

# CONNECTICUT FAMILY PHYSICIAN

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## Comments from The CAFP President

### Leadership

Sandra Hughes, M.D., President



In February I had the opportunity to attend the Ten State Conference hosted by the Indiana chapter of the Academy in the sunny state of

Florida. While most Ten State meetings focus on chapter activities, this meeting focused on leadership. Joining me from our Academy were Drs. Ed Kim, Fonda Gravino, and Kathy Mueller and Mary Yokose and Mark Schuman from our staff.

An entire day was dedicated to Tom Atchinson, President of Atchinson Consulting, a national leadership consultant, discussing leadership challenges in our every day environment. We all get busy in our day-to-day lives, but have you stopped to think about how you are leading those around you? Each of us may consider ourselves to be a leader, but it only holds true if someone is following.

As you work to lead your office, your specialty, your child's sports team, remember to look back and see if others are following you. Find ways to inspire others so that they want to contribute positively.

Leaders need to have good relationships with those around them. They need to find common values and positive behaviors. They need to point everyone in the right direction, while making sure others want to follow. They will follow if they understand the direction, know their role and feel valued. It takes a team to make change and it is important to allow others to help along the way.

BE the leader determining the future course. As Tom Atchinson said "Leaders lay the tracks. Managers make sure the train runs on time."

## Results Still Modest 2016 Match: Record Number of Graduates Choose Family Medicine

The 2016 Match saw the most medical students and graduates matched to family medicine in the history of the specialty.

Specifically, 3,105 graduating medical students chose family medicine in the National Resident Matching Program (NRMP), marking the seventh consecutive year that the number of students picking family medicine increased.

That upward trend is important, but the rate of increase isn't nearly enough to meet demand. Researchers from the Robert Graham Center for Policy Studies in Family Medicine and Primary Care have estimated the shortage of primary care

physicians will reach 33,000 by 2035. According to national health care search firm Merritt Hawkins, the family physician has been the most highly recruited role in the U.S. health care system for nine consecutive years.

"The bump up this year is the largest in the last several years for family medicine," said Stan Kozakowski, M.D., director of the AAFP Medical Education Division. "While this news is heartening and a step in the right direction, we should not be satisfied with these rather modest results. Far too few students are choosing family

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## CAFP Legislative Statements

*Editor's Note: The statements below have been presented to the Connecticut General Assembly. At the time of publication no action has been taken on these bills.*

### House Bill 5129; Senate Bill 67

This statement is submitted on behalf of the Connecticut Academy of Family Physicians concerning House Bill 5129 – An Act Concerning the Administration of Vaccines by Pharmacists and Medical Assistants and the Listing of Certified Medical Assistants and Senate Bill 67 – An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses.

House Bill 5129 would allow medical assistants (MAs) to administer vaccines and allow pharmacists to administer the flu vaccine to children. We support the delegation of administering vaccines to appropriately trained MAs, but cannot support the delegation of

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### Senate Bill 423

This statement is being submitted on behalf of the Connecticut Academy of Family Physicians concerning Senate Bill 423 – An Act Concerning Standards and Requirements for Health Carriers' Provider Networks and Contracts between Health Carriers and Participating Providers. Over the years we have come before this committee to stress the importance of our patients having access to the highest quality healthcare. This time is no different. While we applaud this committee for taking the beginning steps to make sure that our patients have that access, we share the same concerns about this bill that have been put forth by the Connecticut State Medical Society (CSMS).

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"Leaders become great, not because of their power, but because of their ability to empower others"

-John Maxwell

"While this news is heartening and a step in the right direction, we should not be satisfied with these rather modest results. Far too few students are choosing family medicine to meet the needs of our nation."

## CAFP Legislative Statements

*(Continued from page 1)*

**House Bill 5129; Senate Bill 67** administering the flu vaccine to children by pharmacists. MAs who are adequately trained and educated and certified by a nationally accredited organization to administer vaccines should be allowed to do so as long as they remain supervised by an onsite physician or APRN. This is the current supervision, and it must remain the same in order for us to continue to support MAs administering vaccines. Allowing MAs to administer vaccines would allow physician offices to serve a larger amount of patients seeking health care. Conversely though, we cannot support the administration of the flu vaccine to children by pharmacists. We understand that pharmacists are currently administering the flu vaccine to adults which we do not support, and we do not now support it for children. Our primary concern is the fragmenting of children's health care. We do not believe that it makes sense for children to be taken to multiple providers for the same service that can be received by their primary care provider. This is already happening for adults who sometimes receive a vaccine from their family physician and then receive it again from their pharmacist. If the legislature does approve the ability for pharmacists to administer the flu vaccine to children, they must be required to notify the patient's primary care physician if they have one or process the information through the vaccine database for the kids.

We also have concerns with Senate Bill 67. This bill makes numerous changes to the scope of practice for APRNs. This bill was introduced without having gone through the scope of practice process pursuant to CGS Sec. 19a-16d. This procedure was established within the Department of Public Health in order to thoroughly vet changes to scope of practice before it reaches the legislature. We question why that process was circumvented in this case. While some of the proposed changes may be technical in nature, others are not. We respectfully urge this committee to reject this bill so that it can go through the proper process and the proposed changes can be evaluated.

### Senate Bill 423

Our primary focus with the bill before you is to make sure that patients' access to health care is not met with unreasonable delay and that health plans have an adequate number of providers. We strongly believe that adequacy must be measured by the number of physicians actually practicing in Connecticut who are able to examine and provide care to a patient. It is insufficient to include physicians who are only available via telemedicine. Further, we agree with CSMS in that given the infancy of telemedicine and telehealth, any reference to it should be removed from the bill. Maintaining an adequate network should also mean that health care plans should not reduce the number of network providers without sufficient notice. The bill before you would allow a health carrier to reduce 24% of its providers before notifying the Commissioner. This is simply too high and significantly restricts access to a great number of patients. Adequacy of providers must also be addressed in tiered networks. With more and more health insurers using tiered networks, the adequacy of providers must be determined on a tier by tier basis, so that patient access is guaranteed access on each tier.

The bill before you is a good start to guaranteeing access. We hope that this committee will consider modifying the bill, and we are willing to offer whatever support we can in helping to ensure access to healthcare.

### Of Note...

- CAFP will be hosting the Ten-State Conference in 2018.
- **Dr. David Howlett** appeared on Connecticut Valley Views discussing "Challenges for Family Physicians as the Foundation of Population Growth".
- **Dr. Neil Brooks**, a CAFP and AAFP Past President, who also served many years on the AAFP delegation to the AMA, will receive the CAFP Award of Excellence at the 2016 Annual Meeting on October 19.

## Results Still Modest

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medicine to meet the needs of our nation."

U.S. graduates accounted for 1,481 or 48 percent, of the family medicine positions filled. That was an increase of 59 U.S. grads compared to 2015 and marked the largest single-year bump in four years. The number of U.S. seniors matching into family medicine was nearly 400 more than in 2009, the year before the seven-year stretch of improving match rates began.

Overall, primary care specialties had a 96.1 percent fill rate, which was similar to 2015. The number of positions offered in primary care increased by 42. Primary care positions accounted for 14.5 percent (4,053 of 27,860) of all positions offered. That figure lags far below recommendations. The Council on Graduate Medical Education, the Association of American Medical Colleges, the Robert Wood Johnson Foundation, the Pew Health Professions Commission and others have called for at least 40 percent of the U.S. medical graduates to enter generalist careers.

In the American Osteopathic Association Intern/Resident Registration Program, more than one-fourth of the 2,255 matches were in family medicine. "There is much we can learn from our osteopathic colleagues when it comes to promoting family medicine choice by medical students," Kozakowski said. "We look forward to greater collaboration with them on this vital topic." The United States invests about \$15 billion a year on financing graduate medical education (GME), but AAFP President Wanda Filer, M.D., M.B.A., said taxpayers aren't getting their money's worth. Instead, the country has a fragmented health care system with a heavily specialized workforce. "One-fourth of all medical students are AAFP members," Dr. Filer said. "We're working to close the deal with more of them. We have to do more."

"The bill before you would allow a health carrier to reduce 24% of its providers before notifying the Commissioner. This is simply too high and significantly restricts access to a great number of patients."

## Office Preceptors Needed

By Richard Harrison-Atlas, M.D.

*Editors Note: Dr. Harrison-Atlas was in private practice in North Hartford from 1995-2015. He took UConn students throughout that time, and was promoted to Associate Clinical Professor in recognition of his longstanding and outstanding service as a preceptor. When Quinnipiac opened, he began taking a student from there, as well. He retired last summer.*

What if you could do something that was good for your country, good for primary care, good for your specialty and you could finally be paid for cognitive services? Would you do it? Of course you

would.

So why do such a small number of members of the Connecticut Academy of Family Physicians take students into their practices? I am not sure, but I think I can make some guesses as to the barriers: takes more time than I have and I am already near burnout, my patients won't accept students, I am not a great teacher, I don't want to be evaluated, I wouldn't know how to evaluate a student.

Unfortunately, many potential preceptors don't understand that all of these barriers have simple solutions that make it quite possible to integrate students into your office.

When you do, the benefits to you as a doctor, and as a warm, caring human being are huge. Almost certainly, your student will treat you as a mentor. You will be a breath of fresh air for the student who is often overwhelmed by the demands of medical school. You will be a role model. This is your chance to influence a student to love our profession or, at the very least, respect primary care. You will demonstrate for the student the art of medicine as well as demonstrate the ways a clinician integrates the art and the science for the benefit of their patients.

Teaching is done with a lower case "t". You are not lecturing –

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“Teaching is done with a lower case “t”. You are not lecturing – just thinking out loud. Your office becomes a “learning lab” for your student. “

## Q&A With New UConn Family Practice Chair

Dr. Montgomery Douglas, the new chair of the Department of Family Practice at the University of Connecticut School of Medicine, discussed his plans for the Department with CONNECTICUT FAMILY PHYSICIAN. What follows are questions and answers from that discussion.

**Q: Tell us a little bit about your educational background, training, hobbies and interests.**

**A:** My journey in CT began at the University of Hartford, where I did a bachelor's degree in Chemistry and Biology; followed by a medical doctorate at Cornell, then family medicine residency at the University of Rochester, in NY.

My favorite hobbies are singing and dancing. It began in high school, which I attended in the Caribbean, where I was a calypsonian... followed by a reggae singing once I migrated here at age 19. I continued with the performing arts on the side through medical school, residency and core residency faculty, singing at Christmas and end-of-academic year events at school and work.

I have a big interest in community service, and that's the area that has taken the largest portion of my time outside of work, including church, the Knights of Columbus, and New York State Academy of Family

Physicians activities.

**Q: What is your vision for the UConn Family Medicine Residency Program?**

**A:** My vision for the UConn Family Medicine Residency Program (FMRP) is to make it the best that it can be, thereby making us available to help others meet the medical workforce needs of the State. The fact that Trinity, one of the largest Catholic hospital chains in the country, would choose St. Francis as their flagship hospital of the New England region, means that likewise we have the opportunity to be one of the flagship family medicine residency programs in the country... a place where avant guard concepts in population health and healthcare delivery reform can be tested and perfected before they are promulgated throughout their region. In particular, we are located opposite the Connecticut Institute for Primary Care Innovation (CIPCI), a joint venture between UConn and St. Francis. That means an opportunity to fully implement advanced primary care methods in our Family Medicine Center to transform patient care and medical education. A stronger UConn FMRP will be in a better position to assist in enhancing medical education at the undergraduate, graduate and continuing medical education levels across the state.

**Q: What about UConn convinced you to come back to CT?**

**A:** A number of factors convinced me to come back to CT. First was the way I feel about Connecticut in general and Hartford in particular, it having given me my start in life. I'll always remember coming here as a 19-year old immigrant with nothing but \$200 in my pocket. And somehow Hartford and CT gave me the opportunity to make myself a man, and propelled me into Cornell University Medical College after only 3 years as an undergraduate. Surely, that's a wonderful place to give back to. Secondly, I have lots of family here, more so than in New York; so it's a place where I would feel even more comfortable. Thirdly, I was captivated by UConn during the interviews: their readiness for family medicine, the people, the fit... just a place with tremendous potential.

**Q: What do you see as the role of the Academy and UConn in convincing future physicians to remain in the State of CT.**

**A:** We in the Academy and UConn should fight to bring true primary care to each and every resident of the State. Notice that I use the word “fight”. Why I say

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“We in the Academy and UConn should fight to bring true primary care to each and every resident of the State. Notice that I use the word “fight”. “

## Q&A With New UConn...

*(Continued from page 3)*

that is because this will require a comprehensive push on our part: the Academy, the university, the private sector, etc...essentially following the blueprint laid down by Family Medicine for America's Health (<http://www.stfm.org/FamilyMedicine/Vol47Issue8/Stream595>) (FMAHealth. The Future of Family Medicine project 2.0).

By doing this, it will automatically improve our working conditions, elevate primary care in our State, and achieve the Triple Aim. Did you see the AAFP's tag line: "Strong Medicine for America"? To some, that doesn't seem very family medicine-like. But actually, that's exactly what I'm talking about. And doing this will drive family medicine into a more attractive space in the State, which will not only convince more family physicians to remain here, but draw more of us into Connecticut. In this endeavor, the university and Academy should work hand-in-hand to bring this to fruition.

**Q: How important is ABFM to the future of quality medical care?**

**A:** The ABFM is vital to the future of quality medical care, because it's the organization responsible for setting the standards for the specialty, and is an independent voice assuring the public that our diplomats are adhering to the basics of quality medical care. Of the profession but for the public, it performs an essential role in vouching that we are operating at acceptable professional standards, are engaged in lifelong learning, are maintaining an acceptable level of medical knowledge, and have what it takes to improve our practice. Without these the-buck-stops-here brick walls, our brand would suffer irreparable harm, and so would quality medical care. Also, the ABFM is – and always has been – a leader in the American Board of Medical Specialties, and so has a huge impact on quality medical care across the profession.

**Q: With the increased role of APRNs and the proliferation of pharmacy clinics how does family medicine maintain its rightful place as the primary delivery of family healthcare?**

**A:** We do that by adjusting our

stance to better meet the needs of the public. This will involve expanding our role in the healthcare system so we are better able to claim our true calling as captain of the ship. Bear in mind that the proliferation of retail clinics, and the graduation of increasing numbers of APRNs is in response to the shortage of primary care.

What about us finding ways to better meet the 4 C's of primary care: Comprehensiveness, doctor of first Contact (Accessibility), Continuity, and Coordination (or better yet, integration)? Expanding our role will mean adopting advanced primary care methods in our practices so we can be more impactful, becoming more not less comprehensive in our scope, and better defining the role of APRNs and PAs in our practices, etc. (actually, a large percentage of us already work closely with APRNs).

All these concepts are outlined in FMAHealth, and the family of family medicine organizations have invested heavily in it, committing \$20 million, and I find it an excellent blueprint in which each of us can have a role in implementing.

"...the ABFM is - and always has been - a leader in the American Board of Medical Specialties, and so has a huge impact on quality medical care across the profession."



*The CAFP Board welcomes representatives from the State's newest Family Medicine Residency Program Eastern Connecticut FMRP. Seated Left to Right are Cesar Fuentes, MD, Anthony Sampino, DO and Daniella Robinson, DO.*



*CAFP Past President Stacy Taylor and State Representative Michelle Cook at Physicians' Day at the Capitol.*

## Medical Director of CVS Clinics Outlined Clinic's Role For CAFP Board of Directors

Dr. Sachin Parekh a member of the Connecticut Academy and Medical Director for CT's CVS MinuteClinics recently spoke to the CAFP Board. He shared the collaboration principles of CVS, which include support of the Patient Centered Medical Home and supporting the notion that all patients should have a PCP. CVS recently announced a partnership with the "Health is Primary" Campaign, which is a formal relationship with the American Academy of Family Physicians and seven other Family Medicine focused groups. For more information on the Health is Primary Campaign, visit [www.HealthIsPrimary.org](http://www.HealthIsPrimary.org).

Dr. Parekh detailed that the APRNs employed by the MinuteClinics in CT work under a defined scope of practice, use Evidence-based clinical guidelines, connect patients with medical home practices, have EHR connectivity and provide a supportive role in chronic care, without assuming the primary role.

CVS MinuteClinics are supposed to ask their patients if they have a PCP, if not a list of local physicians is provided to them. To verify you are on the list of available physicians, Dr. Parekh suggests contacting your local CVS clinic.



*Sachin Parekh, MD, FAAFP, Medical Director for CT's CVS MinuteClinics, addresses the CAFP Board.*

### Of Note...

- **Dr. Alan B. Douglass** of Connecticut and **Dr. Russell G. Maine** of Washington State have been jointly nominated for the AAFP Exemplary Teaching Award. They developed an innovated curricular for oral health.

### New CAFP Members Welcome:

Montgomery B. Douglas,  
MD. FAAFP.  
Farmington, CT



*CAFP President Dr. Sandra Hughes and her State Senator Tony Guglielmo discuss topics during Physicians' Day at the Capitol.*

## Great Book by Academy Member

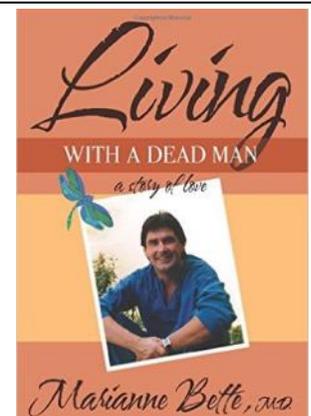
Dr. Marianne Bette, a past president of the Academy, has written a beautiful book entitled "Living with a Dead Man: A Story of Love".

The story starts with a gripping tale of sitting in an oncologist's waiting room not as a doctor, but as a cancer patient's wife.

While Marianne never anticipated becoming an author, sometimes

there is a story that just won't "let you go," she said. Her husband Thom asked her to write the book. It took 12 years to complete.

The book is available through Amazon. It is a story every family physician should read.



### CAFP Mission Statement

The mission of CAFP is to promote excellence in health care and to improve the health of the people of Connecticut through the advancement of the art and science of Family Medicine, the specialty of Family Medicine and the professional growth of Family Physicians.

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### Preceptors Needed (Continued from page 3)

just thinking out loud. Your office becomes a “learning lab” for your student. Nothing unsafe will ever happen to a patient because you double check all the important things. In your office the student will learn how to speak to patients, how and what systems to examine, and by the end of the third year how to form assessments and plans. If you work out of more than one exam room the student can take time with a patient in one room while you do the throughput in the other rooms. You can stay on time.

You will find the interaction with the students fascinating. They will teach you new things from school as you teach them. You may find at the end of the day as you drive home, that you spend more time thinking about the student and their education than you think about a particular patient. You will

develop skills to help get the student to the next level of performance. It is a very creative interaction, and yet it happens quite naturally for most of us. Family Doctors are all teachers. Students can be “super patients”.

Take a student (there are continuity programs at UConn and Quinnipiac in which a student comes one afternoon a week for the first two or three years of school and there are third year Family Medicine Clerkships when a student comes to the office daily for 6 weeks) and the rewards for you will be tremendous. Office staff will enjoy them, patients (who are given the choice of seeing them or not) will like seeing you as a teacher, and they will often appreciate the extra time they get to talk about their problems. Sometimes you, as mentor, will make a connection for life.

And as far as cognitive services being paid for – you won’t get rich,

but the medical schools will send a check at the end of the year as a way of saying thanks. You won’t need it. You will feel so good about what you did.

**If you are interested in serving as a preceptor, contact:**

**At UConn – Kenia Mansilla-Rivera, MD, Director, Medical Student Education and Clerkship Director, Department of Family Medicine UConn Health School of Medicine, [mansilla@uchc.edu](mailto:mansilla@uchc.edu);**

**At Quinnipiac – Khuram Ghumman, MD, Clerkship Director, Department of Family Medicine, Netter School of Medicine, Quinnipiac University, [khumram.ghumman@quinnipiac.edu](mailto:khumram.ghumman@quinnipiac.edu);**

**Or Mary Yokose, Academy Deputy EVP, at the CAFP Office: [myokose@ssmgt.com](mailto:myokose@ssmgt.com).**