

# CONNECTICUT FAMILY PHYSICIAN

Vol. 12 • Issue 6 • December 2012

## New CAFP Members

### Welcome:

Giselle Andrea Aerni, M.D.  
*Hartford, CT*

Martin Canillas, M.D.  
*Plantsville, CT*

Marwan Haddad, M.D.  
*Meriden, CT*

Betsy K. Luka, M.D.  
*Middletown, CT*

Russell J. Munson, M.D.  
*Worcester, MA*

Robert John Perry, M.D.  
*Mystic, CT*

Andrew Tyler Putnam, M.D.  
*New Haven, CT*

Salman Saad, M.D.  
*West Hartford, CT*

Linda Jean Weiss, M.D.  
*West Hartford, CT*

## Drs. Ross Winakor and Edmund Kim Named to Lead The CAFP; Academy Holds Successful Symposium

Dr. Ross Winakor of Mansfield was installed as President of the Connecticut Academy of Family Physicians at the Academy's annual business meeting on Wednesday, October 24, 2012 at the Aqua Turf Club in Plantsville. Named President Elect was Dr. Edmund Kim of Hartford.

Dr. Stacy Taylor, the retiring CAFP President, received the AAFP Chapter President's pin and President's plaque from the Academy, recognizing her long service to the Academy and family practice.

Dr. Winakor received his medical degree from Tulane School

of Medicine and he completed his residency in family practice at the Hunterdon Medical Center. He earned a fellowship in primary care sports medicine at the University of Pittsburgh Medical Center.

In addition to his private practice at Mansfield Family Practice, Dr. Winakor has been an aviation medical examiner appointed by the Federal Aviation Administration since 2009. He is a member of the active medical staff at Windham Community Hospital in Willimantic.

A fellow of the American Academy of Family Physicians, Dr. Winakor is a diplomat of the



*Dr. Ross Winakor, newly installed President of the CAFP, presents retiring President Dr. Stacy Taylor with a President's plaque for what Dr. Winakor said was a job extremely well done.*

American Board of Family Practice with a certificate of added qualifications in sports medicine.

He has been a longtime member of the CAFP Board and served as Chairman of the Scientific Symposium for several years.

Dr. Edmund Kim, the new President Elect, is an Assistant Professor of Medicine at the University of Connecticut School of Medicine and the Assistant Director of Medical Informatics. He is a graduate of the Worcester Polytechnic Institute in Worcester, Massachusetts and the University of Connecticut School of Medicine. He completed his family practice residency at the UConn School of Medicine and was the Chief Resident in his third year. He is the recipient of the Society of

*(Continued on page 2)*

## Speaking to Our Children About Tobacco is Critical

*By Stephanie Fowler, M.D., Chair of the CAFP Tar Wars Committee*



I would like to thank the Academy and its Board of Directors for awarding me the CAFP Distinguished Service Award. When I received a letter telling me of the award, I was shocked to be selected. I have known and admired many of you since I transferred to UConn as a third year medical student in 1994. Seven years ago, I left private

practice in order to be a stay at home mom. To those of you caring for patients, I hold you in the highest esteem. Speaking at the CAFP Annual Meeting about tobacco use is an opportunity I could not turn down.

First, let me say why speaking to our children about tobacco is critical. We all know that tobacco has deleterious effects on the health and finances of families. These effects result in many stressors which ultimately

(Continued on page 3)

## Letter to the Editor

Dear Mark;

*Thanks again for a wonderful trip. I am really glad that we could make this happen. I appreciate all of your hard work to pull this off for me, but most important for your members. It was a wonderful Symposium.*

*The CME was outstanding, you had 2 national quality presentations, and you found a way to energize your students and residents. All in less than 48 hours!*

*Please thank Mary and the rest of your staff for all of their hard work. I look forward to seeing you in the future.*

Cheers,

*Reid Blackwelder, M.D.  
President-Elect, AAFP*

## Winakor and Kim Named to Lead (continued)

Teachers of Family Medicine Resident Teacher Award.

Prior to joining the UConn faculty, Dr. Kim spent five years in active family practice in Connecticut.

Prior to his election as President Elect, Dr. Kim served the Academy as its Treasurer, Secretary and Chair of the Annual Scientific Symposium for 2 years. He has been a member of the Academy Board since 2005.

The business meeting of the Academy was one of the highlights of the two-day Annual Scientific Symposium, which featured a variety of lectures on a broad range of medical topics. One of the highlights of the meeting was the presentation by Dr. Reid Blackwelder, the new President Elect of the American Academy of Family Physicians. Dr. Blackwelder brought members up-to-date on the AAFP policies concerning the Affordable Care Act and SGR issues.

Named to the CAFP Board of Directors at the annual business meeting were the following: Drs. Tonya Cremin of Trumbull, Emmanuel Kenta-Bibi of New Britain and Mod Pratinidhi of Vernon all for three years; Robert Carr of Southbury, Kathleen Vierieg of Cheshire and Roy Zagieboylo of East Hartford Past Presidents at Large; and Stacy Taylor of New Hartford as the Immediate Past President.

Drs. Drew Edwards of Prospect and Ayaz Madraswalla of Storrs were elected Delegate and Alternate Delegate respectively for two years to the AAFP Congress of Delegates. Currently serving as representatives to the Congress of Delegates are Drs. Craig Czarsty of Oakville and Domenic Casablanca of Shelton.

Joining the newly elected directors on the Board are: Treasurer Dr. Sandra Hughes of East Granby, Secretary Dr. Johvonne Claybourne of Hartford and current Directors: Drs. Frank Crociata of Torrington, Fonda Gravino of West Hartford,

Patricia Lampugnale of Glastonbury, Sarah Balfour of Watertown, Andrea Needleman of Woodbury and Michael Kalinowski of Middlefield.

## A New President Presents His Vision for the CAFP and Family Practice

*By Ross L. Winakor, MD, MPH, FAAFP*

*Editor's Note: Upon his installation as the President of the Connecticut Academy of Family Physicians, Dr. Ross Winakor addressed the Annual Business meeting and presented his vision for the Academy and Family Practice in the coming year. What follows is an edited version of his remarks.*



Let me just take a moment to give you a slice of who I am. I was raised in Norwich in the southeastern part of the state in a family where I was taught to do blue collar work and the meaning of altruism. Interestingly enough, I was also in this room about 30 years ago when my father was installed as the CT state chapter president for the American Optometric Association. I then "spread my wings" so to say and after venturing to several locales east of the Mississippi and completing both my FP residency and a sports medicine fellowship, low and behold, I returned to practice in Connecticut, in Mansfield, a town about 20 miles from where I was born and raised. That was 10 years ago. I joined what was then a 4 doctor private practice that employed 3 midlevel providers and about 20 staff members. While I

think I worked hard over the years to get to this point of standing before you today, I do have to be a little honest. I am the third member of my practice to be the CTAFP president so the grooming has been going on for a while. In addition to being a fulltime clinician I also own and assist running our small business – which as many of you may know is no small task in our ever changing federal and state healthcare and economic scene.

A tremendous amount has changed in family medicine and medicine at large in just these last 10 years. Pick your acronym, HMO/PPO/SGR/ACO/PCMH and the list goes on and on. Pick up a newspaper, read a column or blog, watch a debate, get on Facebook or Twitter and see that healthcare and healthcare reform is definitely one of the major players in this election season. Regardless of what side of the aisle each and every one of you sits, there are many potential changes looming on the horizon.

This is the most ambiguous political and regulatory time in my short practice career and from what I've been told the careers

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## Speaking to Our Children About Tobacco (*continued*)

affect children's abilities to be healthy and learn. As family doctors, it is easy for us to see how negative health behaviors affect generations. These negative impacts become magnified at the community, state and national levels.

The best way to combat nicotine addiction is to prevent our young people from even trying tobacco. This is becoming more challenging as tobacco companies are gearing their ads towards kids and creating tobacco products that look and taste like candy. 2% of Connecticut's 10 year olds smoke. 8% of middle school students use tobacco. Teenagers and young adults have the highest smoking rate than any other age group. 17% of 16-17 year olds smoke and 33% of 18-20 year olds smoke. The American Lung Association has given Connecticut an "F" for its efforts at tobacco prevention.

Tar Wars is an evidenced based program aimed at providing our children the skills needed to say, "No" to tobacco. My period as Chair of the CAFP Tar Wars Committee has taught me so much about our children and the curse of tobacco. The Interactive Tar Wars program encourages the students to develop their own reasons for re-

maining tobacco free. We discuss immediate effects of tobacco: poor hygiene, addiction, breathing difficulties, decreased ability to play sports, and decreased financial status (we actually calculate the costs of smoking). Each child shares a "dream" or goal in life and we demonstrate how staying tobacco free is a start to making those dreams possible. I end each program by asking the students to hang on to those dreams since I know the availability of tobacco to them is going to increase with time.

The Tar Wars presentation, which ranges anywhere between 30-45 minutes, is the most important part of the program. There is also a voluntary poster contest. The CAFP has sent the poster winner from Torrington to represent Connecticut to the past 5 National Tar Wars Conferences in D.C.

I hope I have sparked your interest in the program because we need to bring Tar Wars to fifth graders in other communities besides Torrington. For those of you who may feel as if you don't have time for Tar Wars, there is still a way to bring the program to your community. Five years ago, it was just me bringing the program to

students. Mayor Ryan Bingham has graciously hosted receptions for the top 3 winners of each of the six Torrington elementary schools. For the past two years, the program was greatly enhanced by Kali Rohr, a teacher working under a DPH grant.

Now, the schools are very enthusiastic about the program and Charlotte Hungerford Hospital wants to be involved. Torrington police officers involved in the D.A.R.E. program have expressed interest in collaborating with Tar Wars. The program does not need to be presented by a physician as long as the AAFP is always mentioned as the sponsor. I have had inquiries from nurses, health teachers, and other DPH workers who would like to present the program. Medical students and family practice residents are also willing to help.

If you have any interest in bringing Tar Wars to the fifth grade students to your community, please contact me. I will do all that I can to help you and your community embrace the program as well as mine has. I promise you that you will feel good about what you are doing and our children will reap the rewards from your efforts.

"The best way to combat nicotine addiction is to prevent our young peoples from even trying tobacco."

"Each child shares a 'dream' or goal in Life and we demonstrate how staying tobacco free is a start to making those dreams possible."



## 2012 Scientific Symposium and Annual Business Meeting Highlights



*Ross Winakor, M.D., right, of Mansfield, takes the oath of office from Dr. Reid Blackwelder, President-Elect of the American Academy of Family Physicians. Dr. Winakor will lead the CAFP in 2013.*



*Dr. Ross Winakor, newly installed CAFP President, outlines his vision for the Academy in 2013.*



*Mark Schuman, CAFP EVP addresses members at the business meeting luncheon.*



*Seated at the head table during the business meeting luncheon from left to right: Drs. Stacy Taylor, retiring President; Ross Winakor, newly installed President; Reid Blackwelder, AAFP President-Elect; and Mark Schuman, CAFP Executive Vice President.*

## 2012 Scientific Symposium and Annual Business Meeting Highlights



*Stephanie Fowler, M.D., left, receives the CAFP Distinguished Service Award for her outstanding work chairing and promoting the AAFP Tar Wars anti-smoking program. Making the presentation is Dr. Stacy Taylor, retiring CAFP President.*



*Although from Tennessee, Dr. Blackwelder became a UConn Husky fan, when he received a UConn sweatshirt.*



*Enjoying dinner following the first day of the Symposium are from left to right: Dr. Sandra Hughes; Katelyn Bette, the daughter of Dr. Marianne Bette; Mark Schuman, CAFP EVP; Dr. Bette; Mary Yokose, Associate EVP of the Academy; and Dr. Reid Blackwelder, President-Elect of the AAFP.*



*Dr. Kathy Mueller, left, receives a framed certificate from Mark Schuman, recognizing her 4 years of service on the Board of Directors of the Core Content Review of Family Medicine.*

## A New President Presents His Vision for the CAFP (continued)

“I love what I do in the exam room, interacting with patients of all ages, solving problems, being a colleague, a confidant, a lecturer and teacher.”

of many of you who have been in practice longer. I love what I do in the exam room, interacting with patients of all ages, solving problems, being a colleague, a confidant, a lecturer and a teacher. But, I am not as enamored with these ever evolving and more constrictive regulatory constraints on our day to day practices. It’s been well documented that family physicians can show how it’s done. We, as a group, have proven that we can provide better quality care at a lower cost. Payment reform for these concepts needs to be coming and coming soon if we are to continue jumping through the many hoops that have been lined in front of us. Many of us are getting frustrated, annoyed and to be honest a bit angry.

Patients are individuals, not widgets. Bean counting is for the public policy makers, but, unfortunately, we now find ourselves doing that every day under the umbrellas of various population care models and reporting initiatives. Are any of these things making the individual patient better, happier, healthier....I don’t know. Is it making it more onerous for us to care for the patient at hand....sometimes. Will it break the resolve of us to ultimately practice the craft we love and are trained to do....hopefully never. This is why advocacy is so important. The CTAFP and the AAFP advocates for me and each one of us. I am frustrated at times with the slowness of positive change, but we need to keep pushing. We can’t bury our heads in the sand and think many of these things on the horizon won’t affect us. We need to stay proactive and vocal.

Individually and collectively, we must: push for payment reform and leveling the primary care versus specialty playing field in a way that makes sense with the economics of value and quality of care in mind, pay for preventive care and keeping patients healthy and out of the ERs and hospitals versus the current incentive models geared to volume and procedures and push for limiting the scope of practice of non-physician clinicians. Our APRN and PA colleagues are fantastic individuals and team players, but physicians need to remain the leaders. When did PCP become primary care “provider” in the language of many insurers and public policy officials anyway? We must keep talking about tort reform. Is it an uphill battle, absolutely, but giving up and settling and simply complaining is just not a sensible option.

I am extremely proud to be chairing an extensively diverse group of volunteer clinicians who dedicate their time, energy and effort to furthering family medicine in the state of Connecticut. We are a societal mixture of solo practitioners mixed in with members of single specialty small, medium and large practices. We are physicians who are part of multi-specialty groups, employed physicians, academics and educators and those who staff and cultivate some of the federally qualified health centers in our State. This

mixture is important and exciting, but also difficult at times to combine the interests and initiatives of all in a unified message.

10 years ago when I was looking for work after residency and fellowship roughly 3/4 of family physicians were in some type of private practice model. Nowadays, approximately 3/4 of new physicians, defined as less than 7 years since finishing residency, are in employed models. We realize what is important for an employed physician may not be on the radar of someone in private practice and vice versa. I urge each and every one of you that if you have an issue that you feel the CTAFP can assist with then please let us know. Call or email me, our executive office in Bloomfield, or any of the members of our Board that you see on our elected slate.

More voices equal more concentration which equals more advocacy, and more positive change. Any member is welcome at one of our Board meetings. Be active in your communities. Speak with your local public policy makers. Speak to your patients. Place bulletins and information in your waiting or exam rooms.

Together, we can continue to make family medicine in the state of Connecticut top notch and respected. We want every citizen to proudly proclaim they have a family physician who to whom they entrust their care and lives to.

“We must keep talking about tort reform. It is an uphill battle, absolutely, but giving up and settling and simply complaining is just not a sensible option.”

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## What Academy Leaders Are Saying About Medicine

### Affordable Care Act

Our purposeful strategy of working to preserve those parts of the ACA favorable to family medicine has been successful to date and will continue. And our enhanced focus on regulatory interpretation and implementation of congressional legislation and directives from the administration has also served us well.

But because of the Supreme Court decision regarding Medicaid expansion, and partisan politics at the state level, the most fundamental part of the law – the expansion of health care coverage to millions of Americans – remains at great risk. This Academy has supported this moral imperative for 25 years and it is now being threatened yet again because the partisan agenda of certain governors and legislatures is more important than doing the right thing on behalf of people. We should not allow this to be an issue about Democrats versus Republicans, it is not about liberals versus conservatives – it is about the health and well-being of people. Abundant research clearly demonstrates that two factors – and only two consistently lead to better health outcomes: having a usual source of care, most often a family physician, and having health insurance coverage!

Douglas E. Henly, M.D.  
AAFP, EVP

### The Congress of Delegates

A few statistics on the Congress: the average tenure of a delegate is now four years. The average tenure for the alternates is three years. The Congress is 1/3 female and 2/3 male. The average age of the delegates is 54 years

and for the alternates 51.7 years.

John S. Meigs, Jr., M.D.  
Speaker of the AAFP Congress

### The Forecast

For the airline pilot, a forecast is an attempt to predict weather patterns and anticipate storms and take advantage of high and low pressure systems for the safest and smoothest flight. For the Academy, the short-term forecast is for stormy weather. Fasten your seat belts folks as the next couple of months are going to be a bumpy ride.

For the coming months, cost cutting will drive the conversation on “How do we navigate these winds of change?” and “How do we guide our Academy to smoother air?” By moving the conversation beyond political rhetoric and to hold our national Congressional leaders to the principles that you, this Congress of Delegates, hold for our Academy:

Health Care for All – Transforming the system to focus on primary care; growing the ranks of primary care physicians to answer our country’s future needs; creating health insurance programs that effectively covers our patients’ needs; and pushing ahead with Tort Reform so that we can afford to practice.

Jeffrey Cain, M.D.  
AAFP President

### Inappropriate Government Intrusion

Now I want to be clear that government at all levels can and should continue to play a valued role in our nation’s health care. Examples of appropriate government involvement include licensing health care professionals, protecting public health, evaluating the safety and effectiveness of drugs and devices, investing in medical education, establishing immunization pol-

*(Continued on page 8)*

## Of Note...

- Dr. Domenic Casablanca of Shelton has been named to the AAFP Commission on Continuing Professional Development.
- Immediate Past President of the CAFP, Dr. Stacy Taylor has been named to the AAFP Commission on Quality and Practice.
- Dr. Drew Edwards of Prospect is the new Chair of the AAFP Finance Commission.
- Drs. Craig Czarsty, Brad Wilkinson, Sandra Hughes, Kathy Viereg and Anne Brewer will be participating in a medical service trip to the Dominican Republic in January 2013. The trip is organized by Health Horizons International.

## The Core Content Review of Family Medicine



### The end of 2012 is fast approaching!

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## What Academy Leaders Are Saying (*continued*)

icy, and caring for our vulnerable and special needs populations. But government must avoid legislative or regulatory intrusion into the content of any clinical encounter absent a strong, compelling, and evidence-based patient or public health benefit.

amples of this inappropriate political intrusion into our interactions with patients – I will mention only two:

The 2011 Firearm Owners Privacy Act passed in Florida which attempts to impair the physician's ability to discuss gun safety issues with patients, especially those with children.

And how about legislation passed in four states (Pennsylvania, Ohio, Colorado, and Texas) which limit both physician and patient access to information about exposure to chemicals used in the process of "fracking" to extract oil and natural gas?

Douglas Henley, M.D.  
AAFP EVP

Yet, there are many recent ex-

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### CONNECTICUT FAMILY PHYSICIAN



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# SPEAK OUT NOW TO STOP MEDICARE PAYMENT CUTS!

Family physicians face two very serious cuts to Medicare payments:

- Medicare Sustainable Growth Rate cut at 27%
- Across-the-board sequestration cut at 2%

**! If Congress fails to act by January 1, 2013,  
family physicians could face the following cuts:**



Tell Congress how these cuts will impact  
YOUR PATIENTS, YOUR PRACTICE, AND PROFESSION.

[www.aafp.org/stopthecuts](http://www.aafp.org/stopthecuts)



\*Statistics depicted are examples only, based on solo practitioner Medicare revenue of \$95,000 and small group practice Medicare revenue of \$285,000.