

# CONNECTICUT FAMILY PHYSICIAN

Vol. 13 • Issue 2 • April 2013

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## CAFP Represents Members at General Assembly

Throughout March and early April, the Connecticut Academy of Family Physicians represented its members at numerous public health committee hearings at the Connecticut General Assembly on a variety of health issues. These ranged from concern over Advanced Practice Registered Nurses wanting independent practice to tort reform and prohibiting smoking, to mention a few.

On March 30, 2013 Dr. Roy Zagieboylo presented brilliant testimony to the public health committee opposing House Bill 6391, which would allow Advanced Practice Registered Nurses to practice independently. Dr.



Zagieboylo told legislators that with 30 million Americans gaining insurance coverage, we need more primary health care providers – more nurses **and** more doctors – working together in coordinated, integrated health-care teams. He further stated that providing care in underserved parts of our country requires us all to work together creatively to build and implement new and better models of team-based care. Each layer of the patient-centered medical team must build on each other and not stand isolated. The physician-led team-based approach ensures that the patient gets the right care from the right healthcare professional at the right time.

“As a teacher, I recognize what physicians do is not easy,” Dr. Zagieboylo said. “On occasion, an intern has not been able to complete his or her residency because he or she did not have what it takes to take care of patients independently. That is,

## Congratulations, Updates, Notifications and News Items

*By Ross Winakor, M.D., FAAFP, CAFP President*



Let’s start this message by congratulating some, updating others and simply making some notifications to all.

First of all, congratulations are in order for all those who participated in this year’s “Match.” Family Medicine as a whole experienced a nice year-over-year improvement, and all the CT family medicine residency training programs filled with sought-after qualified candidates. I would also like to congratulate all of those UCONN (and a few Yale, too!) students who matched into family medicine programs both within CT and scattered throughout the

country.

Our state chapter was recently commended for having all our outgoing resident members at the various programs within the state transition into active membership. Also, CAFP was ranked #2 in the 2011-2012 chapter percentage ranking for FamMedPAC donations.

Many of you are also aware that we have been active at the Capitol and within the state legislature commenting on and advocating for or against various healthcare-related bills. I would personally like to thank Dr. Roy Zagieboylo for his candid and passionate testimony relating to the current APRN

*(Continued on page 5)*

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## New Tools Clarify Transitional Care Management CPT Codes

Family physicians who serve Medicare patients are scrambling to understand the intricacies of two new CPT codes created to cover transitional care management (TCM) services. Specifically, codes 99495 and 99496 were approved by CMS last fall and became available to physician practices in January. The CPT codes cover services provided when a patient's condition requires moderate- (99495) or high-complexity (99496) medical decision-

making as the patient is transitioning from inpatient hospital care to his or her home or another community setting.

The AAFP has created two free tools to help members get comfortable assimilating the new codes into their billing processes.

The first tool, a frequently-asked-questions (FAQ) document provides concise answers to 21 basic questions about the new codes. For example, the

FAQ sorts out

- When to use TCM code 99495 versus 99496,
- Coverage of services delivered in a manner other than face-to-face,
- Expected payment for each code,
- Specific time elements associated with the new codes, and
- Circumstances that would limit physician use of either TCM code.

The AAFP also created a transitional care management 30-day worksheet designed to help FPs log important information in the patient's transitional care summary, including must-have dates and discussion notes regarding

- Interactive contact and seven-day and 17-day face-to-face visits,
- Medications at discharge and medication changes or adjustments,
- Collaboration with other health care professionals, and
- Delivery of patient education about his or her illness or disease.

The worksheet also helps physicians assess and tabulate the level of their medical decision-making – be it moderate or high – during a patient's care transition. The last line on the form reminds FPs to submit billing 30 days after the patient's discharge.

### New CAFP Members

#### Welcome:

Dionne K. Castillo, M.D.  
*Stamford, CT*

Laura Arnheim Danis, D.O.  
*Waterford, CT*

James R. Doran, M.D.  
*Ellington, CT*

Dahlia Fabreau-Herz, M.D.  
*Stamford, CT*

Narjes Ferjani, M.D.  
*Torrington, CT*

Michael Todd, M.D.  
*Norwalk, CT*

Fikisha L. Warden, M.D.  
*New Haven, CT*

### Practice Opportunity

Community Health Services is undergoing a large amount of transition. This is resulting in short staffing. The Adult Medicine Department has the most severe shortage. As such, they are looking for assistance from the community as we increase our recruitment efforts. Please see the note below regarding some opportunities.

Interested in working for an organization whose mission is to improve healthcare access and eliminate health disparities within the community by providing quality, comprehensive, culturally proficient, primary and preventive healthcare services with respect and dignity, regardless of socio-economic status, with emphasis on the underserved and uninsured?

We have several openings for Internists or Family Practice Physicians within our Adult Medicine Department, and are flexible and open to options which might fit your schedule and availability.

Community Health Services is open generally from 8:30 a.m. – 5:30 p.m. with some evening and weekend hours and, if you would like to work 40 hours a week, or just 8 hours a week, we would love to discuss the opportunities available. Please contact Tarannum Syed, [tarannum.syed@chshartford.org](mailto:tarannum.syed@chshartford.org) for opportunities or more information.

## CAFP Represents Members at General Assembly (continued from page 1)

despite the fact that they completed four years of college and four years of medical school and had more clinical training than an APRN has when finished with all of the APRN training," he said.

Dr. Zagieboylo also noted that "it takes years of hands-on training backed up with a medical school education to become a competent independent practitioner. In order to provide the best possible healthcare and protect the public, the Academy thinks it is essential that anyone practicing independently have the highest education and training and we do not believe that the educational and training requirements of an APRN are designed to allow for independent practice," he said.

**At the time of publication, the Academy learned that the Public Health Committee refused to act on the bill this year.**

In early April, the Academy submitted testimony in strong opposition to house bill 6687-An Act Concerning Certificates of Merit (AACCM). The Academy noted that it has come before this committee many times over the past several years to advocate for medical malpractice reform and today it submitted this statement to urge legislators not to weaken one of the few protections that physicians have left.

This bill attempts to erode the Certificate of Merit system in place of medical malpractice cases. Certificates of Merit are meant to deter frivolous and

weak claims and reduce unnecessary lawsuits by requiring that an attorney or claimant cannot file a medical malpractice lawsuit unless he or she has made a reasonable inquiry under the circumstances to determine that grounds exist for a good faith belief that the claimant received negligent medical care. The complaint must contain a Certificate of Merit, which is a written, signed opinion from a "similar healthcare provider."

The requirement "similar healthcare provider" is an important one, which this bill seeks to weaken or eliminate. "Different medical specialties," the Academy said, "have different prevailing professional standards of care and it would be incredibly unreasonable to think that a psychiatrist would be able to comment on a possible breach by an oncologist. In this case, one medical professional treats mental illness and the other treats cancer."

The Academy concluded by stating that the medical malpractice system is already broken, and the court system is already overburdened, yet the proponents of the bill before the legislature are attempting to weaken one of the safeguards put in place to guard against frivolous lawsuits. On March 15, the Connecticut Academy submitted strongly worded statements supporting Senate bill 990-An Act Concerning Smoking Policies and Prohibiting Smoking in Certain Areas, and the Academy respectfully urged the public health committee to support this bill.

In its testimony, the Academy said that Senate Bill 990 would tighten current restrictions on smoking to include electronic cigarettes and the definition of smoking, prohibit smoking in certain areas outside of facilities where smoking is prohibited and redefine business facilities for the purpose of smoking prohibition. The Academy supports anything that the legislature can do to curb smoking and the inhalation of second-hand smoke.

The Academy also told legislators that it attempts to combat smoking through participation in the TARWARS program. This program is presented voluntarily by members of the Academy to fifth-grade children. While the TARWARS program has been helpful in protecting children from starting to smoke, it cannot prevent children and adults from being exposed to second-hand smoke. The dangers, the academy said, from smoking and from second-hand smoke are endless and CAFPA urged the committee to pass Senate Bill 990.

On the issue of gun control, the Academy supports the position of the American Academy of Family Physicians, which is reproduced elsewhere in this issue of CONNECTICUT FAMILY PHYSICIAN.

Complete copies of the CAFPA statements to the Connecticut General Assembly can be found at the CAFPA website at [www.ctafp.org](http://www.ctafp.org).

"The Academy supports anything that the legislature can do to curb smoking and the inhalation of second-hand smoke."

## Ranks of Family Medicine Residents Grow for Fourth Consecutive Year

Medical student interest in family medicine continued its growth this year, according to the 2013 National Residency Matching Program results just released. This year, family medicine training programs attracted 2938 students compared to 2611 in 2012. This year's Match numbers are

higher than the total 2764 positions offered last year. This year's "fill rate" also rose to 96 percent, up from the 2012 rate of 94.5 percent.

Jeffrey Cain, M.D., president of the American Academy of Family Physicians, said. "If we're going to successfully re-

balance the health care workforce on primary care medicine, we need to build the number of U.S. medical school graduates choosing family medicine. This means we must strongly advocate for health care education and workforce policies that foster interest in family medicine among U.S. medical students and continue support for programs such as the national Health Service Corps and primary care health professions grants under Title VII of the Public Health Services Act. Everyone should have a primary care physician in the patient-centered medical home."

"Students increasingly realize that family physicians can practice the kind of medicine they had envisioned when they decided to become a doctor," Cain said. "They realize they can provide team-based, comprehensive care that is focused on the patient's needs."

*Editor's Note: Approximately one in four of all office visits are made to family physicians. That is 240 million office visits each year – nearly 87 million more than the next largest medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.*

### 2013 Symposium

October 23-24, 2013

Aqua Turf Club

Plantsville, CT



Quality medical education leads to improved patient care. Two days of outstanding lectures and workshops will be presented during the 2013 CAFP Scientific Symposium.

**Save the Date!**

## Social Media & CAFP!

CAFP is now on Facebook and Twitter! Do you “follow” us on Twitter? Did you “Like” us on Facebook??

If not – here are a few easy steps to help you join us in the Social Media CRAZE!

If you don't have a Facebook account, you can sign up for one in a few easy steps. To sign up for a brand new account, enter your name, birthday, gender and email address into the form on [www.facebook.com](http://www.facebook.com). Then pick a password. After you complete the sign up form, Facebook will send an email to the address you provided. Just click the confirmation link to complete the sign up process.

Once your account is established, log in. In the search box, type Connecticut Academy of Family Physicians. Click the Like button. It is that easy to become of fan of the CAFP on Facebook. Anytime CAFP posts it will show up on your newsfeed.

If you don't have a Twitter account, go to [www.Twitter.com](http://www.Twitter.com) and find the sign up box, or go directly to <https://twitter.com/signup>. Enter your name, your email address, and a password. Click Sign up for Twitter. On the next page, select a username – type your own or choose one that Twitter has suggested. They will tell you if the one you want is available. (Usernames are unique identifiers on Twitter.) Click Create my account. (You may be asked to complete a Captcha to let them know you are human.) Next you just need to begin finding and following accounts that interest you. Following others means you are subscribing to their Tweets.

Once your Twitter account is established, log in and search for @CTAFPDOC and click Follow.

CAFP looks forward to increasing communications with our members through social media.



## Congratulations, Updates, Notifications (*continued from page 1*)

scope of practice and proposed independent practice legislation.

At the chapter Board level, we are actively discussing various reimbursement models and how best to help you achieve various quality care initiatives. We are actively disseminating information on various new codes (such as the new “transition of care” codes). We are also in active discussions in various national committees promoting family medicine, and we are monitoring various scope of practice issues and being a resource for family physicians within the State, regardless of practice

style or size.

Dr. Edmund Kim and I spent a few days recently in New York discussing many pertinent regional and national concerns with colleagues and public health officials in our annual “Ten State” meeting. APRN and other allied health clinician independence are currently being widely debated in many locales and maintaining and increasing student and resident interest in our craft and specialty were commonly reviewed and networked themes.

To all of our members – complaints and concerns want to be heard – if something has af-

ected you in what is perceived in a negative way, then chances are it might have affected others as well. Many issues are known to us, but many others maybe not. Please call or email any concerns or notifications that you might have so that we can continue to enhance the family medicine community and the practice climate within Connecticut. My email is [rwinakor@gmail.com](mailto:rwinakor@gmail.com). The email of Mark Schuman, our Executive Vice President is [mschuman@ssmgt.com](mailto:mschuman@ssmgt.com).

## Of Note...

- **Mark Schuman**, CAFP Executive VP, received the thanks of the AAFP for his three years of service on the AAFP Commission on Membership and Member Services.
- **Dr. John Foley**, a speaker at the CAFP symposium and current CSMS president, donated his speaking honorarium to Safe Futures, which is formerly the Women's Center of Southeastern CT.
- **Nyasha George**, the Yale student rep to the CAFP board, was awarded the CAFP Global Health Scholarship and will travel with the Health Horizons International (HHI) team to the Dominican Republic in May.
- **CAFP** was ranked number 2 in the 2011-2012 chapter percentage ranking in support of the AAFP FAM MED PAC.

## AMA Board Candidate Meets with CAFP

Dr. Michael Deren of New London, a past president of the Connecticut State Medical Society and the New London County Medical Association, who is running for the Board of Directors for the American Medical Association, met with the CAFP board on March 13, 2013.

Dr. Deren outlined the issues of importance to him as he seeks a position on the AMA Board, and he discussed with Academy officials those issues of primary importance to family practice here in Connecticut and throughout the United States.

Dr. Deren has had a long relationship with CAFP staff and Academy officials such as Drs. Neil Brooks and Don Timmerman and clearly understands the role of family physicians in CT.

### Leading the News

The AAFP is urging Congress to invest in the nation's primary care workforce by providing adequate funding levels in the 2014 fiscal year budget for programs that are vital to the education and training of family physicians. In written testimony submitted to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education, the AAFP reminded lawmakers that the United States faces a shortage of primary care physicians at the same time that millions more patients may be gaining access to the health care system as a result of health care reform.

## Residents and Students to Meet

The AAFP National Conference for Family Medicine Residents and Medical Students is *the* place to explore, learn and connect for three family medicine-filled days. It will be held August 1-3, 2013 in Kansas City, Missouri.

The benefits for residents and students who attend are many and include:

- A chance to build leadership skills and influence AAFP policy through the Student and Resident Congresses.
- An Expo Hall with more than 400 exhibitors including residency programs, physician employers, and

representatives from medical missions and fellowships.

- The opportunity to connect with family medicine leaders, physicians, residents, and medical students from all over the country, who all share a passion for family medicine.
- Fantastic speakers who share the real ins and outs of their careers in family medicine.
- Workshops, procedural skills courses, and main stage sessions that strengthen core competencies.

## AAFP Positions on Firearms, Handguns and Assault Weapons

The American Academy of Family Physicians supports strong and robust enforcement of existing federal, state, and local laws and regulations regarding the manufacture, sale and possession of guns. Increased efforts to enforce current laws on illegal gun trafficking should have high priority for federal, state, and local law enforcement agencies.

The American Academy of Family Physicians opposes private ownership of assault weapons.

The Academy strongly supports legislations restricting unsupervised access to both firearms and ammunition by children under 18 years of age.

The Academy supports efforts to evaluate the effectiveness of regulations, interventions, and strategies for preventing injuries and fatalities caused by firearms.

### **CONNECTICUT FAMILY PHYSICIAN** is

published by the Connecticut Academy of Family Physicians and is made possible in part through unrestricted grants from:

- **Connecticut Medical Insurance Company**
- **Core Content Review of Family Medicine**

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Vol. 13 • Issue 2 • April 2013

*Connecticut Family Physician* is published by the Connecticut Academy of Family Physicians (CAFP). Views and opinions published in the *Connecticut Family Physician* are not necessarily endorsed by the CAFP.

## Top Ten Smartphone Apps for Family Physicians

*By Keith Sinusas, M.D.*

*CAFP Member*

### #10 – NEJM This Week

- Full text of NEJM for the current week with images from recent cases

### #9 – ICD9

- Free and quick way to find ICD-9 codes

### #8 – AFP by Topic

- Free and complete listing of all articles in American Family Physician for last few years

### #7 – Pub Med Mobile

- Free searches of all of the National Library of Medicine

### #6 – MD Consult/First Consult

- MD Consult is an internet search engine and First Consult is an app similar to 5 Minute Clinical Consult

### #5 – AHRQ ePSS

- Free and complete listing of all the recommendations of the US Preventive Services Task Force

### #4 – Shots by STFM

- Free and complete immunization schedules for children and adults

### #3 – Medscape

- Free and searchable database with medications, disease information, and procedures

### #2 – Med Calc

- Free catalog of over 200 medical formulas, including BMI, peak flow, and a unit converter

### #1 – Epocrates

- Free database of prescription medications with info on dosing, drug interaction, and more

