

CONNECTICUT FAMILY PHYSICIAN

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“We need to be at the forefront of medical advice, not others. We can’t expect people savvy enough to know good advice from bad. We need to show and teach them.”

New CAFP Members Welcome:

Harold V. Adams, M.D.
Hamden

Stella Lyn Arbitman, M.D.
Westport

Marlon F. Castillo, M.D.
Stamford

Julia M. O’Malley-Keyes, M.D.
Old Saybrook

Gina L. Williams, M.D.
Mystic

Social Media: What is it?

By: *Sandra Hughes, M.D.*



Editor’s Note: Dr. Hughes is a member of the CAFP Board and Chair of the

2012 Scientific Symposium Program Committee.

Social media, what does this term mean to you? I’m not sure it had much for me, I simply ignored it.

After attending the 2012 AAFP Annual Leadership Forum in Kansas City, MO in early May, I have learned that it is a

force that cannot be ignored in our profession. It is actually a crucial tool for our technology driven society where people check their email and Facebook before even getting out of bed in the morning.

It is hard for me to believe I am saying this. I thought Facebook was for catching up with friends! Twitter, well, I never quite knew what that was for. And hashtag (#) clueless. After attending two lectures on its importance, I am finally a believer. This conference had 6

(yes 6!) lectures on social media. Thanks AAFP, I get it!

As Dr. Mike Sevilla, social media guru at www.familymedicinerocks.com states, we need family physicians out there to teach our patients. Why should we allow specialists like cardio-thoracic specialist Dr. Oz to be the main spokesperson for medicine? We are in the front lines of medicine that should be our job. In this day and age, our patients are turning to the internet for advice. We, as family physicians, should be giving it. We need to be at the forefront of medical advice, not others. We can’t expect people savvy enough to know good advice from bad. We need to show and teach them. It is time for us to change. Harrison Coerver in his lecture entitled, The Race for Relevance, states that the majority of chapters still spend more money on postage than technology. In this age, it is time to change. We need to reach out to our patients and members.

While in Kansas City, I began updating the CAFP Facebook page and started a Twitter account for our chapter @CTAFPDO. Mark Schuman, Mary Yokose, our chapter executives, and I will be updating the CAFP Twitter and Facebook accounts. Now, we just need YOU to follow along.

AAFP Board Decides to Continue Participation in the RUC

The verdict is in. AAFP will continue participation in the AMA/Specialty Society Relative Value Scale Update Committee, better known as the RUC – at least for now.

During the March meeting of the AAFP Board of Directors, leaders evaluated the RUC’s response to a set of demands the Academy presented in June 2011 that would change the committee’s structure, process, and procedures. “We believe, at this point, that maintaining this policy continues to best serve our members and the millions of patients they serve,” AAFP Board Chair Roland Goertz, M.D., M.B.A. wrote in a March 2012 letter.

The RUC acts as an expert panel and makes recommendations to the Centers for Medicare and Medicaid Services on the relative values of CPT codes. AAFP and family physicians around the country have expressed concern that the actions of the RUC are biased toward subspecialist procedures rather than preventive care and chronic disease management, leading to an undervaluation of primary care services.

In June 2011, AAFP asked that the RUC add four “true” primary care seats, create three new seats to represent outside entities such as consumers and

(Continued on page 2)

**Participation in the RUC
(continued)**

health plans, add an additional seat to represent geriatrics, eliminate three rotating subspecialty seats, and implement voting transparency.

RUC Chair Barbara Levy, M.D., responded in February 2012 that the RUC will “add additional primary care expertise and transparency measures to our structure and processes” by adding one new primary care rotating seat and a permanent seat for geriatrics, and by adopting a policy to record RUC votes and publish a total vote count after the publication of each Medicare physician payment schedule final rule.

Goertz responded in the March letter that the Academy is “deeply disappointed” that the majority of the requests were not accepted: only one primary care seat was added, the three rotating subspecialty seats were not eliminated, no seats for external representatives were added, and the voting transparency “falls well short of full transparency to those who vote”.

AAFP has pledged to advocate from within and publicly for the RUC to make necessary changes to its policies and procedures, continually reassess the Academy’s involvement on a yearly or more frequent basis, and explore other methods by which AAFP can invest in aggregating data to support initiatives that value primary care.

“While we intend to present such data to the RUC as appro-

**General Assembly Considered
Several Scope of Practice Issues**

A bill that would allow pharmacists to administer to adults vaccines that are listed on the National Centers for Disease Control and Prevention’s adult immunization schedule was passed by the full Legislature. However, a bill that would have given naturopaths the ability to administer vitamin B-12 by injection was not passed.

Physician assistants, with the backing of the Connecticut State Medical Society, were successful in passing a bill that expanded and defined written protocols between themselves and supervising physicians.

Specifically, the bill requires the written protocols to: 1. Describe the professional relationship between the supervising physician and the PA; 2. Identify the medical services the PA may perform; 3. Describe how the PA’s prescribing of controlled substances must be documented in patient medical records and 4. Describe how the supervising physician will evaluate the PA’s performance, in-

cluding (a) how often the physician intends to personally review the PA’s practice and performance of delegated medical services and (b) how often, and in what manner, the physician intends to review the PA’s prescription and administration of schedule II or III controlled substances.

In addition, under the bill, supervising physicians in hospitals must also include or reference in their written delegation agreements applicable hospital policies, protocols, and procedures. The bill requires supervising physicians to review written delegation agreements at least annually. Supervising physicians must also revise the agreements as they deem necessary to reflect changes in (1) the physician’s professional relationship with the PA, (2) the medical services the PA may perform, or (3) how the physician evaluates the PA. The bill currently awaits the Governor’s signature.

appropriate, let me also make it clear that the AAFP intends to also submit such data directly to the Centers for Medicare and Medicaid Services on a regular basis as it considers the Medicare Physician Payment Rule annually,” Goertz wrote.

“No longer will the RUC be the only avenue for seeing to address the inequities in the current RBRVS system of FFS

payment. In fact, over time, it is highly likely that the RUC will be but one of the much larger number of avenues for achieving payment reform leading to different and better payment for primary care services (including FFS) which are essential to a health care system meant to improve the quality and cost-efficiency of care to the American people.”

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ABFM Updates Board Eligibility

The term 'board eligible' has never been recognized by member boards of the American Board of Medical Specialties (ABMS), including the American Board of Family Medicine (ABFM), but the term continues to be used by credentialing organizations and others to recognize non-certified physicians as having equivalent status.

In an effort to resolve this confusion for the credentialers and the patients, all member boards of the ABMS agreed to establish parameters under which non-certified physicians could actually be recognized as being board eligible and to further define the time limit for such board eligible status.

The ABFM Board of Directors decided at its meeting in October, 2011 that it would define board eligibility as the first seven years after loss of certification or the completion of an ACGME accredited residency training program. Therefore, beginning January 1, 2012, a physician has seven years in which to successfully complete his or her initial certification examination after completing training or, if previously certified, will have seven years after the loss of certification to successfully complete the examination.

During this seven-year period, these board eligible physicians will have to continue to meet the ongoing requirements to sit for the examination and must maintain a full, valid, and unrestricted license. After this seven-year period, the physicians will lose the ability to refer to himself or herself as board eligible and will need to re-enter training and complete at least one year of additional training in an ACGME accredited family

medicine residency before he or she will be allowed to reapply to sit for the examination. This rule became effective January 1, 2012, as further details of the program are developed they will be published.

For questions regarding the board eligibility, Diplomates may contact the Support Center at 877-223-7437 or help@theabfm.org.

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. 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 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 [@CTAFPDO](https://twitter.com/CTAFPDO) and click Follow.

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

"The ABFM Board of Directors decided at its meeting in October, 2011 that it would define board eligibility as the first seven years after loss of certification or the completion of an ACGME accredited residency training program."

“This innovative program will use a robust web-based system that will allow family physician learners the chance to complete a Maintenance of Certification for Family Physicians (MC-FP) SAM while engaging their peers and an expert content leader from a location of their choosing.”

Virtual SAM Party on Hypertension Set

In conjunction with the Ohio Academy of Family Physicians, CAFP is excited to announce a virtual, self-assessment module (SAM) party centered on hypertension for Saturday, June 9, 2012, from 8:30 a.m. – 12:30 p.m.

This program is an enhancement to CAFP membership benefits and will be FREE to all active CAFP members! (American Board of Family Medicine (ABFM) fees still apply.)

This innovative program will use a robust web-based system that will allow family physician learners the chance to complete a Maintenance of Certification for Family Physicians (MC-FP) SAM while engaging their peers and an expert content leader from a location of their choosing. To participate, all you need is a computer, internet access, registration and a few pre-function steps. The day of, participants will use an online polling system to work through SAM questions with our hypertension expert. First, questions will be displayed giving partici-

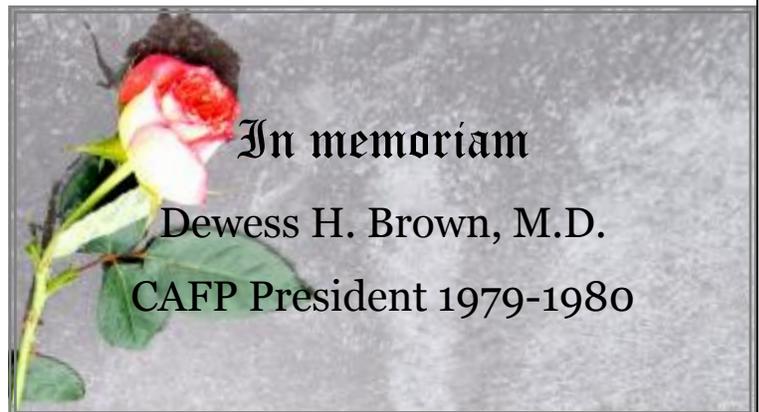
pants approximately 30 seconds to respond (time varies based on speed of participant response). Next, results will be displayed and discussed. Finally, answers will be submitted as a group and individuals will be credited for completion of the knowledge assessment portion of the SAM.

The SAM consists of two parts: knowledge assessment and clinical simulation. The virtual, statewide SAM program will focus on the knowledge assessment portion of the module and allow learners to complete the clinical simulation separately at a time of their choosing. Once fully completed, the physician learner will re-

ceive 12 continuing medical education (CME) credits and recognition for having completed the required Part II stage for MC-FP.

This program is complimentary to CAFP members, but we ask you to register with the CAFP Executive Office in advance

so we can make appropriate arrangements. The deadline to register is Monday, June 4. Please note, ABFM fees still apply. For questions, please contact, Mary Yokose at (860) 243-3977 or myokose@ssmgt.com.



Pictured above from left to right are Connecticut Academy members who attended the 2012 AAFP Annual Leadership Forum/National Conference of Special Constituencies: Drs. Domenic Casablanca, Stacy Taylor, Kathy Viereg, Johvonne Claybourne, Sandra Hughes, Jessica Johnson, Ross Winakor, Fonda Gravino, Robert Carr and Sarah Balfour. Not pictured but also attending were Dr. Michael Kalinowski, Mark Schuman and Mary Yokose of the CAFP Executive office.

Letter to the Editor

Dear Mr. Schuman,

I am writing to ask for your assistance to inform your membership about an important change required by the Affordable Care Act (ACA) that could impact their practices. These change impacts providers who are not enrolled in Medicaid; because we do not have access to the names and addresses of these providers, we are asking for your help.

The Affordable Care Act (ACA or the health reform law) requires that all ordering and referring providers be enrolled with the Connecticut Medical Assistance Program (CMAP) If they continue to order and refer for Medicaid beneficiaries. In other words, even if the clinician seeing a Medicaid patient chooses to not enroll and provide care at no charge, the pharmacy filling any prescription the un-enrolled clinician writes for that Medicaid patient will not be paid either. Currently, the only requirement is for the pharmacy filling the prescription to be enrolled in CMAP.

In addition, effective April 1, 2012, the ACA requires that all claims for payment for order and referred items and services must include the National Provider Identifier (NPI) of the ordering and referring physician or other professional. If the NPI is not provided on the claim for payment, or if the ordering or referring provider is not enrolled in CMAP, the claim will be denied.

The Department recognizes that these changes could impact payment of many provider's claims, therefore CMAP will not be denying these claims until it is determined what the potential impact will be.

Effective April 1, 2012, pharmacies will, however, receive a message when they submit claims indicating that the prescribing provider is not enrolled in CMAP. In turn, pharmacies may alert your members about these impending changes. The Department will monitor this closely and outreach will be conducted.

Prescribing providers who are not currently enrolled in CMAP should do so immediately. Providers that wish to enroll should access the Provider Enrollment/Re-enrollment Wizard on the www.ctdssmap.com web site. Additionally, please refer to the March 2012 Provider Bulletin (2012-10) for additional information on the www.ctdssmap.com website under 'Publications'. You can also contact the HP Provider Enrollment staff at 1-800-842-8440.

Thank you for considering our request for assistance. If you have any questions or concerns about these requests, please do not hesitate to contact me at robert.zavoski@ct.gov or by telephone at 860-424-5583.

Sincerely,

Robert W. Zavoski, M.D., M.P.H.

Medical Director

Medical Care Administration

Connecticut Department of Social Services

Of Note...

- **Jessica Johnson** of the University of Connecticut School of Medicine received the 2012 CAFP Award of Excellence to the graduating senior going into family medicine.
- **Lauren Graber** and **Marie Schaefer** of the Yale Medical School shared the 2012 CAFP Award of Excellence to a graduating senior going into family medicine.
- **Julia Lubson** of the Yale Medical School received an AAFP scholarship to attend the 2012 AAFP National Conference of Family Medicine Residents and Medical Students
- CAFP was recognized at the AAFP Annual Leadership Forum for the recruitment and retention of 100% of the family practice residents in Connecticut.
- **Craig Czarsty, M.D.**, of Oakville, a past president of the CAFP, was recently elected to the ABFM Foundation Board. He was also named to serve as Chair of the Reference Committee on Education at the 2012 AAFP Congress of Delegates in October.
- The CAFP Board established a \$1,000 scholarship for a medical student selected to participate in a Health Horizons International Medical Mission.



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Connecticut Academy of
Family Physicians

PO Box 30
Bloomfield, CT 06002

Phone: 860-243-3977
Or 800-600-CAFP
Fax: 860-286-0787

Email:
Mark Schuman
Mschuman@ssmgt.com
Arthur Schuman
Aschuman@ssmgt.com
Mary Yokose
Myokose@ssmgt.com

Editor
Michelle Apiado, M.D.