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An Active 2015 Legislative Session

The 2015 legislative session is underway at the state Capitol. Over the past few months, several bills of interest to the medical community have been introduced and have been heard in various committees. Committees have recently begun voting on bills and will soon reach their deadlines to act on bills. Below are some of the many bills that are currently being considered by the legislature.

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Extension of Health Insurance Coverage

Bills extending health insurance coverage to telemedicine services, hearing aids, orally and intravenously administered medications, abuse deterrent opioids, and the treatment of mental and nervous disorders have all been heard at the Capitol. While medicine has always taken the position that insurance coverage should be provided for what a physician deems as medically necessary, there are some concerns with how the above bills are written. Medicine, including the Academy, will continue to support these initiatives, but will make sure that the bills are written in a way that protects patients and physicians.

Compassionate Aid in Dying for Terminally Ill Patients

CSMS opposes, as does the Academy, HB7015. The Academy Board felt it could not support the measure because by doing so the Academy would be turning its back on the oath physicians take to practice medicine with integrity and proper ethics. Having said that, individual Board members were sympathetic with the compassionate nature of the bill.

Managed Care Related Issues

Once again a bill that would establish cooperative health care arrangements has been introduced and is being supported by medicine. In addition, a bill concerning healthcare provider network adequacy has also been introduced. This bill would require health care insurers to make sure that an adequate number of physicians are available to provide network enrollees complete and efficient access to health care services. Medicine is supporting this bill.

Medical Malpractice

Medicine continues to advo-

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SGR Fix Passes House; Senate Delays Vote. Contacts Needed.

By a sizable majority, the House yesterday approved a bill to repeal Medicare's sustainable growth rate. This is a rare bipartisan victory for Congress. However, the Senate has lessened any momentum by deciding to wait until after Congress' two-week spring recess to finish the legislation.

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Physicians are scheduled to be hit with Medicare cuts April 1.

To understand what the House passed, USA Today notes the measure would repeal the SGR formula "and replace it with one that would increase payments to doctors by one-half of 1% every year through 2019." After that, physicians would receive bonuses or penalties depending on performance scores from the Federal government.

The bill passed the House by a vote of 392-37 on Thursday and was expected to clear the Senate with little difficulty. However, given the Senates unfortunate inactivity, it is more important than ever that everyone contact their Senators urging them to pass the bill upon their return.

U.S. Senator Richard Blumenthal

Tel: 202-224-2823
Washington, DC

Tel: 860-258-6940
Hartford, CT

U.S. Senator Christopher Murphy

Tel: 202-224-4041
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Hartford, CT

An Active 2015 Legislative Session *(Continued from Page 1)*

cate for medical malpractice reforms such as supporting legislation that addresses expert witness certification and advocating for immunity for physicians who provide volunteer services. While advocating for some reforms, medicine is also opposing others such as a bill that would extend the statute of limitations for negligence actions brought by a minor. Medicine continues to advocate that tort laws need to be strengthened not weakened.

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Acquisition of Physician Practices

A bill requiring that physician practices receive approval from the Commissioner of the Department of Public Health and the Attorney General prior to entering into an agreement to transfer assets or operation or change of control of the practice to an insurer has been introduced. While medicine supports the spirit behind the bill which is to ensure that certain such transfers of practice are in the best interest of those receiving care and not simply seen as a financial transaction for the benefit of a for profit insurance entity, there are concerns with the bill. Medicine testified that it cannot identify ANY situation in which any portion of ownership of a physician's practice by an insurer is appropriate, advocating that even with certain approval by the state, the ability for insurers to purchase and own physician practices will only strengthen their ability to dictate care and could in a way add a monopoly power as well.

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Other Bills:

Definition of Urgent Care Clinic

This bill would establish a definition of urgent care clinics so that patients know what type of medical services are provided. Medicine is advocating that any clinic that may call itself urgent care must be able to actually provide the types of services that a patient would consider urgent. Medicine supports the definition, but continues to work with the legislature to work out the details.

Practice of Homeopathy

Medicine is opposing a bill that would recognize nationally-certified classical homeopaths and allow those persons to practice homeopathy. Medicine is opposed to allowing a group to practice health care without licensure and normal DPH oversight.

Nutrition Advisory Council

Medicine is supporting the creation of a nutrition advisory council.

Off Label Prescription Drug Coverage

Medicine is advocating that any state legislation concerning off label prescription drug coverage be consistent with AMA standards.

E-Cigarettes

Medicine is supporting a bill that would prohibit the use of E-Cigarettes in school and requesting that the bill be expanded to prohibit the use of E-Cigarettes wherever the use of tobacco is prohibited.

Medical Assistants

A bill that would create a pilot program to allow medical assistants to administer medications is being considered by a Public Health Committee.

As the session continues to progress we will continue to keep members updated on important legislation.

Operation Recertification

By Johvonne Claybourne, DO, CAFP President

I wanted to share with you the most pressing item on my professional to do list these days: Board Review. I am taking my exam in April and I am confident that many of you will be joining me in this endeavor. In fact, I'm counting on it. I don't like standardized tests and it helps to think that you are coming with me. This journey to recertification started almost 1 year ago. I started by asking my colleagues who had passed their exams in April what review sources they recommended. Most told me to use American Family Physician quizzes in conjunction with The Core Content Review of Family Medicine. A few others used live board review courses or self study programs produced by the American Academy of Family Physicians.

Armed with this information and the old adage "misery loves company", I partnered with a colleague. We decided to use Core Content as our main review tool. The Core Content Review

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Operation Recertification *(Continued from Page 2)*

of Family Medicine is a self study, continuing medical education program prepared by the Connecticut and Ohio Academies of Family Physicians. There are 6 question booklets every year. We would complete the 75 review questions independently. During our monthly meetings, we would review the questions and complete the clinical set problem together. Since family medicine training allows for varied work experiences, review with another colleague can be helpful. For instance, my clinical practice has been skewed towards adolescents, gynecology and urgent care for the past several years while my study partner has more experience with chronic disease management. Therefore, our strengths and weaknesses are complementary.

In between our monthly meetings, we would review (read: skim in between patients at work) American Family Physician and complete the quizzes online. Admittedly, we were not as consistent with this portion of our independent study as we have would have liked. Our October review session occurred during the annual CAFP Symposium. I attend this meeting every year and always learn useful clinical pearls. During this meeting, the updated guidelines for lipids, hypertension and anticoagulants were reviewed.

Since the New Year, I have started to complete the board review questions on aafp.org. The questions are organized into quizzes by topic. Each quiz has 9-10 questions and can be submitted for CME credit. The final portion of my review includes a live board review course. This year, Connecticut was chosen as a site for AAFP's Family Medicine Board Review Express Live course. It was held in downtown Hartford at the Connecticut Convention Center March 26th-29th. I attended this course with my study partner.

At the time of this writing, I have several weeks left to prepare for this exam. I am thankful for the insight that I received from my recently recertified colleagues. I am also grateful to the authors of Core. The topics of the booklets are timely. The Core Board is committed to keeping us up-to-date. For example, I recently reviewed the latest information on Ebola and I am aware that questions about Chikungunya are in the works.

As my status changes from seeking recertification to becoming recertified, I am already thinking about giving back to those who have helped me. I am aware that the editors of Core are always looking for authors and I am strongly considering becoming an author in the near future. My study partner and I have discussed continuing our regularly scheduled learning sessions and making this shift as part of our commitment to lifelong learning. Studying for this exam has reminded us how much you learn and retain when you are teaching someone else. Will you join us?

If you are interested in participating as a faculty member item writer for CORE, I urge you to contact Mary Yokose, the Deputy EVP of the CAFP at myokose@ssmgt.com.

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AAFP Establishes New Member Interest Groups

The AAFP is committed to giving all members a voice within our increasingly diverse organization. Member interest groups (MIGs) have been created as a way to define, recognize, and support AAFP members with shared professional interests.

MIGs support members interested in professional and leadership development and provide connections to existing AAFP resources, opportunities to suggest AAFP policy, and networking events with like-minded peers.

Current AAFP MIGs include:

- Direct Primary Care
- Emergency Medicine/Urgent Care
- Global Health
- Hospital Medicine
- Independent Solo/Small Group Practice
- Oral Health
- Reproductive Health Care
- Rural Health
- Single Payer Health Care
- Telehealth

Visit aafp.org/mig to learn more, join a MIG, or start your own.

Join Atlantic Health Partners for the Lowest Vaccine Prices!

Atlantic offers our members the lowest prices for immunizations and can help you best prepare for flu season with an extensive range of Sanofi's Fluzone products.

Providing flu and other recommended vaccines may help strengthen the patient relationship and better maintain your office as the source for all immunizations and other preventative services.

In summary, Atlantic provides our members:

- Lowest prices for Sanofi and Merck vaccines
- Lowest prices for Sanofi's Fluzone and Medimmune's Flumist
- Vaccine reimbursement support and advocacy
- Medicare Part D Program so you can provide Shingles and Pertussis vaccines to seniors

We encourage you to contact Cindy or Jeff at 800-741-2044 or info@atlantichealthpartners.com to see how Atlantic Health Partners can benefit your practice.

Economic Impact of Family Physicians

In the increasingly fragmented world of health care, one thing remains constant: family physicians are dedicated to treating the whole person. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focusing on integrated care. Family physicians deliver a range of acute, chronic, and preventive medical care services while providing patients with a patient-centered medical home.

A 2007 study by the Robert Graham Center for Policy Studies used economic data from the IMPLAN database to evaluate the annual economic impact of family physicians on a state-by-state basis. Using Medical Group Management Association data, **one full-time family physician was estimated to create an average of five full-time supporting staff positions.** Using a linear input-output social accounting matrix, the direct, indirect, induced and total economic impacts of a family physician on their community were estimated.

In 2007, the economic impact of one family physician in the United States was $904, 696 on average, with sizable state-to-state variation. Multiplied by their total number nationally (according to the American Medical Association Masterfile), **family physicians generate a nationwide economic impact of $46,183,968,060 per year.** This is a conservative estimate, and doesn't include a number of intangible and tangible economic benefits of FPs, such as their contribution to the generation of income for other local health care organizations such as hospitals and nursing homes.

In addition to the vast array of health care services they provide, family physicians are obviously significant generators of economic activity in local communities. They serve as employers, consumers of goods and services and even generators of income to other health care organizations.

Family physicians contribute to the economic viability of the communities they serve. Therefore, states who chose to make an investment **in loan repayment, primary care residency training and tax incentives** for practice in underserved areas are not only providing health benefits to their residents, but will also see a return on investment for some of the most economically deprived areas of the state.

The impact per family physician per year in Connecticut is $1,090,518 and the impact of the entire CAFP per year is $527,955,975.

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June 12 Course on Direct Primary Care

On June 12, 2015, The Connecticut Academy of Family Physicians will be holding a program on Direct Primary Care.

Dr. Brian Forest, CEO of Access Healthcare Direct, a national network of direct care practices, will present "An Introduction to Direct Primary Care", followed by "Legal Aspects of DPC". This program will be held from approximately 8:00 am to 2:00 pm at the Crowne Plaza in Rocky Hill. Breakfast and lunch will be included.

Cost: Members:$30; Nonmembers $75; Residents and Office Staff: $20; Students: No charge

Given the nascent nature of the DPC movement, there is still a significant lack of resources to support family physicians in learning more about the model and in undertaking the transformational process. Due to the lack of available best practice guidance, several AAFP members that have begun converting into DPC practices have already gotten into significant difficulties with insurance carriers, state insurance regulators, or their existing patients.

The interest among family physicians in the DPC model is due to the fact that it empowers them to work directly with their patients and bypass the entrenched infrastructure of dealing with insurance carriers. Many of the everyday hurdles that family physicians have come to accept as simply the unavoidable pitfalls of practicing medicine are part of this infrastructure– such as the requirement for coding patient visits and managing claims for reimbursement. In short, the DPC model directly aligns high-value patient-centered care, physician autonomy, and an appropriate payment model which rewards family physicians specifically for taking care of their patients rather than for the volume of patients that can be seen in a single day.

The intent of the DPC Workshop series is two-fold:

- promote a broader awareness of the DPC model as a meaningful alternative to the traditional fee-for-service payment model among family physicians; and
- disseminate best in class tools and resources to support participants by equipping them to evaluate the DPC transformational process and to position themselves for success if they decide to become a DPC physician.

For more information and/or to register, contact Mary Yokose at the CAFP Executive Office, 1 Regency Drive, P.O. Box 30, Bloomfield, CT 06002 or myokose@ssmgt.com

"Cost: Members:$30; Nonmembers $75; Residents and Office Staff: $20; Students: No charge"

2015 Symposium

October 21-22, 2015

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 2015 CAFP Scientific Symposium.

Save the Date!

Social Media & CAFP!

Join the Social Media Craze with CAFP! CAFP is on Facebook and Twitter!

Like us on Facebook by searching for Connecticut Academy of Family Physicians.

Follow us on Twitter @CTAFPDOC.

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

Left to Right: Drs. Stacy Taylor, Ed Kim, and Kathy Mueller, all CAFP Past Presidents, and Dr. Johvonne Claybourne, current president, represented the CAFP at the recent 10-State Conference in Ohio.

The Core Content Review of Family Medicine

Why Choose Core Content Review?

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CAFP Mission Statement

The mission of CAFP is to promote excellence in health care and to improve the health of 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.

CONNECTICUT FAMILY PHYSICIAN

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