

CONNECTICUT FAMILY PHYSICIAN

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What They Are Saying: Excerpts from 2016 AAFP Congress of Delegates Speeches

Managing Patient Needs

We know that comprehensive care by physicians is linked to better quality and lower cost. And yet recent literature reviews indicate a decline in the extent to which family physicians recognize and manage a majority of patient care needs.

The rapid rise in the number of referrals out of primary care to subspecialists affirms this alarming trend. And while the discipline recommitted to this tenet as part of the Future of Family Medicine project in 2004 and did so again as part of Family Medicine for America's Health, it appears that we are not adequately holding up our part of this commitment to our patients. As the medical home model continues to evolve, perhaps the milestones and principles which define it need to place greater emphasis and expectations on family physicians and their care teams to deliver and maintain comprehensive care.

Douglas E. Henley, M.D.
AAFP EVP

Where We Came From

The American Board of Family Practice was established in 1969, but the specialty of family medicine was born in 1966... William R. Willard, MD, has been called the father of family medicine.

Trained as a pediatrician and then in public health, he spent the majority of his career as an academician and administrator. He was offered the deanship at the Upstate Medical Center of the State University of New York in Syracuse at the relatively young age of 43. After five years in Syracuse, he became the founding dean in 1956 for the University of Kentucky College of Medicine. In 1972, he became the founding dean of the College of Community Health Sciences at the University of Alabama in Tuscaloosa. I met Dr. Willard in the summer of 1977 as a sophomore medical student doing a summer externship in Tuscaloosa. While I was there, I was present for the groundbreaking of an educational wing of the hospital in Tuscaloosa appropriately called the Willard Tower.

Wherever he went, Willard would initiate educational programs that emphasized medicine as both a curative and a preventative science, and that evidenced concern for the health of the public and the resources of the community. The schools where he served would not only have the standard departments of medicine, surgery, OB/GYN, pediatrics

and psychiatry, but also medical economics, medical ethics, and behavioral sciences.

To Willard, individuals make up families and families make up whole communities. Through innovative administration and a deep commitment to the patient as an individual and a member of the community, Willard broadened the focus of health care, moving away from a narrow view of patients as a system of organs – even more narrowly as one part, one piece of a system – to a panorama: Patients as complex individuals in a complex environment. He strove to achieve multidisciplinary medical education, embracing broadly defined individual and community health care.

John S. Meigs, Jr., M.D.
AAFP President

Payment Reform

In my address to this Congress over the past five years, I have stated that payment reform in health care is a train that has left the station and that medical home transformation remains the best preparation for this transition from fee-for-service reimbursement based on volume to alternative payment models based on value. For many of our members, I realize that such reform has

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(Continued on page 2)

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(Continued from page 1)

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yet to arrive in a meaningful way. But it is happening and the implementation of MACRA will only further accelerate this transition that can better support the transformation and sustainability of family medicine practices.

Because MACRA points the way to these new payment models, there should be no doubt that informing, educating, and preparing our members for MACRA is job one for the AAFP and our chapters over the next 12 to 24 months. It is also important that we call out CMS to improve the proposed rule, especially as it relates to solo and small independent practices – and we have been bold and feisty in doing so as evidenced by the recent CMS announcement concerning several options for physician participation in 2017 and no penalties in 2019 – they listened to us!

But as we discuss and inform members about MACRA, let us not forget that the entire house of medicine lobbied for a solution to the SGR and we had two years to study this legislation before final passage. Absent this legislation, remaining in an SGR world would have been worse than moving forward in a MACRA world.

This transition to alternative and more comprehensive payment models will be challenging and will, I believe, lead to the inevitable battle over reimbursement and shared savings with our specialty colleagues and hospitals. Bob Kocher described this in a July *NEJM* editorial,

but he also noted that these savings will come from reduced hospital admissions and readmissions, reduced inpatient days, reduced nursing home days, reduced emergency room visits, less referrals, and less diagnostic lab and imaging studies – especially related to conditions such as congestive heart failure, diabetes, COPD, asthma, back pain, and arthritis, - all clearly in the management wheelhouse of family medicine. Folks, there is real opportunity here for family docs to do well! This is a target rich environment for family medicine to excel.

Douglas E. Henley, M.D.
AAFP EVP

Telling Our Story

Personally I have been on the road most of this year making visits to legislators, the Surgeon General, industry, key health care leaders, medical schools, and many, many state chapters.

We are telling the value proposition of family medicine correcting many misconceptions. GONE are the days when we have to explain that we have a critical workforce shortage of primary care in this country.

With at least one high profile media call on most days, there was not one single reporter who didn't already know this and understand that a shortage of thousands of family physicians is a major problem if American health care is going to improve as we know it needs to. That critical first awareness is a foundation laid by previous presidents and

boards, by our amazing staff and by many of you in our chapters. I was able to build our message and push the envelope, being...as a Michigan member proudly told me after a speech...unabashedly biased and proud of family medicine and America's family physicians.

Telling the stories of wanting more time with patients, caring for people across the lifespan, with more complexity than any other medical specialty, being ground in scientific evidence but delivering care based on patient relationships and with compassion was my privilege. Telling stories about WAC (work after clinic) and the need to reduce it dramatically, ridiculous prior authorization demands that take us away from patients, physician burnout, and EHRs that are not fulfilling their promise were some of my messages. With concrete stories from my own practice and those shared by many members across this country, we have opened a lot of eyes and ears to the need for meaningful change. Even CMS has heard and begun to respond, accepting many of our recommendations. But we are far from satisfied!

Wanda Filer, M.D.
AAFP Immediate Past President

The Affordable Care Act

The AAFP supported the passage of the Affordable Care Act (ACA) based upon policy first adopted in 1989 calling for health care coverage for

(Continued on page 4)

Comment from the CAFP President **Starting a Family Practice Career**

Frank Crociata, D.O.

Thank you for welcoming me as the new Connecticut Academy of Family Physicians President. For my first President's message I thought I would share a bit about myself. I would not be writing this today if I had stayed with my original career choice. In college I began as an engineering major and planned to go into aerospace. This is what I wanted to do since I was a kid. As I matured I realized that I wanted something more fulfilling, something I would do for the rest of my life. I had no physicians in my family and I was only the second person in my extended family to go to college. My parents were Italian immigrants and while neither of them had much education, they did value its importance.

As luck would have it, I found my mentor in a wonderful primary care physician, Dr. Connie Rizzo who taught at the college I was attending. After a couple of months of meeting with her once a week I decided to pursue a career in medicine and transferred to a school with a strong pre-med program.

Dr. Rizzo inspired me with the way she talked about the sacred and unique relationship between the doctor and patient. She said it was a great privilege and responsibility to take care of

people who are usually nervous, or scared and quite vulnerable. In our talks she also hinted at how the system in which doctors work can make it difficult to achieve and maintain a therapeutic relationship with patients. Let me focus on the positives and what I think leads many of us to pursue a career in medicine and especially Family medicine. I think that spark for many of us came from the promise of the therapeutic relationship. One of the definitions of a therapeutic relationship refers to the one between the healthcare professional and the patient. It is the means by which a physician and patient hope to engage with each other and effect a beneficial change in the patient.

After graduating from an osteopathic medical school and completing a very demanding internship. I was fortunate enough to be accepted into the Middlesex Hospital residency program. I could not have asked for a better place to learn the art and the skills of becoming a family physician.

Fast forward to a few years after residency and I decided it was time to establish my own solo practice, which while rare now was still not so common back then. I found the perfect house in downtown

Torrington. The house was about 100 years old, had plenty of parking and was ideally located. I cannot claim to be prescient here, but talk about a medical home! But, no medical home is complete without a loyal, friendly and dedicated staff. This, of course, started with my wife Mary Ellen who was several months pregnant at the time with our twin girls and was no longer working as an ICU nurse. So I asked or more like begged her to come on as our office manager. What better way to put the "family" into family practice I said. She agreed and I'm pretty sure still regrets it to this day. In all fairness I could not have done it without her.

Now, as I write this I still believe that getting something good and important done is far easier and better when you are surrounded by an amazing team. I am now surrounded by a great team. The team of 450+ Family physician members in our Academy. Together we will work to make family medicine stronger. I thank you for the honor of this opportunity to serve our Academy.

Over the next year I will write several more president's messages outlining my views on the state of Family Medicine. I would certainly appreciate your comments.

"I think that spark for many of us came from the promise of the therapeutic relationship."

New CAFP Members

Welcome:

Nnennaya Chisom Duke, DO
Ridgefield, CT

Daniel M. Lerner, DO
Avon, CT

Lori D. Lerner, DO
Avon, CT

Timothy S. Lishnak, MD
West Hartford, CT

"Now, as I write this I still believe that getting something good and important done is far easier and better when you are surrounded by an amazing team."

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.

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(Continued from page 2)

all. Six years after passage and two years into full implementation, the ACA has reduced the rate of the uninsured from 16% to 9%. It has increased access to care, improved individual financial security, and has shown improvement in the indicators of better health at the population level. Regardless of the outcome of the elections, I predict there will be continued calls (and potential momentum) for the repeal of the ACA, especially with the release of the Republican health reform plan called “A Better Way.”

For many reasons, repeal and replace will be difficult so I suspect and hope that there will be opportunity for legislation to amend and improve the ACA. Either way, the AAFP will be poised to express to the administration and congress our pro-

posals for continued health system reform whether by “replace” or “amend” legislation.

Douglas E. Henley, M.D.
AAFP EVP

Hearing from Family Medicine

We have had a lot of victories. I visited the White House or White House Complex several times during my presidency. The White House Conference on Aging, The White House Conference on Team Based Care, The White House Conference on Antibiotic Stewardship, and the Stop the Bleed Campaign. We were at the table each and every time and our voice was viewed as important representing family physicians and our patients. I testified in front of the Senate Help Committee on EHR interoperability,

whatever that is, and in front of the House Energy and Commerce Committee on MACRA preparedness.

But we did and do face challenges as our health care system delivery and payment system evolves.

Larger and larger health care systems that purchase your practice are sending a non-MD, MBA to your office to tell you how many patients you will see, what type of patients you will see, and what procedures you can do, and defining who you are as a family physician. My only comment is if you aren't sure who you are as a family physician, don't ask your health care system, ask me. I will tell you who you are and what you can do.

Robert Wergin, M.D.
Retiring Board Chair AAFP

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Letters to the Editor

Mark:

I enjoyed speaking at your symposium. While I am not a public speaker, it was fun—thank you for thinking of me. I would like to donate my honorarium to the CAFP foundation.

Thank you again,
Raji Mulukutla, M.D.

Mark:

Just wanted to tell you all that the symposium was a great success. Thanks to all of you for the hard work.

I actually think that the configuration with the booths in the same room worked well. The exhibitors could hear the lectures and there was no barrier to people visiting their booths.

Charlene Li, M.D.

Kirsten & Mark:

I wanted to thank you for the opportunity to speak today at the symposium. I thought that the lecture went well and the audience was engaged. If there is any way I can help you in the future, please feel free to reach out.

Warm Regards,
Paul Feurstadt, M.D.

Mark:

I thought this was one of the best recent conferences. Congratulations on a job well done. I see you work and appreciate what you do for our Academy. Thank you for being who you are.

Marianne Bette, M.D.