

CONNECTICUT FAMILY PHYSICIAN

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“Rest assured, the Academy is always on top of any scope of practice issues in our state.”

Dr. Frank Domino returning by popular demand to present the “Ten Best Things I Have Learned in the Past Year”

Comments from the CAFP President

More Needs to be Done

Frank Crociata, D.O.

No one doubts that we are going to have to work hard to maintain our position as top-notch healers. There are many other types of healthcare providers the public may choose. Rest assured, the Academy is always on top of any scope of practice issues in our state.



Most recently, Dr. Domenic Casablanca and I participated in a series of interesting meetings at the State Capitol to discuss the scope of practice of our naturopath colleagues.

Suffice to say, it is our goal to always put the health of our state residents and communities first.

All this made me think that as a profession we must work hard to communicate to the public what it is that we do and why we are best suited to provide quality patient care to the families we serve. Our national organization continually works to spread the word about family medicine. More, however, needs to be done. We as individual physicians, must do our part to amplify and repeat that message. We can make our message known by writing editorials and op-ed pieces for our local newspapers, speaking at our children’s schools,

participating in a health fair, meeting with our local legislators or giving a talk at a local senior center. I also should not forget to mention—donate to FamMedPac as often as each of us can.

Harnessing the power of social media also holds great promise. Individually, we must figure out which options fit us best. Taken as a whole, our actions can have great impact over time. As President of the Connecticut Academy of Family Physician’s I look forward to advocating and strengthening the position of family physicians in our State.

2017 Symposium Has Wide-Range of Important Medical Subjects

From Rheumatology to Bariatric Medicine the 2017 CAFP Scientific Symposium will have something for everyone on October 18-19, 2017 at the Aqua Turf Club in Plantsville.

The first day will include, among others, a lecture on Uterine Bleeding. In the afternoon on the first day there will be a closing lecture on the “Ten Best Things I Have Learned in the

Past Year.” This lecture will be given by Dr. Frank Domino, who is returning by popular demand.

The second day of the Symposium will include lectures on Cancer Survivorship and Diabetes. It will also include lectures on Immunization Controversy, Pediatric Lessons Learned in a Community ED and Diet and Nutrition.

The symposium will be submitted for 15 hours of prescribed credit. There will also be a program for office staff and luncheon addresses both days. Watch your mail for a full Symposium program which will be available in August.

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.

Exciting Opportunities at The Netter School of Medicine; Applicant Reviewers Needed

by Andrew Selinger, MD

“The literature tells us that there are certain demographic characteristics and life experiences of applicants that correlate with an increased likelihood of pursuing a primary care career.”

Of Note...

- **Christopher Geary Ahern** of the Middlesex Residency Program, has received the Global Health Scholarship and will be participating in a future Health Horizons Medical Mission.
- **CAFP Won 3 AAFP Membership Awards:**
 - First Place** (Medium Chapter) Highest Percent Retention– Active Membership;
 - Second Place** (Medium Chapter) Highest Percent Increase– Student Membership; and
 - 100% Resident Membership Award**

There is an exciting opportunity at The Netter School of Medicine at Quinnipiac University; a chance to truly influence the composition of the school’s student body. The following is a statement featured prominently on our website; "Our focus is on primary care. Our vision is to be a model for educating diverse, patient-centered physicians who are partners and leaders in an interprofessional primary care workforce responsive to health care needs in the communities they serve. We want every one of our graduates to practice clinical medicine."

We currently receive over 7000 applications for 90 positions in each entering class. This number minimally reduces to more than 6000 secondary applications and from this number we interview approximately 600 applicants to fill each entering class. The vast majority of applicants indicate an interest in primary care to align with the stated Mission of the School of Medicine and, hopefully, to be selected for an interview. The sheer volume of applications precludes a careful read of every application to truly identify those applicants who demonstrate a spe-

cial affinity for and an interest in a career in primary care.

The literature tells us that there are certain demographic characteristics and life experiences of applicants that correlate with an increased likelihood of pursuing a primary care career. Here is what we need: we would like to identify 10 clinicians from among those of you who have chosen to contribute your time as MeSH and Primary Care Clerkship preceptors, each will review 50 applications, over a 2 month block of time (typically over the summer), to seek out applicants from a predisposing background and expressing a substantive and demonstrated interest in primary care that merit an interview. We have been assured that our recommendation will significantly impact the ultimate interview decision.

This is our chance, as "in the trenches" practicing primary care clinicians, to actually influence the pool of applicants interviewed and ultimately accepted to the School of Medicine.

When first starting out to do this, each application should take approximately 15 minutes to re-

view. We anticipate that the time required to accomplish this would be 10-11 hours over the 8 weeks. We would ask you to view a webinar or meet on campus for a 1 hour "training session". The application review can be done via the internet at any time and any place convenient to you. At the present time we are unable to offer compensation for your contribution. I am, however, actively lobbying for a small stipend for this work AND pursuing grant opportunities to assess whether this approach ultimately yields increased numbers of matriculated students that select primary care GME residency training (family medicine, general pediatrics, general internal medicine/geriatrics). When this strategy has been deployed at other schools it has had a meaningful impact on primary care career selection.

Please email me directly at Howard.Selinger@quinnipiac.edu if you have a willingness to serve as a "primary care eyes on the application" reviewer. Also, indicate if your participation would require compensation.

Survey Needs Your Input

The A.J. Pappanikou Center for Excellence in Developmental Disabilities (UCEDD) at UConn Health would like CAFP members to participate in a research study about the experience of Adult Primary Care Providers working with individuals with Autism Spectrum Disorder. A team from the UCEDD is conducting this research.

This study consists of an online survey. It has 13 questions about your experiences working with adults with ASD. While complete

surveys will provide better data, you may skip questions that you do not feel comfortable answering. We expect the survey to take approximately 10 minutes.

Completion of the survey signifies your consent to participate in the study. Because your participation in this study is anonymous, please do not provide any identifying information on the survey. It is your choice if you want to participate in this study. Please read all information carefully before you

make your choice.

This survey needs your input! I appreciate your participation in this research study. Questions about this study may be directed to the Principal Investigator, Dr. Mary Beth Bruder, at 860-679-1500. If you choose to participate in the survey, please visit:

https://uconn.co1.qualtrics.com/jfe/form/SV_aXVhGzFpPlxdIR3

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- “I credit this wonderful program to successfully recertifying the past several exams.”
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- Robert J. Tafuri, M.D.
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Maintaining Your Medical Examiner Certification

To maintain your Medical Examiner certification Family Physicians must:

- Continue to be licensed, certified, or registered in accordance with applicable State laws and regulations to perform physical examinations
 - Submit any changes in the application information to FMCSA within 30 days of the change
 - Report to FMCSA any information related to any termination, suspension, or withdrawal of your license, registration, or certificate under State law
 - Maintain documentation of State licensing, registration, or certification and completion of all required training
 - Submit Form MCSA-5850 for each driver examined electronically every month via the National Registry Web site. If no exams were performed during the month, that must also be reported
 - Retain original completed Medical Examination Reports for all drivers examined and a copy or electronic version of the driver's medical examiner's certificate for at least 3 years from the date of the examination
 - Provide copies of Medical Examination Reports and medical examiner's certificates to FMCSA within 48 hours of request
 - Follow all FMCSA administrative requirements
 - Complete periodic training every 5 years as specified by FMCSA
 - Pass the Medical Examiner certification test every 10 years
- To assist in maintaining certification, medical examiners may authorize administrative assistants to access the National Registry system and perform certain activities on their behalf. To begin this process, the medical examiner's support staff must register on the National Registry system and create their own accounts as administrative assistants. Next, the certified medical

examiner designates each assistant as authorized to, on the medical examiner's behalf, transmit CMV driver exam data, and update contact information. The medical examiner will need to know the assistant's National Registry number to complete the designation process.

If your license has expired or your name changes, you MUST put the correct information into the National Registry. Be sure to update the contact (e.g. name, address, etc.) and medical licensing information (e.g. license expires, license number, license state, etc.) you entered when registering on the National Registry Web site when there are changes. If the contact and medical licensing information you entered during registration on the National Registry Web site does not match the credentials you present to the test center, you will not be allowed to take the exam.

For more information visit: <https://nationalregistry.fmcsa.dot.gov/NRPublicUI/MedExAssist.seam>

New CAFP Members

Welcome:

Khaled Abdulrahman Altassan,
M.D.
East Lyme, CT

Aida Becker, M.D.
Vernon, CT

Joseph Brophy, M.D.
Southington, CT

Debra L. Gerson, M.D.,
FAAFP
Stamford, CT

Vivian Hsiao-Ching Leung,
M.D.
West Hartford, CT

Capt. Michael David Levy,
M.D.
Sleepy Hollow, NY

Shannon E. Short, D.O.
East Woodstock, CT

2017 Legislative Update

The 2017 legislative session has reached the point where committee hearings are over and the full legislature is considering bills and amendments. Dominating the session this year is the projected \$1.5 billion deficit that the state is currently facing and the Governor's proposal to shift many costs to the towns. Given the deficit, many health care related services may also face significant cuts.

Opioid Abuse

Curbing opioid abuse has become a hot topic at the Capitol and several bills were introduced on the topic. The bills, among other things, attempt to expand substance abuse services, require all opioid prescriptions to be made electronically, expand who can dispose of opioids after a patient's death, allow patients to refuse opioids through a directive in their charts, require pain contracts prior to the prescription of opioids, and many more. Physicians will be kept updated as to which proposals, if any, make it into a final bill.

One proposal that we strenuously object to is a prohibition on primary care providers from prescribing opioids. This

bill died when the Public Health Committee did not raise it.

Adverse Determination Reviews

If enacted, two proposed bills would shorten the time for expedited utilization review of adverse determinations from the current seventy-two hours to forty-eight hours. One bill currently awaits Senate action. Unfortunately, two other bills that sought to require prescription coverage pending the outcome of an adverse determination died in the Insurance and Real Estate Committee.

Concussion

A bill aimed at strengthening concussion safety is making its way through the legislature and currently awaits House action. The bill requires coaches to receive concussion training and for coaches to remove students who may show signs of concussion or have been diagnosed with a concussion unless cleared by an appropriate medical professional. In addition, the bill also requires certain sports organizers to provide information and consent forms concerning concussions and removes the immunity for organizers who don't do so. **Of concern to medicine in the bill is the clause that adds chiropractors to the list of those who can clear an injured athlete. Given the complexity of head injuries, medicine**

is concerned that chiropractors lack the necessary education and training to properly determine if, and when, a patient is able to play.

Scope of Practice Review

A bill, supported by medicine, that would have prohibited any person or entity from submitting a request for "a change in a health care profession's scope of practice sooner than five years after the submittal of the health care profession's request to establish the scope of practice" (HB 5812) died in the Public Health Committee.

Standards in Contracting

A bill requiring neutral site reimbursement policies to be included in contracts between health insurers and other entities that contract with health care providers for the provision of health care services died in committee.

Another bill, if passed, would make any provider contract provision that prohibits disclosure of certain specified data, including billed amounts and reimbursement rates void, unenforceable, and subject to penalty under the Connecticut Unfair Insurance Practices Act (CUIPA).

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Core Content Seeking Authors



The Core Content Review of Family Medicine, a national home-study CME Program and ABFM Board Review Course, is seeking individuals to author questions and discussions for one of the most successful Home Study CME Programs in the country. Core Content, owned by the Connecticut Academy of Family Physicians and the Ohio Academy of Family Physicians began in 1968 and is a program developed by Family Physicians for Family Physicians.

Thousands of family physicians throughout the country use Core

Content as their primary CME source.

- Question format mirrors the ABFM Board exam and discussions are approximately 300 words. Up-to-date reference material must be provided.

- Authors must have good computer skills. Editors will provide feedback.

- Many Residency programs have their residents, in conjunction with a faculty member, write questions and this is often used to fulfill their scholarly activities. Faculty may also claim CME credit for this activity.

- Authors who provide material acceptable for publication will be included on the Author Page of the edition in which their material appears.

- Core Content Review is a peer-reviewed publication and authors may include authorship on their CVs.

- Compensation will be provided on a per question basis.

Interested parties should contact Mary Yokose at myokose@ssmgt.com.

For more information, please visit Authors.CoreContent.com.