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CAFP Provides Legislative Committee with Strong Statements Against PA Bill

An Act Concerning Collaborative arrangements between Physician Assistants and Physicians was raised in the Public Health Committee and a public hearing was held on March 16th. Dr. Stacy Taylor spent the entire day at the Capitol and delivered a well-received testimony to the Committee at about 9:00 pm. She clarified training differentials between PAs and Physicians to correct an erroneous testimony that was provided earlier in the evening.

Staff also worked with Robert Cox, a student, to submit written testimony. His testimony focused on the fact that removing supervision and paving the path for independence of PAs in the State only contributes to the mass exodus of medical students from our State as physicians are less likely to want to practice in that type of environment.

The testimonies, reproduced in this issue, were a big factor in the committee's decision to take no action on this bill.

The expectation is that PAs will submit a new Scope Review to the Department of Public Health in August. Next is the Academy testimony.

"This testimony was a big factor in the committee's decision to take no action on this bill."

Dr. Stacy Taylor Presents CAFP Remarks

Editor's Note: Dr. Taylor is a Past President of the CAFP. Her testimony has been edited due to space limitations.

Good evening Senators Gerratana, Somers, Representative Steinberg, and the members of the Public Health Committee. My name is Dr. Stacy Taylor, and I am a Past President of the Connecticut Academy of Family Physicians and Chair of its Legislative Committee. I am here today on behalf of the members of the Connecticut Academy and the Connecticut State Medical Society in opposition to SB 300, An Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians.

The Connecticut Academy of Family Physicians believes that high-performing interprofessional teams, including family physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs) are best at providing high-quality patient-centric care. In fact, the majority of family physicians in-

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Family Medicine Reaches New High in NRMP Match

The results are in for the 2018 National Resident Matching Program (NRMP) Main Residency Match, and this year's numbers highlight some significant accomplishments for family medicine. For instance, NRMP information made public today reveals:

- 3,654 positions were offered in family medicine this year—276 more than in 2017,
- 3,535 medical students and graduates matched to family medicine—298 more than in 2017, and
- a 96.7 percent fill rate for family medicine residency programs—the highest ever recorded for the specialty and nearly a percentage point higher than in 2017 (95.8 percent).

"3,535 medical students and graduates matched to family medicine—298 more than in 2017"

The number of U.S. seniors matching to family medicine also increased in 2018. A total of 1,648 U.S. seniors—defined by the NRMP as those graduating from an M.D.-granting medical school—matched to family medicine residency programs this year, compared to 1,530 in 2017.

This annual event, often referred to simply as the Match, marks the culmination of a student's medical school education and propels new graduates into additional specialized training in U.S. residency programs.

AAFP President Michael Munger, M.D., of Overland Park, Kan., noted the significance of the 2018 Match numbers. "This was the best Match showing ever recorded for family medicine and represents nine straight years of increases for the specialty," Munger said in an interview with *AAFP News*.

Dr. Stacy Taylor Presents Strong CAFP Testimony

(*continued from page 1)*

clude NPs, PAs and/or CNMs in their practices. Clearly, teamwork has been identified as an important component of improving patient care, with each team member contributing to the best of their ability.

There is no doubt that there are benefits to working together. However, there continues to be tension around independent practice, who should be the practice leader, and details about how the team should be managed. The overriding principle for continued dialogue around any health care issue should ***not*** be who gets more recognition, but should keep the ***patient at the center*** of every effort.

*"The overriding principle for continued dialogue around any health care issue should **not** be who gets more recognition, but should keep the **patient at the center** of every effort."*

Because the patient is at the center of our concern, the Connecticut Academy of Family Physicians does not believe that the scope of practice should be modified for physician assistants. Physician assistants are already an essential and respected part of the health care team. Their proposal does not increase the quality of patient care and, in fact, may create unintentional harm by allowing an overly confident and less educated, less experienced physician assistant to not seek collaboration when warranted.

Educational differences are vastly different for a physician assistant compared with that of a medical doctor.

PAs:

- 4-year BA or BS
- 2- to 2.5-year master's program
- No residency training program

MDs:

- 4-year BA or BS
- 4-year medical doctoral training program
- Minimum 3-year residency training program

Clinical hours in training are also significantly different.

- **PAs:** 2000 clinical hours
- **MDs:** 15-16,000 clinical hours

No healthcare professional ever stops learning; however, to not mandate supervision of a less experienced physician assistant by an MD with more training and experience places patients potentially at risk.

The Connecticut Academy of Family Physicians would have been more than pleased to participate in a constructive dialogue with our physician assistant colleagues, especially one which was patient-centric. Unfortunately, we were not able to do so as this did not come before the DPH Scope of Practice Committee.

We hope that future issues that come before the Legislature are primarily focused on patients, such as:

- Organizing our scarce primary care workforce to meet the needs of all patients with the highest quality care possible
- Providing coordinated healthcare across all locations and spectrums of care
- Engaging patients to becoming true partners in their care, and
- Working together to provide policies that support a high-quality, reasonably-funded primary care workforce.

Medical Student Submits Testimony to the Public Health Committee

Editor's Note: Robert Cox, a medical student at UCONN, represented the Academy with written testimony on SB 300, An Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians.

Good afternoon Senators Gerratana, Somers and Representative Steinberg, and members of the Public Health Committee. My name is Robert Cox. I am from Litchfield, and I am now a third-year medical student at the University of Connecticut School of Medicine. I speak from the perspective of a medical student in opposition to SB 300, An Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians. Though I cannot say with certainty that I speak for all students, I can say that I speak on behalf of many of my colleagues.

In primary care there is a need for expertise at all levels, including physicians as well as their non-physician colleagues. Therefore, there is continued need for physicians as well as nurse practitioners, physician assistants, and certified nurse midwives to be available on a continual basis to meet patients' needs. The increase of the scope of practice by non-physician medical practitioners has discouraged many medical students from entering primary care and staying in the state of Connecticut. Medical students who would initially have considered primary care find it difficult to justify the tremendous costs and extensive additional years in training only to virtually end up performing the same job as their physician assistant colleagues.

"Medical students who would initially have considered primary care find it difficult to justify the tremendous costs and extensive additional years in training only to virtually end up performing the same job as their physician assistant colleagues."

The same can be said for premedical students who may have considered extensive training as primary care physicians, but are now opting for less training and expertise and also decreased educational costs by choosing to become physician assistants rather than entering medical school.

As there are fewer physicians willing to go into primary care in Connecticut, there will be less expertise, knowledge and training for the benefit of the patients residing in our state.

Thank you for your attention to this matter.

Handling Chronic Opiate Therapy with Suggested Patient Letter

by H. Andrew Selinger, M.D.

"I am now taking this a step further. I am sending out a letter to all of these patients (identified through our ProHealth Physicians practice database) requesting that they come in with a family member or significant other for an office visit to review the reasons for and administration of nasal naloxone (see the accompanying letter below)."

I want to share with all of you an initiative I am pursuing with patients for whom I prescribe chronic opiate therapy. I have made a point to be certain that each and everyone of these patients receives a prescription annually for nasal naloxone (Narcan).

Recently, I heard from the mother of one of my patients that they administered this to her son (my patient) and revived him after an accidental overdose of an illegal recreational drug.

I am now taking this a step further. I am sending out a letter to all of these patients (identified through our ProHealth Physicians practice database) requesting that they come in with a family member or significant other for an office visit to review the reasons for and administration of nasal naloxone (see the accompanying letter below).

This is a requirement to continue to receive a prescription opiate. I hope you find this letter appropriate and useful and that you will consider adopting a similar practice if you are not already doing so.

See sample letter below, which AAFP will eventually include in its tool kit as the following address: www.aafp.org/patient-care/public-health/pain-opioids/cpm-toolkit.html

"Additionally, it has been strongly recommended by the U.S. Attorney General and other health professionals that every individual who receives opiate medication for chronic pain also have in their possession nasal naloxone (Narcan) with awareness and understanding of how it is to be administered in the event of an accidental or intentional overdose."

Dear Patients,

I am writing this to all of you who use chronic pain medication known as opiate therapy to be able to function in your lives more comfortably. As you know this has become a very serious topic nationally and the processes have changed significantly in Connecticut for the prescribing of your opiate medication. Your medication now must be prescribed electronically, can only be ordered for 30 days at a time and you are part of the statewide database which tracks all opiate prescriptions (as well as other "scheduled" medications), which must be reviewed by me every 90 days to confirm adherence to the prescribed dosage and to be certain that you are not receiving your opiate medication from more than 1 prescriber. This process happens automatically in our office.

Additionally, it has been strongly recommended by the U.S. Attorney General and other health professionals that every individual who receives opiate medication for chronic pain also have in their possession nasal naloxone (Narcan) with awareness and understanding of how it is to be administered in the event of an accidental or intentional overdose. I strongly support this recommendation and for that reason, I am asking each of you to come in once, with a significant other or responsible family member(s), to go over how this medication is administered and to make sure you have received a prescription for nasal naloxone (Narcan). This visit is a **requirement** for me to continue to prescribe. I will renew the nasal naloxone annually and I am establishing a system to be sure that every patient picks up their Narcan from the pharmacy. I very much want to know if there is a financial barrier to doing so.

The visit requirement for me with a significant other or family member(s) is once only, but state law requires that we have an in-office visit every 90 days. Most of you already know and do this. We will begin to record when each of you schedule this visit. When scheduling, please refer to this visit as the Narcan pain management visit.

I have your safety and best interests at heart.

Sincerely,

Your Physician

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.

Letters to the Editor

Mark,

I've been meaning to thank you for sending me the extra copies of The Connecticut Family Physician. I never dreamed I would get the front page byline of a major publication!

Thanks for all you do. You are a good friend.

Best wishes,
Gary LeRoy, M.D.

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On behalf of the Board of Trustees of the Indiana Academy of Family Physicians (IAFP) Foundation, I would like to thank the Connecticut Academy of Family Physicians for your contribution in the amount of $1,000 toward Puerto Rico restoration from Hurricane Maria damage.

Through the IAFP Foundation, your donation has been used to support physicians impacted by Hurricane Maria as they attempt to reopen their practices and begin caring for their communities again. Over $100,000 has been raised, with 66 generators purchased to date. We will continue to work with family physicians, health professionals, and relief groups to get generators and other crucial supplies into the hands of physicians in Puerto Rico as long as there are funds available. Recent reports are that some areas of Puerto Rico will not regain power until Summer 2018.

This relief effort was truly a collaboration of family physicians and friends of family medicine across the entire country—the IAFP Foundation was merely a partner in the work. We must offer an enormous THANK YOU to the Academia de Médicos de Familia de Puerto Rico, as without their invaluable efforts on the ground, these funds would have not had near the impact.

Again, thank you for your generous contribution to support our colleagues in Puerto Rico.

Sincerely,
Kevin Speer, JD
Executive Vice President
IAFP and IAFP Foundation

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Dear Mary and Mark,

Just wanted to take a minute to let you know how much the Michigan Academy of Family Physician participants enjoyed the Ten State Conference that CAFP hosted. A fabulous job all the way around; please share with your Board how appreciative we are of the hospitality, content and fun!

Best Regards,
Debra McGuire

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I left early yesterday, so I did not properly say, "Thank you for a wonderful 10 State Conference!" The educational sessions were great. I have a long list of contacts and to-dos. The reception at Mark Twain's home was brilliant. I loved the tour of the home and the seafood buffet table was awesome. Your choices and presentation of food for the breakfasts, lunches and breaks were interesting and fun.

All in all, a great job, well done!

Cheers!
Vinvent D. Keenan, CAE
Illinois Academy of Family Physicians

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I wanted to make everyone aware of the fantastic job physicians did last night providing testimony and answering question on both the PA and Podiatry bills. Testimony on these bills and others did not begin until around 11am and did not end until well after 9pm. Again, great work by all after a long day. This testimony, the answers provided, and the traction gained by your participation is what gives our team traction in lobbying these issues moving forward.

Ken Ferrucci
Senior Vice President of Government Affairs
Connecticut State Medical Society

Of Note…

- CAFP wins 2 membership awards: Highest Percent Increase in Active Membership for 2017, 2nd Place and 100% Resident Membership Recognition
- Attending the April 25-28 Annual Chapter Leader Forum meeting: Fonda Gravino, M.D.; Ross Winakor, M.D.; Mark Schuman and Mary Yokose
- Attending the April 25-28 National Conference of Constituency Leaders meeting: Yadira Acevedo, M.D. - New Physician; Khuram Ghumman, M.D. - IMG; Sandra Hughes, M.D. - Women; Harold Phillips, M.D. - Minority

Thanks to our leaders for representing CT at the AAFP Leadership Conference.

Pictured L-R are: Khuram Ghumman, MD; Yadira Acevedo, MD; Sandra Hughes, MD; Fonda Gravino, MD; Ross Winakor, MD

Dr. Harold Phillips led the first-time NCCL Attendee Orientation with a fun game of Family Feud.

Members from CT and OH met as the Board of the Core Content Review of Family Medicine in Kansas City on April 28th. Pictured are: Tom Houston, MD (OH); Sandra Hughes, MD (CT); Cathy Bishop, DO (OH); Sarah Sams, MD (OH); Ross Winakor, MD (CT); Fonda Gravino, MD (CT); Don Mack, MD (OH); Ryan Kauffman, MD (CT); Frank Crociata, DO (CT)

CAFP Provides Letter of Interest for SIM Proposal

In a letter to Mark Schaefer, Ph.D., the Academy expressed interest in a proposal set forth by the State Innovation Model (SIM) and Office of Healthcare Strategy (OHS) of CT as a first step toward changing the current primary care payment paradigm. CAFP applauded the efforts of him and his team for recognizing that the current system is incompatible with the aims of healthcare, and the Board appreciated his initiative to address this complex, but vitally important issue.

Forward thinking and planning is something we as family physicians feel is important to payment reform and many of our members are already on the forefront of this on both state and national levels. The letter told Dr. Schaefer that family physicians are intuitive team players who are trained to integrate the complex medical and psychosocial conditions of our patients, making us the crux of any well-coordinated, patient-centered, quality, cost-efficient and team-based care plan not only for an individual patient, but for communities in which they live as well.

Given this as well as the diversity of CAFP member professional practices, family physicians in CT are an especially rich source of experience and ideas which would add greatly to payment reform proposals.

ABFM/STFM Initiative

by H. Andrew Selinger, M.D.

The Society of Teachers of Family Medicine (STFM) in cooperation with the American Board of Family Medicine (ABFM) is striving to increase community family physician participation in medical student teaching AND satisfy Part IV MOC recertification requirements. 44 medical schools are currently piloting an initiative called the "Preceptor Performance Improvement Project." It allows for community preceptors who teach to satisfy their Part IV MOC requirement at the same time! The 3 essential requirements are:

- 180 hours of student teaching contact time during each 3-year cycle
- An online course(s), evidence-based reading, or in-person training to address a specific area of teaching performance
- A self-evaluation of teaching skills performed by the teaching physician and follow-up assessment from medical student(s) or resident(s) and self-evaluation/reflection by the teaching physician

The Academy expectation is that this will roll-out for everyone in 2019. This is a great opportunity to teach and at the same time satisfy the recertification practice improvement requirement!

New CAFP Members Welcome!

Maggie Lee, M.D.
Hamden, CT

Lidia Mikolaenko, D.O.
Middletown, CT

Mark Roy, M.D.
Durham, CT

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 CAFP Scientific Symposium.

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