us a call at 501 223 2272 or email us at arafp@sbcglobal.net

AR AFP Board Actions:

A letter from the AR AFP Board was written to Governor Asa Hutchinson supporting the continuance of the Arkansas Tobacco Quitline which is ran by the Arkansas Department of Health.

Comments from our members find the ATQ is a valuable free resource to not only our physicians but their patients especially in rural Arkansas where tobacco counseling resources are nonexistent. Of the 3500 patients who quit tobacco use yearly because of the Quitline, most of them live in rural Arkansas.

A letter of support was written on behalf of the AR AFP Board of Directors to the Director Division of Oral Health, Centers for disease Control and Prevention supporting the Arkansas Department of Health's application to improve oral health outcomes under funding opportunities from the CDC.



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Arkansas Works Updates

FACT SHEET

APRIL 2018

In March 2018, Arkansas became the third state to receive approval from the U.S. Department of Health and Human Services (HHS) to implement a work requirement for Medicaid adults, following the department’s approval of work requirements submitted by Kentucky and Indiana. The approval preceded agency action on similar requests from other states—including Arizona, Maine, New Hampshire, Utah, and Wisconsin—and represents a stark shift in federal policy regarding the objectives of the Medicaid program. State officials expect Arkansas to be the first state to implement work requirements, with a June 1, 2018, effective date for Arkansas Works enrollees. This fact sheet provides an overview of legislation leading to the work requirement and other new Arkansas Works program features, and it describes the exemptions and reporting obligations for the work requirement with a focus on the most significant change to the program: requiring work as a condition for eligibility.

OVERVIEW

Legislative amendments to Arkansas Works, authorized under Act 6 during the 91st General Assembly’s First Extraordinary Session of 2017, were signed into law by Gov. Asa Hutchinson on May 4, 2017. Act 6 called for Arkansas Medicaid to seek a state plan amendment or waiver changes to cap income eligibility at 100 percent of the federal poverty level (FPL) and establish work requirements for Arkansas Works enrollees.¹ On June 30, 2017, the state submitted to HHS an amendment to the Section 1115 Arkansas Works waiver outlining changes intended “to test innovative approaches to promoting personal responsibility and work, encouraging movement up the economic ladder, and facilitating transitions from Arkansas Works to employer-sponsored insurance and Marketplace coverage.”² The waiver amendment also included a request to reconsider elimination of retroactive eligibility for Arkansas Works enrollees, which was legislatively approved by the 90th General Assembly in Act 1 of the Second Extraordinary Session of 2016. The Obama Administration had previously required the state to have an approved hospital presumptive eligibility plan in place before granting this request.

After months of negotiation, Gov. Hutchinson and Centers for Medicare & Medicaid Services (CMS) Administrator, Seema Verma announced approval of the waiver amendment in a press conference on March 5, 2018, the first time CMS hand-delivered a waiver approval to a state. While HHS did not approve the income eligibility cap at 100 percent of the FPL, all other aspects of the waiver were approved (see Table 1).³

Table 1: Status of Requested Arkansas Works Waiver Amendments³

| Requested Arkansas Works Waiver Amendments | Status |
|---|------------------|
| ▶ Work requirement for enrollees between ages 19 to 49, with certain exemptions | Approved March 5 |
| ▶ Income eligibility cap at 100 percent FPL | Not Approved |
| ▶ Removing the requirement to have an approved hospital presumptive eligibility state plan amendment as a condition of waiving the 90-day retroactive eligibility | Approved March 5 |
| ▶ Waiving the 90-day retroactive eligibility requirement to 30 days prior to the date of application | Approved March 5 |

WORK REQUIREMENT IMPLEMENTATION

Arkansas Medicaid and Marketplace insurers have anticipated challenges and set up a considerable administrative overlay to track, report, and facilitate communication with enrollees about the work requirement. Building upon existing work requirements for Supplemental Nutritional Assistance Program (SNAP) beneficiaries, they have developed a communications plan to engage enrollees and providers to educate them about the work requirement and necessary actions to meet the requirement to retain coverage. Communications include correspondence through direct mail, email, social media, and other print and collateral materials. Enrollees subject to the work requirement will be notified in April 2018, with reporting requirements to begin in June 2018 (see Figure 1).

Figure 1: Anticipated 2018 Work Requirement Timeline for Arkansas Works Enrollees



Arkansas Medicaid has also invested in the development of an online portal for enrollee reporting of exemptions and work certification that is linked from the eligibility website. The portal for reporting will be different than two other online portals that applicants use for plan enrollment and access to resources to meet the work requirement. Notably, Arkansas Medicaid will require applicants to either have or obtain an email address as part of the eligibility process. The email address will be used for access to the reporting portal and for communication, including receipt of required notices from Arkansas Medicaid or Marketplace insurers.

Arkansas Works enrollees aged 19 to 49 will be subject to the work requirement, while those 50 and older will not. The state plans to phase in the work requirement, beginning with 30- to 49-year-olds in 2018, adding 19- to 29-year-olds in 2019. Approximately 100,000 enrollees at or below 100 percent of the FPL will be subject to the work requirement in 2018. If Medicaid officials decide to apply work requirements to individuals above 100 percent of the FPL—which the waiver terms and conditions allow—then another approximately 20,000 beneficiaries will be affected.

WORK REQUIREMENT EXEMPTIONS

Not all enrollees will be required to report work activities. Roughly 60 percent of enrollees are expected to be exempt. These include beneficiaries who are exempt from the work requirement for SNAP and those receiving Transitional Employment Assistance (TEA), both of which can be verified by the state every 30 days using its own data. The exemptions listed in Table 2 also qualify and are determined at application, renewal, or attestation through the portal.

Table 2: Work Requirement Exemptions

- | | |
|--|---|
| ▶ Medical frailty | ▶ Short-term physical or mental incapacitation |
| ▶ Living in the home with a dependent minor | ▶ Participation in an alcohol or drug treatment program |
| ▶ Pregnancy (valid until the end of post-partum care) | ▶ Enrollment in full-time education |
| ▶ Caring for a physically or mentally incapacitated person | ▶ Receipt of unemployment benefits |

WORK REQUIREMENT ACTIVITIES AND REPORTING

For Arkansas Works enrollees who do not meet an exemption, they must be employed, with a gross income that is greater than \$736.78 per month (the Arkansas minimum wage of \$8.50 per hour multiplied by 20 hours per week at 4.334 weeks per month), or have a combination of work activities, which may include employment hours, totaling 80 hours per month. Table 3 lists approved work activities that require demonstration of compliance.

Table 3: Work Requirement Activities and Reporting

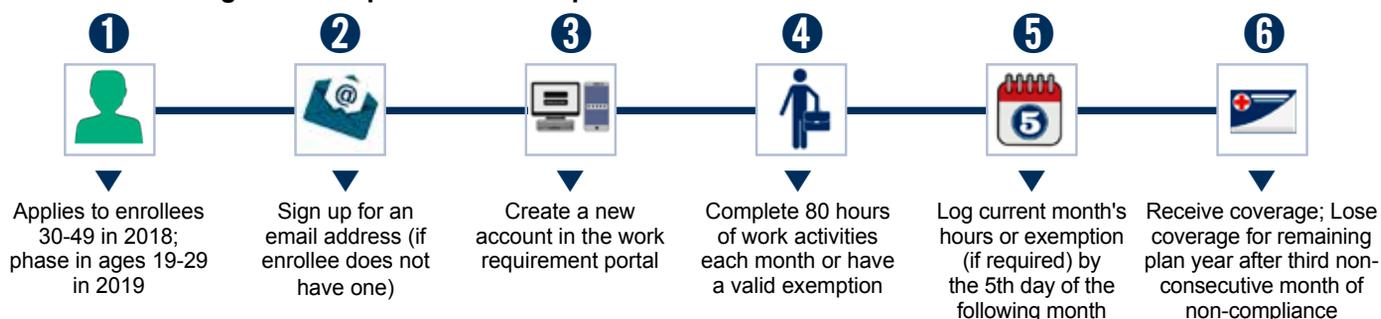
- | | |
|--|--|
| ▶ Employment of at least 80 hours per month | ▶ Participation in classes on health insurance, use of the healthcare system, or healthy living (maximum of 20 hours per year) |
| ▶ Education (less than full time) | ▶ Fulfillment of SNAP or Transitional Employment Assistance work requirement |
| ▶ Job or vocational training | ▶ Job assistance activities or programs through the Arkansas Department of Workforce Services |
| ▶ Volunteer work (must include agency name, address, and phone number) | |
| ▶ Independent job search (up to 40 hours per month) | |
| ▶ Job search training (up to 40 hours per month) | |

Enrollees must report employment, exemptions, or other work activity for the current month by the fifth day of the following month. Failure to report results in the loss of coverage at the end of the third non-consecutive month of

non-compliance. Those losing coverage as a result of non-compliance will be locked out of coverage for the remainder of the plan year, even if they meet an exemption in the latter part of the year in which they lose coverage. However, they are not barred from reapplying for coverage for the subsequent calendar year. Enrollees demonstrating good cause (e.g., experiencing hospitalization or serious illness, birth or death of a family member, severe inclement weather, etc.) may be considered as exempt from work-activity reporting on a case-by-case basis.

For work-activity and exemption reporting based on enrollee attestation, the state will seek to verify the reporting of a sample of enrollees. If the state discovers falsifications, Arkansas Medicaid will refer the enrollee's information to the appropriate investigative authorities.

Figure 2: Simplified Work Requirement Process for Arkansas Works Enrollees



LITIGATION

Litigation has the potential to stall implementation of work requirements in Arkansas and other states. A class action lawsuit seeking to halt implementation of Kentucky's approved work requirement was filed in January 2018 on behalf of 15 Kentucky Medicaid beneficiaries. The beneficiaries argue that by implementing the work requirement, the state has sought to "transform" Medicaid, which is a legislative power vested in Congress and not the executive branch; therefore, the work requirement approval by HHS is unlawful and unconstitutional. They also argue that the work requirement is an additional eligibility condition that is not explicitly allowed by the Medicaid statute. The beneficiaries also claim that the approved waiver allowing the work requirement does not have an experimental purpose and does not promote the objectives of Medicaid, as required by the statute. Finally, they argue the guidance issued by CMS announced a new Medicaid policy without following proper procedures.

MEDICAID AS A TEST ENVIRONMENT

With federal approval to implement a work requirement, Arkansas will now test—as the waiver application states—"innovative approaches to promoting personal responsibility and work, encouraging movement up the economic ladder, and facilitating transitions between Arkansas Works, employer-sponsored insurance, and the Marketplace for Arkansas Works employees." These objectives in isolation are certainly laudable, but there remains a question about whether social goals such as employment enhancement can be operationalized within what has traditionally been restricted to a healthcare financing system for low-income populations. As multiple states are approved to implement work requirements, opportunities exist to learn from those strategies that are successful and those that fall short of expectations. Regular compliance monitoring and more rigorous state and federal evaluations should carefully assess results against stated objectives.

REFERENCES

1. AR Act 6, 2017, 91st General Assembly 1st Special.
2. State of Arkansas Governor's Office. (2017, June 30). [Letter]. Retrieved from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ar/ar-works-pa2.pdf>
3. U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. (2018, March 5). Demonstration approval [Letter]. Retrieved from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ar/ar-works-ca.pdf>

ARKANSAS ACADEMY OF FAMILY PHYSICIANS 71st Annual Scientific Assembly

August 2-4, 2018

Pre Assembly CME
Wednesday, August 1
"A Pediatric Update"

Embassy Suites, Little Rock, Arkansas



Arkansas Academy of Family Physicians
71st Annual Scientific Assembly
August 2-4, 2018
Embassy Suites, Little Rock, Arkansas

Ballrooms I, II, III

Wednesday, August 1: Pre Assembly CME: "A Pediatric Update" Ballroom IV

- 1:15 p.m. **"Overuse of Antibiotics in Children"**
Larry Simmons, M.D. Professor of Pediatrics, Department of Pediatrics, UAMS: Clinical Faculty & Founding Member, Arkansas Childrens Asthma Center, Arkansas Children's Hospital, Little Rock
- 2:00 p.m. **"The Big Three: Hyperbilirubemia, Hypoglycemia, Polycythemia in the Newborn"**
Jared Beavers, M.D., Assistant Professor, UAMS, Department of Pediatrics Neonatology Division, Little Rock
- 2:45 p.m. **Break**
- 3:00 p.m. **"Breathing and Swallowing Difficulties and Chronic Ear Disease"**
Andre' M. Wineland, M.D., MSCI, Assistant Professor of Pediatric Otolaryngology Head and Neck Surgery, UAMS, Arkansas Children's Hospital, UAMS College of Medicine, Little Rock
- 3:45 p.m. **"Attention Deficit Hyperactivity Disorder"**
Mark Edwards, Ph.D. Professor, Pediatric Psychology; UAMS College of Medicine, Little Rock

Thursday, August 2

- 8:15 a.m. **Opening Ceremony** – Presentation of Flags, National Anthem
- 8:30 a.m. **Keynote : "Taking the Vitals of our Healthcare System: Doc, We Have a Problem"**
Joseph W. Thompson, M.D., MPH, President & CEO, Arkansas Center for Health Improvement
Professor, UAMS Colleges of Medicine and Public Health, Little Rock
- 9:15 a.m. **"An Update on Anticoagulant Therapy"**
Dosha Cummins, PharmD, BCPS, Vice Chair, Basic Sciences,
New York Institute of Technology College of Osteopathic Medicine, Jonesboro
- 10:00 a.m. Business Meeting – Election of Officers/Directors – ByLaw Changes
To be followed by a Break – **Visit Exhibits , Ballroom V, VII, VIII**
- 10:45 a.m. **"Opioid Prescribing - Safe Practice: Changing Lives"**
David E.J. Bazzo, M.D., FAAFP, CAQSM, Clinical Professor of Family Medicine,
UCSD School of Medicine, San Diego, CA.
- 11:50 a.m. Physician Lunch Meeting - **Ballroom IV** - Compliments of State Volunteer Mutual Insurance
"Patient Satisfaction"
Stephen A. Dickens, JD, FACMPE, Vice President, Medical Practice Services,
State Volunteer Mutual Insurance, Brentwood, TN.
- 1:10 p.m. **"Opioid Prescribing"** (continued) - Dr. Bazzo
- 2:15 p.m. **Break – Visit Exhibits , Ballrooms V, VI, VII**
- 2:45 p.m. **"Building HIV Treatment Capacity in the Family Medicine Clinic"**
Latesha Elope, M.D., MSPH, Assistant Professor, Division of Infectious Diseases;
Director of Diversity & Inclusion, Internal Medicine, University of Alabama, Birmingham, AL
- 3:45 pm. **"Dermatology Update"**
Scott Dinehart, M.D., Diplomate, American Board of Dermatology,
Arkansas Skin Cancer and Dermatology Center, Little Rock
- 4:30 p.m. Adjourn
- 5:00 p.m. **All Member and Exhibitor Reception - Foyer, Ambassador I, II, III**

Friday, August 3

- 7:15 a.m. **Breakfast Meeting** Provided by Arkansas Foundation for Medical Care - **Ballroom IV**
“The Uphill Slope to HIPAA Compliance, or the HIPAA Tenure”
Breck Hopkins, General Counsel & Privacy Officer, AFMC, Little Rock
- 8:20 a.m. **Break – Visit Exhibits, Ballrooms V, VI, VII**
- Ballroom I, II, III General Session**
- 8:45 a.m. ***“AAFP UPDATE”***
Reid B. Blackwelder, M.D., FFAFP, Professor and Chair, Family Medicine, Quillen College of Medicine, ETSU: Past President, American Academy of Family Physicians, Johnson City, TN
- 9:30 a.m. ***“Let Food be Thy Medicine”***
Harold Hedges, M.D., FFAFP Family Physician, Little Rock
- 9:45 a.m. ***“Antibiotic Stewardship”***
Ryan Dare, M.D. Assistant Professor, Infectious Disease Division, UAMS College of Medicine Department of Internal Medicine, Little Rock
- 10:30 a.m. **Break - Visit Exhibits, Ballrooms V, VI, VII**
- 10:50 a.m. ***“The New Asthma Guidelines”***
Larry Simmons, M.D. Professor of Pediatrics, Department of Pediatrics, Founding Member, Ar. Children’s Asthma Center, Ar. Children’s Hospital, Little Rock
- 11:30 a.m. **Installation of Officers - Ballroom I, II, III**
- 12:10 p.m. **Installation Lunch - Atrium** – compliments of BlueCross BlueShield and Baptist Health
- 1:00 p.m. **Break - Visit Exhibits, Ballrooms V, VI, VII**
- 1:30 p.m. ***“Value Based Compensation”***
Steve Spaulding, CLU, CHC, PAHM, Executive Vice President; Chief Health Management Officer, Arkansas BlueCross BlueShield, Little Rock
- 2:15 p.m. ***“The Diabetic Foot”***
Angela Driskill, M.D., FFAFP, Diplomate, American Board of Family Medicine; DABPM/UHM; PWCC AAFPWCA, Advanced Wound Care & Hyperbaric, P.A., North Little Rock
- 3:00 p.m. ***“Insomnia: A Golden Opportunity to Evaluate and Address Anxiety, Depression Bipolar Disorder and Psychosis”***
Rhonda J. Mattox, M.D., Diplomate, American Board of Psychiatry and Neurology; Associate Professor, UAMS Psychiatry Department, College of Medicine, Little Rock
- 3:45 p.m. ***“Update on Medical Marijuana and Other Laws Impacting Physicians”***
Jennifer Smith, J.D., R.N., Associate General Counsel, University of Arkansas System, UAMS, Little Rock

Saturday, August 4

- 7:30 a.m. **Attendee Breakfast** - Compliments of Aledade - **Ballroom IV**
- Ballroom I, II, III General Session**
- 8:15 a.m. ***“HCC Risk Coding”***
Shawn Wesley Purifoy, M.D., Diplomate, American Board of Family Medicine; Medical Director, ACO Aledade: Malvern
- 9:00 a.m. ***“Diabetes Prevention Program”***
Appathurai Balamurugan, M.D., DrPH, MPH, FFAFP, Diplomate, American Board of Family Medicine, State Chronic Disease Director, Arkansas Department of Health, Little Rock
- 9:20 a.m. ***“Clostridium Difficile”***
Naveen Patil, M.D., Infectious Disease Division, Department of Internal Medicine, UAMS, Little Rock
- 9:40 a.m. ***“Integrating Counselors in Primary Care Clinics”***
JP Wornock, M.D., Diplomate, American Board of Family Medicine, Searcy
- 10:00 a.m. ***“Shared Decision Making in Prostate Cancer Screening”***
Lonnie Robinson, M.D., FFAFP, Diplomate, American Board of Family Medicine, Mountain Home
- 10:30 a.m. **Final Announcements – Q and A - Adjournment**

GENERAL INFORMATION

PROGRAM OBJECTIVES

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

COMMERCIAL SUPPORT/DISCLOSURE

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

ROOM RESERVATION

Embassy Suites special rate for our group is \$124.00 for Double or King Rooms. For reservations, please call Embassy Suites at 501-312-9000 and specify you are with the Arkansas Academy of Family Physicians group,

GROUP CODE: AFP or you may go to our personalized website at http://embassysuites.hilton.com/en/es/groups/personalized/L/LITCPES-AFP-20180731/index.jhtml?WT.mc_id=POG

The deadline for making reservations for our block is July 2 or until the group block is sold out, whichever is first.

BREAK/REFRESHMENTS

Thursday and Friday – Consulate I and II for Registrants & Exhibitors

PARKING

Complimentary surface parking is available for all meeting attendees and overnight guests or a charge of \$10.00/day to park in the parking garage. Complimentary outdoor self parking available for meeting attendees and overnight guests.

CME ACCREDITATION

The Scientific Program has been reviewed and is acceptable for up to 18, (including the Pre-Assembly) Prescribed credits by the American Academy of Family Physicians. AAFP Prescribed Credit is accepted by the AMA as equivalent to AMA PRA Category I for the AMA Physicians Recognition Award. AAFP Prescribed Credit is also accepted by the AOA, the American Academy of Physician Assistants and the American Academy of Nurse Practitioners. **Portions of the program will also include a Translation 2 Practice opportunity for up to 6 additional hours.**

2018 GRANT PROVIDERS

The Arkansas Academy of Family Physicians' 71st Annual Scientific Assembly is made possible with the help of generous grants from the following companies. Please make a point of thanking your representative for these contributions to our program. These companies will also receive special recognition through signs and ribbons in our exhibit hall.

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

Cancellations prior to July 20, 2018 will be refunded less \$50.00 by written request.

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

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August 1-4, 2018

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Pre Assembly Fee – Wednesday - \$150.00 (all registrants)

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| Academy Members - | \$425.00 | Resident Members - | No Charge |
| Non Members - | \$500.00 | Student Members - | No Charge |
| Inactive\Life - | \$150.00 | Spouse\Guest - | \$40.00 |

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The following functions are included in assembly registration fees:

Please indicate how many people will be attending-

Registrant Lunch – Thursday _____
Registrant Breakfast – Friday _____
Installation of Officers/Registrant Lunch – Friday _____
Registrant Breakfast – Saturday _____

*REGISTRATION AFTER July 20th & ONSITE- ADD \$100.00

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Dr. Joseph Thompson to Provide First Keynote Address at AR AFP's Annual Assembly

Joseph W. Thompson, M.D., MPH will deliver the Keynote address Thursday morning, August 2 at the opening of the AR AFP's 71st Annual Scientific Assembly entitled, ***"Taking the Vitals of our Healthcare System – Doc We Have a Problem."***

Dr. Thompson is President and CEO, Arkansas Center for Health Improvement and is Professor, University of Arkansas for Medical Sciences and a General Pediatrician.

His work centers on public health, clinical care and health policy and he is responsible for developing research activities, health policy and collaborative programs that promote better health and health care in Arkansas.

From 2005 to 2015 he served as Surgeon General for the State of Arkansas and worked closely with the Governors office, the Arkansas



legislature and public and private organizations across the state to develop relevant health policy initiatives.

Dr. Thompson earned his Medical Degree from the University of Arkansas for Medical Sciences and Master of Public Health from the University of North Carolina at Chapel Hill. He served as the RWF Clinical Scholar at the University of North Carolina at Chapel Hill, the Luther Terry Fellow in Preventive Medicine advising the US Assistant Secretary of Health in Washington, D.C. and the Assistant Vice President and Director of Research at

the National Committee for Quality Assurance in Washington, DC. Prior to that he served as the First Child and Adolescent Health Scholar for the U.S. Agency for Healthcare Research and Quality before returning to Arkansas.

Special Offer from the American Board of Family Medicine

The ABFM invites board-certified family physicians to enroll in PRIME Registry™ free for the first three years! PRIME Registry is a practice and population data tool developed by the ABFM that safely extracts patient data* from your electronic health records (EHRs) and turns it into actionable measures, presented in an easy-to-use, personalized dashboard, maintaining its full confidentiality. PRIME not only simplifies quality reporting for payment programs such as MIPS and CPC+, but also allows you to better evaluate aspects of your practice, patient groups, and individual patients, illuminating gaps or successes in patient care.

Another bonus for ABFM Diplomates: the integrated Performance Improvement (PI) activity tool allows Diplomates to easily use EHR data to complete PI activities and earn points toward the ABFM continuous certification requirements.

Coming this summer, PRIME will add social determinant and community resource data, showing clusters of disease, poor outcomes, and community resources for patients and clinics via the new Population Health Assessment Engine (PHATE™).

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** All registry data are maintained in compliance with HIPAA, subject to a Business Associates Agreement, but the ABFM has gone farther to protect your data. The registry vendor has no rights to use identified data without your permission, and the ABFM purposefully cannot touch patient data except for research purposes and after Institutional Review Board approval.*

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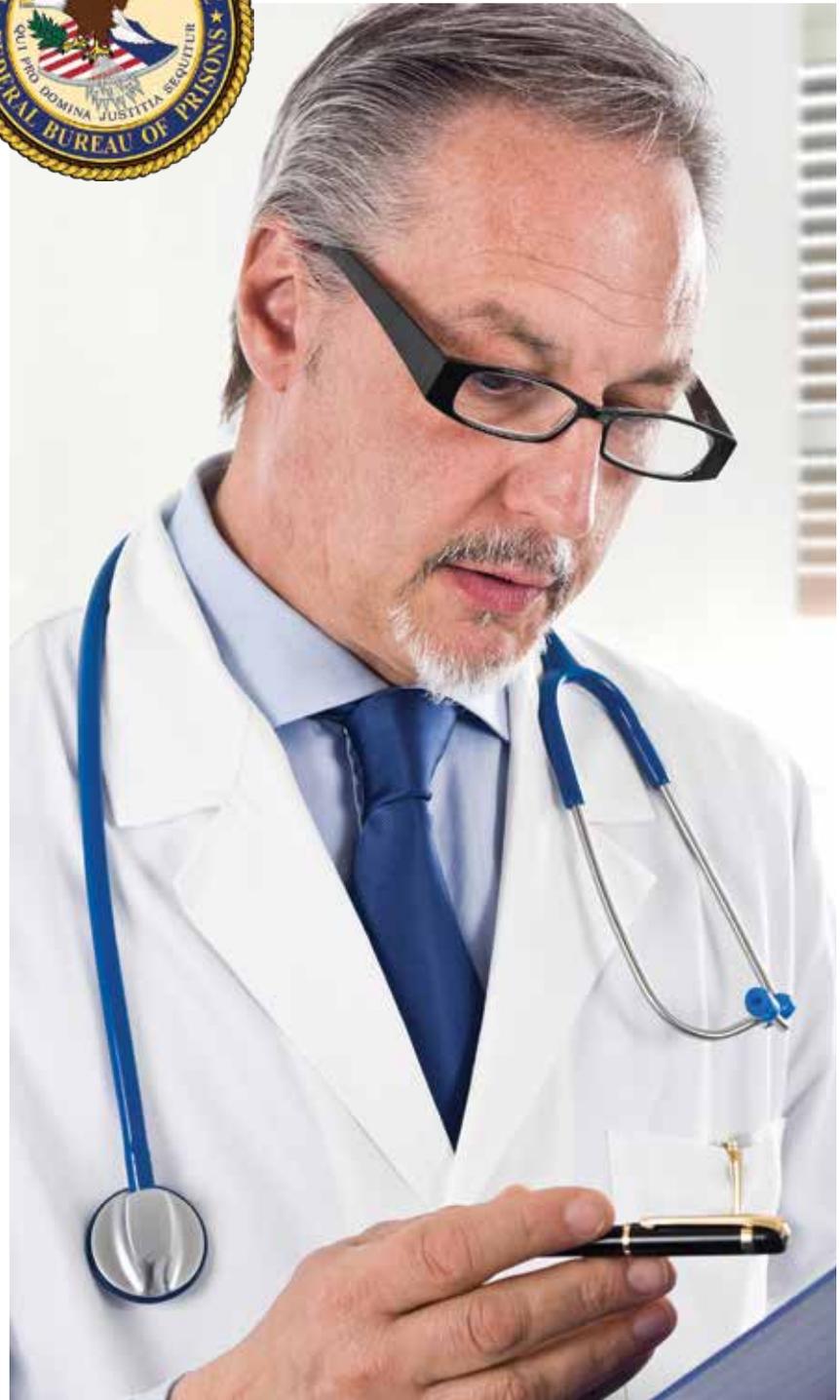
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Licensure - a permanent, full and unrestricted license to practice medicine in a State, District of Columbia, The Commonwealth of Puerto Rico, or a territory of the United States.



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This is the first in a series of articles highlighting the lives of a number of outstanding country doctors from around the state.

Dr. Jesse Dean Riley and Part 1 the TB Sanatorium in Booneville

by: Sam Taggart, M.D.,
Family Physician and Author

Most physicians, complete their training, return to the real world and then for forty years they are shaped by the community they chose. Dr. Jesse Dean Riley has a slightly different story; his medical career was molded and shaped by one disease: tuberculosis. He was the son of John and Martha Riley of Ashley County, Arkansas. His father was a devout Bible teacher at the Mount Olive Baptist Church. Despite his father's devotion to his family and church, the elder Riley enjoyed a good drink and was prone to profanity. These weaknesses caused him to have to ask for forgiveness from his church from time to time.



Jessie was born in 1890; at the time the family lived in Berea, north of Hamburg. At an early age, he had expressed the desire to go into medicine. Family legend has it that he was a precocious child and by age four could point out every bone in the human body. At age thirteen, Jesse dropped out

of school to work full time on the family farm but by age eighteen had moved to Little Rock to live with his brother James Robert. While living with his brother, he attended Little Rock High School. He graduated from the Little Rock schools at age twenty-two. He attended Tulane University medical school and graduated with honors in 1916.

On the eve of his graduation from Tulane, he began coughing up blood. Standing near him was a janitor who said, "Doc, the way you are bleeding from the mouth, I would say you have consumption." The teaching staff at Tulane confirmed the janitor's diagnosis. He was advised to get his affairs in order because he would probably live no more than a year. He returned to Ashley county and the town of Montrose in great despair. He applied for admission to the newly formed Arkansas State Sanatorium in Booneville, however the sanatorium was full and had a long waiting list. His brothers built him a cabin in the woods of Ashley county. For one year, he partook of the "cure": fresh air, bedrest, good food, and quiet. His wife, Claudia, helped nurse him back to a semblance of health. In 1917, he began to practice medicine in Montrose, Arkansas in Ashley County. W.B. Riley, a relative, wrote: "He was to say later that it occurred to him that maybe this was God's way of setting him on the path destined for him—treatment of tuberculosis victims—and with that thought, his new life began." His failure to be able to get into the Sanatorium supplied him his

life goal. W. B. Riley continued, "That no Arkansas victim would be rejected for lack of room, a goal he lived to achieve."



After practicing in Montrose for three years, he applied for and was hired as the assistant director of the Southern Baptist Sanatorium in El Paso, Texas. He was soon promoted to Director of the facility where he stayed until 1930. In January of 1930, Dr. John Stewart, the Superintendent of the Arkansas TB Sanatorium died of injuries sustained in an accident. In March of 1930, Dr. Riley was hired as the new director of the TB sanatorium at Booneville.

In the late nineteen-twenties, the Sanatorium was full with a long waiting list. In 1929, the winter prior to the October fall of the stock market, the Arkansas legislature allocated \$250,000 dollars to construct four new buildings and equipment. In effect, they spent more at one time than had been expended during the entire previous twenty years. This project was completed just as the Depression was beginning. The additional 200 beds made the Arkansas TB Sanatorium the third largest TB facility in the nation.

In 1936 and 1937, the Sanatorium benefited from two major grants from the WPA that greatly expanded the program services of the facility.

Constant pressure by the Sanatorium Board of Trustee, led by Justice Joseph Hill of Fort Smith, Dr. Riley and an unlikely advocate, Mr. Leo Nyberg, from Phillips County led to a remarkable event in 1938. Mr. Nyberg had been opposed to providing more money to the Sanatorium because of the dire financial straits the state found itself in during the Depression. Sadly, he himself developed symptomatic tuberculosis in the mid-thirties and was admitted to the Sanatorium. Mr. Nyberg became a true believer in the role of the sanatorium in the state's health. He left his bed at the sanatorium to attend a special session of the legislature.

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Just prior to adjournment the Nichols-Nyberg Bill was passed granting \$1,418,000 dollars for TB control; of that, \$167,000 was allocated for the McRae Tuberculosis Sanatorium for Negroes. In the same year, the WPA granted an additional \$949,000 for help in completing the aggressive program of building and improving the Sanatorium.

Mr. Nyberg died before the completion of the project. At the dedication of the new facilities in 1941, Dr. Riley said of his friend and patient. "Early in the year of 1938, Leo became restless and I could not keep him in bed. His ingenuity and determination to find reasons why he should be out of bed were to be

continued on page 22



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**Baxter Regional
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continued from page 21

expected of the Leo Nyberg that many of you knew so well here in the House chambers. It was then that we discussed the possibility of an expansion program at the Arkansas Tuberculosis Sanatorium. It has been my privilege to be intimately acquainted with large numbers of tuberculosis patients and ex-patients. My patients have always been my greatest inspiration. I am constantly burdened with the thought that perhaps I am not worthy of so much confidence and the wholehearted cooperation given to me by the patients at large: and then when I think of Leo, who, when his health did not permit, gave all he had for the cause. I am determined to give my best in return.”

The legislature gave Dr. Riley credit for his part in making the Arkansas institution the largest

and best equipped sat tuberculosis sanatorium in the United States.

During WWII many of his vital personal including physicians were called into military service. He worked twelve to sixteen hours every day. Dr. Jesse Dean Riley continued in his position as physician and Superintendent of the Sanatorium until 1955 when he retired because of a stroke. In recognition of his service, he was appointed Superintendent Emeritus of the facility. He continued to live at the Sanatorium until his death in 1964.

Jesse Dean Riley was a true country doctor at heart.

Sam Taggart M.D.

Any questions or remarks, I can be reached at samtaggart@att.net.

Membership Dues for 2018 are now due! If you have not already done so, please renew your AAFP membership now. You can pay in one of three ways:

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Medicaid Meaningful Use in 2018: Don't Miss Out!

By Marq Walker, CPHIMS, Arkansas Foundation for Medical Care

Meaningful Use (MU) incentives are substantial. Medicaid-eligible professionals (EPs) can earn up to \$8,500 per provider, per year through the end of the Medicaid electronic health records (EHR) incentive program, which is expected to continue through 2021.

In January 2018, Arkansas again contracted with AFMC to provide no-cost MU technical assistance to Medicaid EPs. AFMC has been a significant force in driving provider participation in the Medicaid EHR Incentive program since the program's inception in 2011. AFMC anticipates that its role as a trusted technical assistance advisor will continue to the end of 2021.

The Medicaid EHR Incentive program

has made payments to more than 1,800 Medicaid EPs throughout Arkansas. The state is vitally interested in re-engaging Medicaid EPs who began participation in prior years but have dropped out of the program for various reasons. In the early years of the EHR Incentive program the perceived value of using certified EHR technology (CEHRT) was yet to be determined. However, by 2018 MU has achieved the program creators' vision:

- Stage 1 of MU brought about the capture and sharing of electronic health data
- Stage 2 MU facilitates advanced

clinical processes necessary for participation in value-based payment programs

MU was designed to lay the infrastructure that would support and grow the triple aim of improving the patient experience of care, lowering health care costs and improving health outcomes. The "meaningfulness" of the MU objectives are now evident. The objectives inarguably support value-based payment programs and quality improvement initiatives such as the Merit-based Incentive Payment System

continued on page 26



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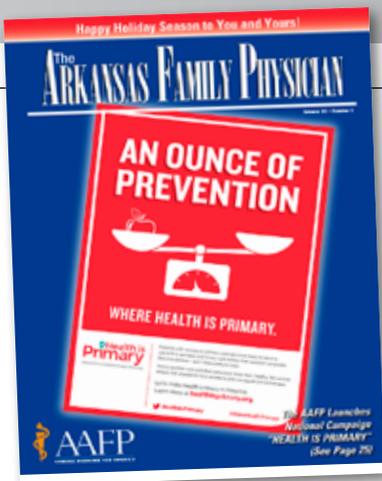
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(MIPS), Comprehensive Primary Care Plus (CPC+), the Arkansas Medicaid patient-centered medical home (PCMH) program, and accountable care organizations (ACOs), to name a few.

AFMC's value to practices is its consistent, accessible team of MU subject matter experts. AFMC's team offers both onsite and virtual assistance to Medicaid EPs throughout the state. Technical assistance includes:

- Ongoing MU education and program guidance
- Assistance with attestation
- Assembly of documentation for audit preparedness
- Assistance with Medicaid EHR audits
- HIPAA privacy and security guidance and policy updates

- Educational newsletters and webinars
- Assistance with mitigating vendor issues
- Public health reporting

The AFMC HealthIT team is comprised of credentialed staff who work as practice transformation and quality improvement specialists across multiple AFMC outreach teams. HealthIT specialists can coach participating Medicaid providers to strategically direct their MU efforts to support successful participation in other quality-improvement and value-based payment programs.

Providers who have dropped out of the Medicaid EHR Incentive Program in the past may not realize how much more meaningful the MU objectives are in 2018. This is especially true for providers who are participating in other programs with requirements regarding enhanced access to care, care management, comprehensiveness and coordination of care and population health. In 2018, providers are finding that

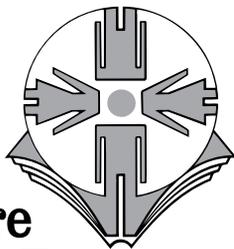
successful participation in quality-based payment programs is heavily dependent on data and analytics, the ability to produce quality reports and document care plans. The results of their efforts in these programs can have a significant impact on their reimbursements. This year marks a transition for several value-based payment programs, from scoring practices based on ability to "report" under the program, to scoring practices based on ability to "perform" and demonstrate improvement. Providers who have stayed the course with MU, at a minimum are equipped to:

- Enhance their HIPAA compliance by performing an annual security risk analysis
- Use clinical decision support interventions to identify screenings, lab tests and procedures needed by high-priority patient populations, and identify deficiencies and care gaps
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prescribing (eRX) data which populate clinical quality measures and enable reporting on patients using high-risk medications

- Use patient portals to enhance patient access to health care and their health information by encouraging patients to communicate with their providers using secure messaging, giving patients access to their own health information and, in some cases, providing patients the ability to schedule their own appointments
- Exchange electronic health information with providers in other health care settings, which supports team-based care and care coordination
- Receive electronic notifications from the health information exchanges (HIE) regarding admissions, discharges and transfers, thus enabling practices to perform transitional interventions and reduce readmissions
- Normalize the practice of medication reconciliation as patients transition into their care
- Engage with the Arkansas immunization registry, syndromic surveillance registry or other specialty registries

In addition to the increased relevance of MU, the Centers for Medicare and Medicaid Services' (CMS) decision to offer providers the option to defer the implementation of Stage 3 for another year is another source of encouragement to Medicaid EPs who wish to continue their participation in the EHR incentive program. Modified Stage 2 MU requires the use of 2014 CEHRT, or a combination of 2014 and 2015 CEHRT. CEHRT is also a requirement of other value-based payment programs. The delay of Stage 3 has benefited both providers and CEHRT vendors. It has given vendors time to make the software modifications needed to catch up with program requirements. The Stage 3 delay has given providers

time to become accustomed to increased performance thresholds and refine workflows that support the maximized utilization of their software.

Any Medicaid EP who began participation prior to 2017 can continue to participate in the MU program and earn EHR incentives, even if they dropped out in the past. AFMC's HealthIT outreach specialists provide free, wide-ranging technical assistance to help you meaningfully use your CEHRT to improve patient engagement and outcomes, lower health care costs and earn incentives. You can work with a trusted and experienced team that can make value-based payment programs a plus for your practice.

The CMS announced in April that the EHR Incentive Program will be renamed to "Promoting Interoperability (PI) Program" for eligible hospitals, CAHs and Medicaid providers. The MIPS Advancing Care Information performance category will also be renamed the "Promoting Interoperability"

performance category. The renaming is part of proposed policy changes that reflect CMS' commitment to promoting and prioritizing interoperability of health care data. Specifically, CMS plans to change the EHR Incentive Program to:

- Make it more flexible and less burdensome
- Emphasize measures that require health information exchange between providers and patients
- Incentivize providers to make it easier for patients to obtain their medical records electronically

The proposed rule also mandates that providers use the 2015 edition of CEHRT in 2019 to demonstrate MU and qualify for federal incentive payments.

Ms. Walker is manager, HealthIT for AFMC.

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Human Papillomavirus (HPV) Vaccination Report: Arkansas

May 2018

Working Together to Reach National Goals for HPV Vaccination

In collaboration with CDC’s Division of Cancer Prevention and Control, this quarter’s report highlights your jurisdiction’s HPV-associated cancer burden. In addition, please see your jurisdiction’s human papillomavirus (HPV) vaccine distribution trend for 2017 below.

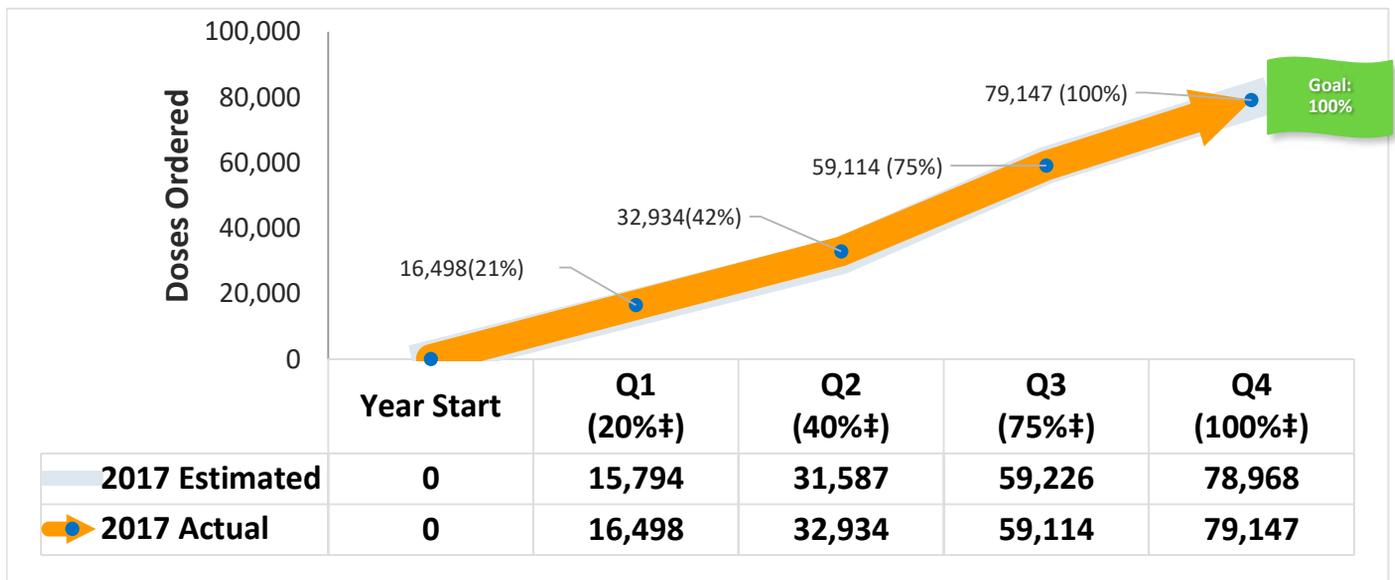
Every year in the United States, it is estimated that >30,000 people are diagnosed with a cancer caused by HPV infection. A large proportion of these cancers could be prevented with vaccination. See the second page of this report for data on HPV-associated cancers in your state or city.

Examining the percentage of HPV vaccine doses distributed while accounting for your jurisdiction’s estimated 11-year-old* population provides a yardstick for measuring progress toward vaccinating this cohort. Nationally, HPV vaccine has been distributed as follows:

- 20% in the first quarter
- 20% in the second quarter
- 35% in the third quarter
- 25% in the fourth quarter

We used these percentages to measure progress toward vaccinating 11-year-olds for each quarter of 2017. Check the graph below to see how your jurisdiction did last year.

Year-to-date total of HPV vaccine doses ordered† in Arkansas, compared with doses needed to fully vaccinate 11-year-olds* in Arkansas, 2017



Based on an estimated 39,484* 11-year-olds in Arkansas, your jurisdiction ordered **100%** of the estimated total annual doses of HPV vaccine needed to vaccinate all 11-year-olds. If all the ordered doses were used for 11-year-olds, Arkansas ordered a sufficient amount of vaccine for this age group in 2017.

*The 11-year-old population estimate was obtained from the U.S. Census:

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2015_PEPSYASEX&prodType=table.

†These data represent an estimate of all HPV vaccine doses distributed in Arkansas. The 9-valent HPV vaccine is currently the only HPV vaccine available in the United States.

‡Estimated percentages of vaccine orders are based on the 11-year-old population estimate and national HPV vaccine ordering patterns over the last several years.

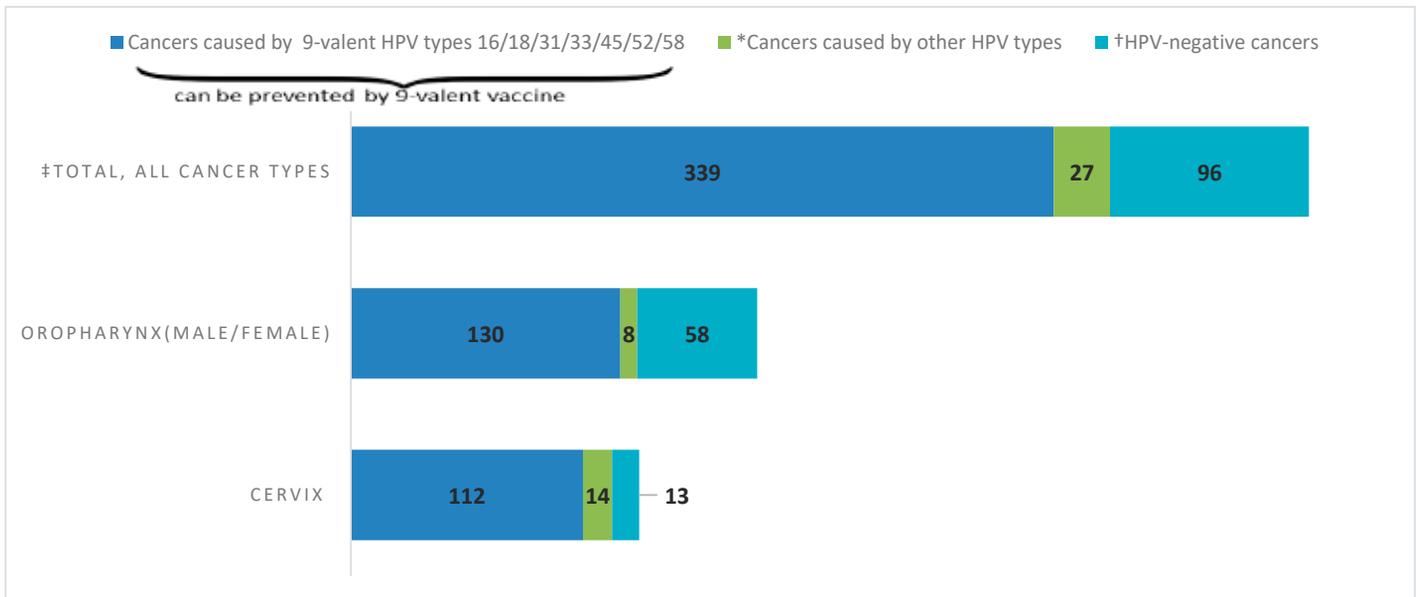


Human Papillomavirus (HPV) Vaccination Report: Arkansas

May 2018

Working Together to Reach National Goals for HPV Vaccination

Estimated number of HPV-associated cancers by cancer type and HPV type, Arkansas, 2010–2014



Source: Data are from population-based cancer registries participating in the CDC National Program of Cancer Registries and/or the NCI Surveillance, Epidemiology, and End Results Program, meeting criteria for high data quality for all years 2010 to 2014, (all registries except Nevada, covering about 99% of the U.S. population).

*“Cancers caused by other HPV types” are cancers caused by HPV types not included in the 9-valent HPV vaccine.

†“HPV-negative cancers” are those that occur at anatomic sites in which HPV-associated cancers are often found, but HPV DNA was not detected.

‡“Total, all cancer types” includes HPV-associated cervical carcinomas as well as squamous cell carcinomas at other anatomic sites, including the vagina, vulva, penis, anus (including rectal squamous cell carcinomas), and oropharynx. However, due to small numbers, data points for the following sites are not displayed in the graph above: vagina, vulva, penis, anus, and rectum.

- In Arkansas, an estimated total of 462 HPV-associated cancers were reported each year during 2010–2014. Of these, around 79% (366/462) were HPV-attributable and around 93% (339/366) could have been prevented with the 9-valent HPV vaccine, including 130 oropharyngeal and 112 cervical cancers. Of note, the majority (82%) of these oropharyngeal cancers occurred among males.
- Nationally, an estimated total of 41,000 HPV-associated cancers occurred in the United States each year during 2010–2014. Of these, around 79% (32,500/41,000) were attributable to HPV and of these, around 92% (30,000/32,500) could have been prevented by the 9-valent HPV vaccine, including 11,500 oropharyngeal and 9,400 cervical cancers (*data not shown in chart above*).

HPV-associated cancers are defined as invasive cancers at anatomic sites with cell types in which HPV DNA is frequently found. These anatomic sites include the cervix, vagina, vulva, penis, anus, rectum, and oropharynx (back of the throat, including the base of the tongue and tonsils). These cell types include carcinomas of the cervix and squamous cell carcinomas of the vagina, vulva, penis, anus (including rectal squamous cell carcinomas), and oropharynx.

HPV-attributable cancers refers to the proportion of HPV-associated cancers probably caused by HPV. These cancers are estimated by multiplying the number of HPV-associated cancers by the percentage attributable to HPV.¹ Based on a CDC study² that used population-based data and determined HPV types in cancer tissue, about 90% of cervical cancers and 70% of oropharyngeal cancers are attributable to HPV.

References

¹Viens LJ, Henley SJ, Watson M, et al. Human Papillomavirus–Associated Cancers—United States, 2008–2012. *MMWR Morb Mortal Wkly Rep* 2016; 65:661–666. DOI: <http://dx.doi.org/10.15585/mmwr.mm6526a1>

²Saraiya M, Unger ER, Thompson TD, et al. US assessment of HPV types in cancers: implications for current and 9-valent HPV vaccines. *Journal of the National Cancer Institute* 2015; 107(6):djv086.

Resources

- Centers for Disease Control and Prevention. Cancers associated with human papillomavirus by state, 2010–2014. USCS data brief, no. 2. Atlanta, GA: Centers for Disease Control and Prevention. 2017. <https://www.cdc.gov/cancer/hpv/statistics/index.htm>
- Centers for Disease Control and Prevention. Cancers associated with human papillomavirus, United States—2010–2014. USCS data brief, no. 1. Atlanta, GA: Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/hpv/statistics/index.htm>



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