

CONNECTICUT FAMILY PHYSICIAN

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Watch your mail for a complete Symposium program.

AAFP Opinion Update on 2019 Medicare Physician Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) recently released the 2019 Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Medicare Part B proposed rule. The 2019 proposed rule also includes several changes to the Physician Fee Schedule and the MACRA Quality Payment Programs (QPP).

The contents of the proposed rule have caused a stir in the family medicine community. AAFP is getting numerous inquiries about the proposed

rule and our view/opinion on the proposals put forth by CMS. Currently, the AAFP team is analyzing the proposed rule and formulating our formal response. This is a lengthy proposed rule that includes a number of substantive policy changes, thus it is taking us more time to analyze than in previous years. Our early analysis and modeling suggests that the economic outcome of the proposed changes, in totality, are not positive for family physicians.

The AAFP will submit comprehensive feedback to CMS on or before the comment period deadline of September 10, 2018. AAFP has also engaged in a series of conversations with CMS and HHS on the policies included in the proposed rule – specifically the proposed changes to E&M and documentation guidelines. These conversations have two purposes. The first is to understand the thinking and methodologies behind the proposals. The second is to provide feedback (positive and negative) and suggestions for how the policy could be better designed to support family medicine. In addition, we are engaged in conversations with the AMA, other physician organizations, and several think tanks and thought leaders on the proposed changes.

AAFP cautions against viewing these conversations as signs of AAFP support or opposition to the proposed policies. We are still in the listening, engagement, and influence portion of our work. AAFP is using these meetings to raise a number of pointed questions about the negative impact some of the proposed changes will have on family physicians.

The AAFP has modeled the impact of the proposed changes on family physicians. If members are interested in reviewing that information, please email Amy Richards directly at arichards@aafp.org.

National Authority to Speak at 2018 Scientific Symposium

Judson Brewer, MD, PhD, who will speak at the Scientific Symposium on October 17-18, 2018, is a thought leader in the field of habit change and the “science of self-mastery,” combining nearly 20 years of experience with mindfulness training with his scientific research. He is the Director of Research at the Center for Mindfulness, Associate Professor of Medicine and Psychiatry at UMass Medical School, and a research affiliate at MIT.

He has published numerous peer-reviewed articles and book chapters, trained US Olympic coaches, and his work has been featured on 60 Minutes, TEDMED, Time, Forbes, BBC, NPR, Businessweek, and others.

A psychiatrist and internationally known expert in mind-

fulness training for addictions, Dr. Brewer has developed and tested novel mindfulness programs for habit change, including both in-person and app-based treatments (Eat Right Now, Unwinding Anxiety, and Craving to Quit).

He has also studied the underlying neural mechanisms of mindfulness using standard and real-time fMRI.

His work has been funded by the National Institutes of Health, American Heart Association, and Fetzer Trust, among others. Dr. Brewer founded Claritas MindSciences to move his discoveries of clinical evidence behind mindfulness for eating, smoking, and other behavior change into the marketplace.

Dr. Stacy Taylor and Others Take Aim at Rising Prescription Costs



Panel participants, left to right: State Comptroller Kevin Lembo; State Rep. Michelle Cook, D-Torrington; and local physician Dr. Stacy Taylor. Photo Credit: Leslie Hutchison.

Editor's Note: Dr. Stacy Taylor is a past president of the Connecticut Academy of Family Physicians. This article appeared in THE REGISTER CITIZEN in Torrington on July 26, 2018. It was written and photographed by Leslie Hutchison, a reporter for THE REGISTER CITIZEN.

"The issue of unaffordable medicines is a statewide concern, according to the Universal Health Care Foundation of Connecticut."

The rising cost of prescription medicine is an emotional issue for the patients of Dr. Stacy Taylor, a primary care physician at Charlotte Hungerford Hospital. The inability of Taylor's patients to afford their medicines, she said, "is unforgivable." When a prescription isn't filled by a patient because it costs too much, she said, "We see declining health, and the worst case is they are admitted to the hospital because they aren't managing their disease."

The issue of unaffordable medicines is a statewide concern, according to the Universal Health Care Foundation of Connecticut. It notes that nearly 90 percent of state residents are worried they won't be able to afford their medications. To address the concern, Taylor and a panel of medical and policy experts held a roundtable discussion this week at the City Hall auditorium.

State Rep. Michelle Cook, D-Torrington, was the moderator for the event, which also included state Comptroller Kevin Lem-

bo and Victoria Veltri, chief health policy adviser for the state Office of Health Strategy. The roundtable discussion was streamed live on Facebook.

Veltri heads the state's Health Care Cabinet, of which Lembo is a member. She said the group examined a cost-containment strategy for health care and found that prescription costs far exceeded other health care expenses.

"Prescription costs are going crazy," for state employee insurance plans, Lembo said. "Pharmacy costs are eating our lunch."

He noted that when pharmaceutical corporations are asked why they have increased costs so drastically, they responded, "because we could."

Recent legislation, co-sponsored by Cook and a number of her colleagues, will require drug companies to report when a drug price increases more than 20 percent in one year. The bill, which will go into effect in 2020, would also require pharmacy benefit managers, who negotiate prescription prices for the industry, to report on profits they receive from their contracts with insurance companies, pharmacies and prescription drug manufacturers.

The legislation "is a good first step," said Marghie Giuliano, CEO of the Connecticut Pharmacists Association.

In an interview Wednesday, she said requiring PBMs to simply report their profits, rather than have their records audited, "is not working in the best interest" of patients or pharmacists.

Future legislation needs to "make sure there is a fiduciary responsibility," by PBMs, Giuliano added. "They are completely unregulated."

"We see evidence of PBMs playing hardball, Lembo said. He notes that pharmacy managers' attitudes are "if you don't want this, we won't sell you that." Giuliano agreed. She said PBMs offer pharmacists a "take it or leave it contract."

"The government should be able to push back," said Veltri. "Changes are needed in the marketplace. The high deductible format puts pressure on the consumer," when medicine is expensive, she noted.

There are several options for patients who can't afford their prescriptions, Cook said. Patients can ask their pharmacist if there is a less expensive alternative, or if they can switch to a generic medicine.

Other suggestions, Taylor said, are online companies such as GoodRx, which is available to everyone. She also said some doctors can provide money-saving coupons.

"You can get a \$250 medication for \$20 for 12 months," Taylor said.

For additional help, patients may also contact the state's Office of the Health Care Advocate online, or call the office toll-free at 866-466-4446.

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.

Letter to the Editor

Dear Ms. Yokose,

Attending the AAFP National Conference was a blessing for me. Prior to starting medical school, I knew I wanted to go into Primary Care but I wrestled with IM vs. Med-Peds vs. FM. By the time I started classes, I felt pretty confident that I wanted to be a Family Physician because I want to care for the underserved and the specialty focuses on serving the community at large. This conference further confirmed that Family Medicine is for me. I have definitely found my people. I value Family Medicine's passion for social justice, social determinants of health, advocacy and how multifaceted the specialty is. I was inspired by the physicians who spoke at the opening sessions and I am more excited than ever about pursuing a career in Family Medicine!

In addition, having the opportunity to represent our school at the National Conference was such an honor. Our Family Medicine Interest Group received an award for "Most Visionary FMIG" and we presented at a session about our Office of the Future event that was held on January 11, 2018 in collaboration with the Connecticut Institute for Primary Care Innovation. At the Office of the Future event, we brainstormed what we want future primary care offices to look like and how to improve workflow for patients, health care providers, and staff.

During the National Conference, I also had the opportunity to be a student delegate for the state of Connecticut, which allowed for me to vote on policy resolutions and candidates for the AAFP. I met other medical students and residents who are passionate about the same issues that I am and was even able to help others write resolutions to policies for the AAFP. Going to the National Conference for the first time and having the chance to be so involved was super invigorating. I hope to run for a national position in the AAFP in the future as well as attend the National Conference again!

Warmest regards,

Chevaughn D.M. Wellington, B.S., M.S.
MD Candidate Class of 2021, Quinnipiac University

Teaching Medical Students

New Program at Netter School of Medicine Offers ABFM Performance Improvement Credit

The Frank H. Netter School of Medicine (SOM) is among 44 other medical schools selected to pilot a program that offers American Board of Family Medicine (ABFM) Performance Improvement Credit (MOC Part IV) for the teaching of medical students, residents and Fellows!

This credit is available to family physicians serving as preceptors who provide personal instruction, training and supervision to Netter medical students and who participate in a teaching improvement activity.

The pilot runs thru December 2018. During this time you can earn the ABFM credit by:

1. Completing at least 180 1:1 contact hours with your primary care clerkship medical student. The 3rd year Primary care Clerkship is calculated at 8 hours/day, 4 ½ days/wk for 5 weeks (1 week away for mini-clerkship) totaling 180

hours. MeSH preceptors, consider precepting a 3rd year student and satisfy your Part IV MOC requirement during this Pilot. We have determined that MeSH also satisfies the MOC Part IV requirement over the 2 year time period once the program rolls out in 2019.

2. Participating in an intervention to improve teaching skills. This can include a number of online courses, videos or live faculty development that will be delivered at regional sites every other month. We have created a Blackboard web page that allows you to directly access these online activities.
3. Completing a baseline and post-intervention short questionnaire asking you to reflect on what you have learned. Your student will also complete a short questionnaire

asking them to reflect retrospectively on their anticipated and actual experience working with you.

4. Completing an attestation of the above.

This can be repeated once every 3-year cycle of the 10-year or 7-year recertification process. The ABFM is giving us a gift! The gift of MOC IV credit through student teaching!

Please respond to Dr. H. Andrew Selinger, Chair of the Department of Family Medicine at the Frank H. Netter School of Medicine at Quinnipiac, personally if you would like to participate in this pilot. Naturally, this is in addition to the existing stipend and the other benefits we currently offer (academic appointment, library electronic access, online clinical resources and simply the joy of student camaraderie and mentoring)!

New CAFP Members

Welcome!:

Monica Kaul, M.D.
Stratford, CT

Charles Wolcott, D.O.
Niantic, CT

Of Note...

- Attending the National Conference of Family Medicine Residents and Students will be: Courtney Fennell, ECHN; Deborah Hanchek, Middlesex Residency; and Chevaughn Wellington, Quinnipac.
- 11 Quinnipiac University students matched in Family Medicine.
- The Middlesex Hospital Family Medicine Residency Program reported that 70% of its graduating residents are remaining in Connecticut.
- The Frank H. Netter School of Medicine at Quinnipiac University Family Medicine Interest Group has been chosen as a recipient of the 2018 AAFP Program of Excellence Award: Most Visionary FMIG winner. This award celebrates the creativity and commitment of this FMIG. Family medicine is stronger because of the leadership and values that the interest group has demonstrated.

CONNECTICUT FAMILY PHYSICIAN



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Prime Registry: Improving America's Health

The ABFM invites board-certified family physicians to enroll in PRIME Registry™ free for the first three years!

PRIME Registry is a practice and population data tool developed by the ABFM that safely extracts patient data* from your electronic health records (EHRs). It turns it into actionable measures, presented in an easy-to-use, personalized dashboard, maintaining its full confidentiality.

PRIME not only simplifies quality reporting for payment programs such as MIPS and CPC+, but also allows members to better evaluate aspects of your practice, patient groups, and individual patients, illuminating gaps or successes in patient care.

Another bonus for ABFM Diplomates: the integrated Performance Improvement (PI) activity tool allows Diplomates to easily use HER data to complete PI activities and earn points toward the ABFM continuous certification requirements.

PRIME will add social determinant and community resource data, showing clusters of disease, poor outcomes, and community resources for patients and clinics via the new Population Health Assessment Engine (PHATE™).

By enrolling in PRIME now, you will secure free MIPS reporting through PRIME in 2019, and you will be able to take advantage of all the features PRIME has to offer.

Ready to get started? Enroll at primeregistry.org. Have questions? Email prime@theabfm.org or call 877-223-7437.

**All registry data are maintained in compliance with HIPAA, subject to a Business Associates Agreement, but the ABFM has gone farther to protect your data. The registry vendor has no rights to use identified data without your permission, and the ABFM purposefully cannot touch patient data except to research purposes and after Institutional Review Board approval.*

2018 Scientific Symposium October 17-18, 2018

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 2018 CAFM Scientific Symposium.

HHI Provides Obesity Training

Health Horizons International (HHI), in collaboration with several local Dominican organizations and government departments, has agreed to execute a program that will target childhood obesity prevention in four pilot schools in the Dominican Republic. Many active Academy members regularly volunteer their time and medical expertise with HHI, including Craig Czarsty, M.D.; Ayaz Madraswalla, M.D.; Charlene Li, M.D.; Stacy Taylor, M.D.; and Anne Brewer, M.D.

For two hours a week, the students in these schools will work with nutritionists, health trainers and community health workers to reduce the consumption of sugary sweetened beverages, increase their consumption of water, integrate daily physical activity and choose healthy eating habits. Three nutritionists comprise the "Sano y Feliz" team, the task force leading this effort and managing the support groups, and implement a technique that promotes accountability and encouragement.

We continue to improve people's lives. That's what we do at HHI -- our work transforms lives. A person who can work because his pressure is under control. A child who can jump, run and play freely without fearing an asthma attack. A woman who can raise her children and take care of her husband without fearing her glucose level will go uncontrolled. A healthy community that receives quality health care and has the opportunity to have a healthy horizon - a better life. That's what we do at HHI!

We are ready for your boards. Are you?

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- Cost Effective CME

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