

# CONNECTICUT FAMILY PHYSICIAN

Vol. 14 • Issue 1 • February 2014

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## Are APRNs Family Physicians?

By *Edmund Kim, M.D., CAFP President*



As a solution to the primary care shortage, one family physician recently proposed that advance practice registered nurses (APRN) be granted independent practice. My view that is shared with the Board of the Connecticut Academy of Family Physicians differs from his opinion.

We have been advocating for payment reform that would no longer foster fragmented care for our patients, which is what

would continue to happen by simply adding the independent practice of nurses to Connecticut.

A system that promotes collaboration between physicians, APRNs and PAs in a patient-centered medical home/ neighborhood that ultimately produces satisfied patients, better outcomes, and lower costs is what we advocate for at the state and national levels for all of primary care. While transformation takes time and usually occurs more slowly than we hope, this work has already led

to some change, and it is the belief of “many” that true significant and meaningful change is quickly approaching.

This will require the ongoing involvement and efforts of people graduated with all different degrees to build on the foundation of collaboration and primary care for the delivery of care in America. This is and will continue to be a focus of the members of the Connecticut Academy of Family Physicians.

There are many other issues relating to the independent practice of Advance Practice Registered Nurses. Advocates of this feel that this will solve the shortage of primary care physicians. In fact, this will probably add to it.

Why would a medical student want to spend 11 or 12 more years of post high school education – 4 years of college, 4 years of medical school, and 3 or 4 years of residency training – to become a family physician or other primary care physician when all APRNs will be able to offer the same services with much less training? That medical student will probably consider other medical specialties.

Expanding the role of the APRN to allow independent practice will add to the shortage of primary care physicians and in a very short time create a two-tiered health care system.

APRNs qualified in the nursing model are not family physicians. We know this and the public knows it, too.

## 2014 Legislative Agenda: Partners with CSMS

The CAFP Legislative Team has again been working with the Connecticut State Medical Society to develop a legislative agenda which improves the atmosphere for physicians to practice in Connecticut and to increase the profession’s ability to recruit and retain physicians. Below are some of the legislative goals for 2014.

CSMS, working with county and specialty societies, will again be a coalition leader in continued, more focused and proactive efforts to push for the development and implementation of comprehensive medical liability reforms. Efforts will remain focused on patient-centric principles and providing

fair and timely compensation while at the same time promptly identifying and dismissing meritless claims. Such efforts to improve the solvency of our health care system and control costs may include, among other proposals, ongoing efforts to establish alternate and viable means of dispute resolution such as special health courts and early mediation.

### Incursions in Medical Practice

The Academy will continue to monitor and oppose incursions into the practice of medicine which impact negatively on Family Practice. CAFP will con-

*(Continued on page 3)*

## Providing Health Care in the Dominican Republic

By Sandra Hughes, M.D.

*Editor's Note: Dr. Hughes is part of the Health Horizons International medical team, which conducts medical mission trips to the Dominican Republic, and Secretary of the Academy. What follows is an excerpt from her journal.*

I sit here now in my hotel room contemplating my first clinic day. There are so many thoughts and emotions running through me I don't know where to start. The community of Negro Melo is always a wonderful way to start an *Operativo* (clinic week). The community is high up in the beautiful mountains of Puerto Plata. It is a slow, bumpy ride to get there (about 40 minutes) in an open jungle bus without shocks. The roads are unpaved and full of holes. Living in such a remote area is not easy. Medical care is not very accessible outside of our clinic. This is due to both distance and cost. Today I heard a story about a 17-year-old that died of tuberculosis because of lack of access to medicines. The government would supply it, but only if she showed up every day at a hospital - 45 minutes away

from where she lived. Access just wasn't a possibility for her, thus she missed her life saving medications.

Today, we set up clinic in a small church that has been arranged for us. Sheets make up the "walls" of our exam rooms and hand sanitizer takes the place of running water. We are lucky in the clinic to have a few fans going, but only because we brought a generator with us. The life here makes me appreciate all I have at home. In the DR the problems are much greater. Practicing medicine here allows me to serve those in need. This is what medicine is about! No concerns over insurance companies; no worry about getting sued. No patients asking for expensive medical tests. This is true medicine. This small amount of giving back allows for so much clarity in my life. While others may think this medical service trip is a selfless act, the truth is that here in the DR, I get more than I give.

Dominican patient's relationships with us is much different

than our patient relationships in the US. They never want to disappoint you. They will not ask questions, debate your diagnosis or demand more. They tend to smile and say yes even though they may not understand. They hold the medical profession in high regard. On a more amusing note, they think we ask too many questions. Somehow they seem to think that our exam should hold all the answers, while, in truth, the history is often the real key in making a diagnosis.

With Health Horizons International and the CAFP, we are offering invaluable services, health care and education that will, hopefully, positively impact the lives of those in the Dominican Republic. I feel proud to be a volunteer for this organization! Together, we are making a difference!

Academy members interested in joining me and my medical team on a future medical mission should contact Dr. Craig Czarsty, HHI Board Chair, or me through the CAFP Executive Office at 1-800-600-CAFP.

### New CAFP Members

#### Welcome:

Khuram R. Ghumman, M.D.  
Enfield

Lotachukwu Rosemary Ojide,  
M.D.  
East Hartford

Edgar Jose Salazar, M.D.  
Danbury



Craig Czarsty, M.D. presenting at the Ten-State Conference on the CT Academy's role with Health Horizons International.

## 2014 Legislative Agenda: Partners with CSMS (continued from page 1)

tinue to educate legislators on the quality of education in the medical model as opposed to other educational efforts and will stress the need for high quality medical care for Connecticut citizens. Particular attention will be paid to Governor Malloy's recommendation that APRNs be allowed to practice independently.

### Physician Workforce Issues

- Enact state exemptions from federal laws to allow physicians to negotiate as a group to strengthen their contracting abilities. Benefits would include the ability to seek

opportunities to implement electronic medical record systems, establish ACOs, and cover increased liability insurance costs and support recruitment of new physicians.

- Reduce regulations that impede physician services such as those required by the Certificate of Need process.
- Establish student loan forgiveness and insurance premium assistance programs for new physicians.

### Proactive Public Health Initiatives

The Academy and CSMS will

continue to promote the public health of Connecticut residents. Therefore, an important aspect of the 2014 legislative agenda will continue to focus on the quality of the health of every person in our state. These will include:

- Concussions/return to play legislation – ensure ALL organized youth programs must meet the state's "return to play" statute.
- Seek a standard definition of surgery to provide clarity to state statute that currently refers to surgery, yet does not define surgery in numerous citations.
- Regulate Medical Spas – strengthen legislative efforts on an issue vetoed by Governor Malloy in 2013 to ensure that as services in these facilities increase in complexity, they are properly structured and meet appropriate supervision requirement to protect patients.
- Investigate the need for delineation and definition of "urgent care facility" vs. "walk in clinic."
- Strengthen "Truth in Advertising laws" and others that require disclosure of accurate information about a health care provider's abilities.

Mark Schuman, CAFM EVP, noted that the Academy will need members to testify at important legislative hearings. Anyone interested should contact either Mark Schuman or Mary Yokose at the Academy office: 860-243-3977 or by email at myokose@ssmgt.com.

## AAFP Survey Shows Patients Want MDs Handling Their Health Care

Results from a recent AAFP survey indicate that 72 percent of U.S. adults prefer physicians to non-physicians when it comes to health care. Ninety percent of adults would choose a physician to lead their "ideal medical team" when given the choice, and by a greater than two-to-one margin, adults see physicians and family physicians as more knowledgeable, experienced, trusted and up-to-date on medical advances than non-physicians.

The AAFP-commissioned survey was conducted online in November by Ipsos, a global market research company. The

survey asked consumers a series of questions about health care topics, including who they most often see for their health care, who they would prefer to see if given the choice and what characteristics they would ascribe to various health care professionals.

"This survey puts a face – a family physician face – on the message that's being repeated nationwide that team-based care and primary care are critical to the successful transformation of health care delivery in this country," said AAFP President Reid Blackwelder, M.D.

## Of Note...

- **Neil Brooks, M.D.**, of Vernon, a Past President of both the AAFP and CAFM, has been appointed to the AAFP Delegation to the AMA. He will serve for two years through December 2015.
- **Dr. Drew Edwards** recently received the thanks of the AAFP for his service to the Academy as Chair of the AAFP Commission on Finance and Insurance. Dr. Edwards is a Past President of CAFM.
- **Dr. Domenic Casablanca** of Shelton, a CAFM Past President, has been appointed as Convener of the AAFP Commission on Continuing Professional Development.
- **Mark Schuman and Mary Yokose** of the CAFM Staff participated in the 2014 10-State Conference held in Hershey, PA.

## *From the Archives of Connecticut Family Physician: Spring 1987* **The CAFP Takes on the Navy...and Wins!**

The Connecticut Academy of Family Physicians has won a significant victory in a major privilege fight involving the Groton Naval Hospital Pharmacy. In the last issue of the CONNECTICUT FAMILY PHYSICIAN, the editorial outlined a prescription writing policy adhered to at the Naval Pharmacy which refused to honor certain prescriptions written by family physicians. Incongruously, these prescriptions were honored when written by selected other specialists including inter-nists. The policy was obviously discriminatory to family physi-cians, and was vigorously op-posed by the Board of Directors of the Academy.

Giving credit where credit is due, the Office of the United States Senator Lowell P.

Weicker and, specifically, Richard Benson of the Senator's office, was most helpful in making the necessary contacts with the officers of the Naval Medical Command in Washington.

These contacts resulted in an order immediately discontinu-ing the policy which allowed one group of physicians to prescribe a drug on the basis of anything other than training qualifica-tions and licensure. The Navy is also reviewing the prescription-writing policies of other base hospitals and pharmacies to make certain that no discrimi-natory policies are in effect else-where in the United States. Furthermore, family physicians in New London County and selected Academy leaders throughout the State received personal phone calls from naval

officials apologizing for the poli-cy and indicating that prescrip-tions written by family physi-cians for drugs which are in-cluded in the formulary at the Naval Pharmacy will be honored from now on.

This is an important example of what an organization like the Academy can do. Individual family physicians would have had a most difficult time achiev-ing this successful result. In numbers there is strength! The Academy Board of Directors deserves the thanks of the mem-bership for a job well done. They have represented us well. In addition, a special congratu-lations goes to Senator Weicker and Richard Benson for under-standing our issue and taking positive action on our behalf.

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Vol. 14 • Issue 1 • February 2014

*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.



*Kisha Davis, M.D., left, a member of the AAFP Board, UConn Graduate and presenter at the CAFP DOT Training Seminar, is pictured with Johvonne Claybourne, D.O., CAFP President-Elect and Ed Kim, M.D., CAFP President.*