

# CONNECTICUT FAMILY PHYSICIAN

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**October 19-20, 2016**

## **CAFP Scientific Symposium Will Look at the Drug Epidemic and 15 Other Important Medical Issues**

There will be something for everyone in the area of updated continuing medical education at the 2016 CAFP Scientific Symposium on October 19-20 at The Aqua Turf Club in Plantsville. The program will open on Wednesday morning with a keynote address entitled "Psoriasis in the Primary Care Setting", featuring Dr. Meaghan McCusker.

This will be followed by a series of lectures on infectious diseases, red eye, resistant hypertension and diabetes. The afternoon session on the first day will feature two great topics "Direct Primary Care - It Isn't Just a Fad" and a closing lecture on "The Undeniable Truth about the Drug Epidemic

of the 21<sup>st</sup> Century."

The Thursday session will start with a discussion about burnout in medicine followed by an update on contraception, and a discussion of the future of the primary care office. Acute sinusitis, caring for the elderly, and testosterone therapy are also scheduled for the second day.

The afternoon session will include talks on C. diff colitis, a practical approach to oral health issues across the lifespan, as well as, a lecture by Dr. Frank Domino entitled "The Ten Best Things I Learned in the Past Year."

The luncheon on Thursday will feature a special presentation by Dr. Marianne

Bette, a Past President of the Academy, on her new book "Living with a Dead Man: A Story of Love." An incredible book: everyone will want to hear Dr. Bette.

The Symposium will be approved for 15 hours of live credit. Thursday morning presentations are also available for all office staff members.

A full Symposium brochure will be mailed to all members before September. Internet access will be provided in the lecture rooms, and members are urged to bring a tablet or iPad. Charging stations will also be available.

"An incredible book: everyone will want to hear Dr. Bette."

## **AAFP Collaborates With Caravan Health on CPC+ Readiness**

Are you a family physician working in a solo or small independent practice and struggling to understand how the value-based payment models you're constantly hearing about will work for you?

Here's some good news (<http://www.aafp.org/media-center/releases-statements/all/2016/caravan-aafp-cpc-collaboration.html>) about a collaboration between the AAFP and Caravan Health ([www.caravanhealth.com](http://www.caravanhealth.com)), a corporation that knows how to prepare physicians for value-based payment models.

Specifically, Caravan Health has the know-how and

resources to give family physicians the training they need to move forward and succeed in programs such as CMS' Comprehensive Primary Care Plus (CPC+) (<http://www.aafp.org/practice-management/transformation/cpc-plus.html>) model announced in April.

"The AAFP is excited to team up with Caravan Health to help our members prepare for CPC+," said AAFP President Wanda Filer, M.D., of York, Pa., in the Academy's announcement. "This new initiative offers family physicians more freedom and flexibility in caring for their

patients, and the opportunity to be rewarded financially for delivering on the triple aim of better health, better care and lower costs."

Sound exciting? If so, act quickly because availability of grant funding is limited and this resource offers a tremendous learning opportunity for practices. The first step is to contact the AAFP by calling 800-274-2237 or via email (<mailto:cpcplus@aafp.org>) to connect with an AAFP staff member who will assess your eligibility and determine whether this free resource will benefit your practice situation.

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## FAQ on MACRA and Medicare Payment Reform

### How does the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) impact my Medicare payments?

MACRA impacts Medicare payments in three ways. The law:

Repeals the flawed Medicare sustainable growth rate (SGR) formula that calculated payment cuts for physicians.

- Creates a new framework for rewarding physicians for providing higher quality care by establishing two tracks for payment:
- Merit-based Incentive Payment System (MIPS), and
- Alternative Payment Models (APMs)
- Consolidates three existing quality reporting programs, plus adds a new program, into a single system through MIPS:
- Physician Quality Reporting System (PQRS)
- Value-based Payment Modifier (VBPM)
- Meaningful use (MU)
- Clinical practice improvement activities (CPIA)

The following is a **timeline** for MACRA implementation:

- **2016 through 2019:** MACRA establishes a 0.5 percent physician fee schedule update

each year.

- **January 2019:** Based on qualification and eligibility, physicians may enter the APM track or the MIPS track.
- **2020 through 2025:** Medicare physician fee schedule updates remain at 2019 levels with no updates.

### What is the Merit-based Incentive Payment System (MIPS)?

The Merit-based Incentive Payment System (MIPS) consolidates three existing quality reporting programs: the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier (VBPM), and meaningful use (MU). The system also adds a new program, called clinical practice improvement activities (CPIA). The four programs establish a composite performance score (0-100) used to determine physician payment. The categories are:

- Quality – based on PQRS;
- Resource use – based on VBPM;
- Meaningful use of certified electronic health record (EHR) technology – based on MU; and
- Clinical practice improvement activities – new

program.

### What is the AAFP doing to help me?

As always, AAFP is committed to keeping you informed, developing resources to support your quality improvement efforts, and helping you provide cost-effective care. As information, tools, and resources to help you comply with and benefit from MACRA become available, we will update AAFP.org and spread the word through *AAFP News* (<http://www.aafp.org/news.html>) and *Family Practice Management (FPM)* (<http://www.aafp.org/journals/fpm.html>).

We will also tell the Secretary of Health and Human Services (HHS) what family physicians think about provisions within MACRA. In particular, we will continue to advocate vigorously for the following:

- Improved payment for primary care
- Administrative simplification
- Harmonization of measures across all private and public payers
- Reasonable reporting requirements

### New CAFP Members

#### Welcome:

Ashley Brooke Fields, M.D.  
Manchester, CT

Jeremy Samuel Isaacson,  
D.O. Farmington, CT

Sebesan Karuppiah,  
M.D., MPH, FAAFP  
South Glastonbury, CT

## Comment from the CAFP President

### Why Do We Do What We Do?

Sandra Hughes, M.D., President



Have you ever stopped to think... why do we do what we do?

Do you have a job, a career or a calling? What makes you spend the extra 20 minutes with the single Mom crying in your office though you know you will be running late all afternoon? Why take the extra patient at 11:50 knowing you won't have time to eat lunch?

Why do this? It's probably not the money, though we all like to look at our bottom lines. It's not for praise, there surely won't be any parades down Main Street for you. We do this for our own personal satisfaction, for knowing that in this way we are impacting those around us. We are making a

difference in the lives of these patients by showing compassion in a time of need.

Medicine allows us to play a very special role in the lives of others – a role that impacts those we aid. It's not always fancy, it's not the last shot at the basket that wins a game for our team, but it is the little changes that make us unique partners in the health of those around us.

I didn't learn compassion in medical school. I think that is something we innately have, though we may have been taught more effective skills. Some parts of medicine are skills we have learned in life. For those of us who serve patients, who find medicine to

be a calling, we find value and satisfaction in being able to assist those in need.

We will never get a million-dollar contract. It is unlikely we will be asked to do commercials for big name products, and no one will ask us to wear their clothes/jewelry free of charge, but we may get a thank you card from a special patient that really gets to our hearts.

Family medicine isn't fancy, but I surely didn't attend to this calling for that. When my daughter sees my face on the shopping cart advertisements in our local grocery store she asks if I am famous. I tell her I might be, but only to a select few.

"For those of us who serve patients, who find medicine to be a calling, we find value and satisfaction in being able to assist those in need."



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**Torrington  
School Tar Wars  
Winners 2015**

**St. Peter/St. Francis  
School**

Ryan Lauer  
Gabriel Duncan  
Madeline Propfe

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Victoria Burke  
Rohan Ramesh  
Hannah Llewellyn

**Southwest School**

Katelyn Johnston  
Olivia Egliskis  
Daniel Alvarez

**Vogel-Wetmore  
School**

Joseph Houle  
Chole Rose  
Daniel Alvarez

**East School**

Johanna Jusup  
Liana Haxo  
Amelia Russell

**Forbes School**

Yadhira Tenempaguay  
Lawrence Ballesteros  
Jade Robles

**Congratulations to all  
who participated.**

**CAFP Mission Statement**

The mission of CAFP is to promote excellence in health care and to improve the health of the 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.

## Progress Made in CMS' Proposed Rule: FPs Would Benefit on Two Fronts

After repeated legislative and advocacy efforts by the AAFP, CMS finally heeded the call to implement a 90-day reporting period in 2016 for physicians participating in the Medicare Electronic Health Record (EHR) Incentive Program.

The language on meaningful use reporting was slipped into CMS' recently released proposed rule ([www.federalregister.gov](http://www.federalregister.gov)) on changes to the Hospital Outpatient Prospective Payment System and the Ambulatory

Surgical Center Payment System for 2017.

The proposed rule also benefits family physicians by providing an implementation plan for site-neutral Medicare payment, an issue that Congress addressed in the Bipartisan Budget Act of 2015 and that the AAFP ultimately checked off as a legislative win.

### Among Highlights Are:

- The AAFP credits its advocacy and legislative efforts in prompting CMS to make changes in a proposed

rule that will benefit family physicians.

- CMS proposed the implementation of a 90-day reporting period in 2016 for participants in the Medicare Electronic Health Record Incentive Program.
- The proposed rule also provides an implementation plan for site-neutral Medicare payment -- an issue that Congress addressed in the Bipartisan Budget Act of 2015.

### CONNECTICUT FAMILY PHYSICIAN



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](mailto:Mschuman@ssmgt.com)

Mary Yokose  
[Myokose@ssmgt.com](mailto:Myokose@ssmgt.com)

Arthur Schuman  
[Aschuman@ssmgt.com](mailto:Aschuman@ssmgt.com)

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## 2016 Symposium

October 19-20, 2016

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 2016 CAFP Scientific Symposium.

**Save the Date!**