

CONNECTICUT FAMILY PHYSICIAN

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“Oversight of the Core Content Review of Family Medicine is now a function of the CT-AFP Board and the control of its future success is solely ours.”

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New Initiatives Are Being Studied by the Board By Timothy Fignar, M.D., President

We are well into our New Year and I wanted to share with you our “20/20” VISION for this year’s Connecticut Academy Board. After an initial meeting with the Connecticut State Medical Society (CSMS) in discussing the legislative agenda, we are taking the momentum started at our Symposium to address the topics most important to our members.

LOOKING to lighten the load with reduced Administrative Burden, our first discussion addressed the growing issues with prior authorization. We chose to be aggressive in our requests for shorter wait times, standardized

forms and a uniform location to find covered alternatives easier. We sent out information about Connecticut’s already “in place” waiver process for step-therapy, of which many of us were not aware. We will be resubmitting the results of our own Prior Authorization survey and its costs as well as delays in patient care. We may not be able to avoid the process altogether, but we can partner in forging common ground with the companies requiring them.

OVERSIGHT of the Core Content Review of Family Medicine is now a function of the CT-AFP Board and the control of its future

success is solely ours. We have created a new committee to help guide the process in conjunction with our dedicated Editorial and Executive Staff. The goal is to increase its market share. It is an amazing longitudinal, peer-reviewed CME product that is put together with much labor and love – yet most of our own Academy members do not subscribe. Naturally, thousands of your colleagues from just about every state use this wonderful program. Core Content has been a name you can trust for over 50 years – no outside funding or advertising is accepted – take a second GLANCE. The ad in this issue will make it easier for you to register.



Physician Filmmaker Documents More Than Patient Records By David Mitchell

Editor’s Note: Quite a story. Connecticut Family Physician is pleased to present Dr. Lopez’s story, originally printed by the AAFP.

At pivotal moments in the life of Leo Lopez III, M.D., family physicians have been there to not only provide diagnosis and treatment but also answer questions and guide the way.

Lopez was 9 when a family physician detected a lump in his mother’s breast and referred her to imaging, beginning a long battle with cancer that exposed Lopez to multiple health care settings and inspired him to volunteer in public health initiatives in South Texas.

Lopez already was pondering a career in health care when he collapsed during a high school football game. The incident cemented his career path in medicine. It was a family physician, Jake Margo, M.D., who was on the sidelines caring for athletes that night.

“I learned what it was like to be a patient in that vulnerable space,” said Lopez, who suffered a subdural hematoma and required emergency brain surgery. “I had interactions with EMS, nurses and physicians. It was a family physician on the sideline who rode with me in the ambulance and was by my side through it all. I maintained that relation-

(Continued on page 2)

EYES forward – there are more innovative topics on the horizon. We will be taking on Alternative Practice Models (a topic highly received and discussed with our students and residents at our Symposium forum), High-Deductible Health Plans, State Vaccination requirements and ending the year in Long-Range planning mode.

We will set our SIGHTS on goals for the next 5-10 years. As always, we look for your support. Change is taking place here in Connecticut – reach out to your Board or contact the office to take a more active role.

Physician Filmmaker Documents More Than Records (continued from page 1)

"I had four years of media training in high school," said Lopez, who produced and directed both films. "I've continued to build my skills in the field. I've always been fascinated by storytelling and its potential to impact policy. It's integral to the work I'm doing now."

ship and shadowed him later."

Lopez's ordeal made the local news and also connected him to Mario Ramirez, M.D., a pioneer of family medicine in the Rio Grande Valley.

"Someone mentioned to Dr. Ramirez that I had interest in medicine, and he organized meetings with me while I was in the hospital and after I went home," Lopez said. "He talked to me about caring for human beings as a whole. He had all these rich stories about bringing people into the world and caring for them for their entire lives and going on home visits and being welcomed by the whole family. I knew I wanted to be part of that world."

Lopez, a graduate of the University of Texas School of Medicine at San Antonio and the Christus Santa Rosa Family Medicine Residency Program, is completing his training in the Yale School of Medicine's National Clinician Scholars Program in New Haven. He is con-

ducting research in the fellowship program related to Medicaid programs, nonprofit hospitals and literacy programs, and he expects to complete a master's degree in health science in June.

He also sees patients and teaches medical students at the Yale New Haven Hospital Primary Care Center, sees patients and teaches residents at the Fair Haven Community Health Center and evaluates patients at the Yale Center for Asylum Medi-

Lopez already has a job lined up when his fellowship ends. He has worked as a health policy analyst for New York City Health and Hospitals since last summer and will assume the role of director of health equity in the city's public safety net system.

Lopez plans to continue his research and see patients in his new role. Although research often leads to literature publication, Lopez has some other ideas for his findings. He already has

produced a couple of documentaries. *Texas UnMedicaided*, which he made during residency, looked at his native state's decision not to expand Medicaid under the Patient Protection and Affordable Care Act.

The film has been screened for physician conferences, advocacy groups and on college campuses with the intent of "building coalitions and having conversation about what Medicaid expansion could mean for Texas."

Another film, *Image of the Enemy*, was shot in Israel and examined perceptions among groups in conflict.

"I had four years of media training in high school," said Lopez, who produced and directed both films. "I've continued to build my skills in the field. I've always been fascinated by storytelling and its potential to impact policy. It's integral to the work I'm doing now."

Now Lopez is directing an as-yet-untitled documentary series that will look at the intersection of social justice and the social determinants of health, examining issues such as how physicians respond to family separations at the U.S. border. He hopes to release it next spring despite a loaded schedule.

Helping Connecticut Residents Determine Their Future

The Family Medicine Development Task Force, led by Dr. Fonda Gravino, was created with one goal in mind, to help Connecticut residents determine their future after residency. We have learned that with their focus on scholarly activity, travel and interviewing that many Residents are just feeling overwhelmed. With research done by the task force it was confirmed that most Residents did not fully understand all the benefits of the various practice models available to them in our State. At our Symposium this past October, the task force held a "speed-dating" type event to introduce various model types. For those in attendance the overwhelming response was positive.

The only negative was that they wanted more time to ask more questions! The task force hopes to take this event on the road and visit each of the four Residency Programs in the State. We look forward to being able to expand on this project.

Financial support for this program is provided by the FMPC which is funded by members like you! Help programs like this continue to support family medicine by giving to the FMPC. Select "Chapter Grants" when making your gift online at (<https://www.aafpfoundation.org/foundation/get-involved/give/donation-form.html>). Thank you!

CAFP Foundation

Contributions to the Foundation should be sent to: CAFP Foundation c/o of the Academy Executive Office, One Regency Drive, PO Box 30, Bloomfield, CT 06002

Summer Preceptorship in Primary Care

Purpose:

To expose students to the multi-faceted nature of a career in primary care under the mentorship of local physicians, and to engage them in meaningful projects that benefit patients and communities.

Pilot program overview:

- Opportunity to work with a UConn medical student over the summer on a scholarly project, while also exposing them to your primary care practice
- Student participation in all aspects of your career in primary care, including activities such as clinical care, research, policy work, volunteering, and quality improvement

Logistics:

- 4-8 weeks during Summer 2020
- Approximate time allotment:
 - 2-3 days/week involved in research or Continuous Quality Improvement (CQI)
 - 2 days/week shadowing in the clinic
 - 1 day/week attending meetings, policy discussions, or outside activities, based on the schedule and interests of the mentoring physician
- Week-to-week schedule can vary depending on the interests and commitments of the physician and student

Examples of scholarly projects and professional activities:

- Studying and implementing new ways to improve efficiency and patient experience in the primary care office, i.e. through CQI projects
- Determining major barriers to care or pervasive social determinants of health affecting entire communities of patients
- Giving a talk at a local PTA meeting
- Conducting a patient home visit
- Attending a local sports game where you are the team physician
- Attending a staff meeting
- Volunteering at/organizing a wellness event or service project in the community

This pilot was developed in response to a call by UConn School of Medicine's Primary Care Progress (PCP) chapter for research experiences that engage students interested in primary care. Often, such medical students default to bench research activities that do not resonate with their whole-person, patient-centered or community health interests.

Questions? Please contact Kate Topalis (topalis@uchc.edu) for more information.

AAFP Seeks Members Active in Patient Safety

The AAFP frequently nominates members to national committees and technical expert panels involved in the development, review, and endorsement of quality measures to ensure the voice of family medicine is heard. Measures may be adopted to use in various payment and recognition programs, such as the Merit Based Incentive Payment System (MIPS), Alternative Payment Models (APMs), Medicaid, HEDIS, NCQA, and others. CMS

and National Quality Forum (NQF) are two of the most predominant bodies requesting representation of family medicine.

AAFP is currently seeking members that are experienced and active in the patient safety area. This is an area that AAFP believes needs further development and attention in the ambulatory setting. Safety issues such as diagnostic accuracy, treatment choice, medication side effects,

EHR-related safety issues, burn-out/workforce, transitions of care, and care coordination are integral to family medicine.

Chapters may wish to share this opportunity with members are encouraged to contact Sandy Pogones by email at spogones@aaafp.org with members that are qualified and interested in serving a national role.

CAFP Past President Dr. Stacy Taylor Testifies at Legislator’s Immunization Hearing



On February 19, 2020, Dr. Stacy Taylor, Chair of the CAFP Legislative Committee testified at a Public Health Committee hearing. Her testimony in support of House Bill 5044 AN ACT CONCERNING IMMUNIZATIONS was part of the 22 hour public hearing. Dr. Taylor spoke eloquently and from the heart. “As physicians, we devote our entire lives to helping oth-

ers. We are scientists and are taught to use evidence-based medicine to not only help our patients when they are ill, but also to prevent illness whenever we can.” She went on to add, “Vaccine-preventable diseases (VPD) pose a very real threat to both individual and the public health, and yet studies show that vaccination rates are declining everywhere. Small numbers of

cases can lead to the re-emergence of VPD if there are increasing numbers of unvaccinated people, leaving communities susceptible to outbreaks of these preventable diseases. The number of parents in Connecticut stating a religious exemption has risen to such an extent that an outbreak of measles in some of our public schools may unfortunately lead to the illness or death of children whose parents have chosen to not have vaccinated but also to the illness and death of children who are unable to be vaccinated.”

This testimony was very important for Dr. Taylor. In 1953, she lost her brother Scotty. Scotty and 3,144 others died of polio during that time. One year later the first polio vaccine became available.

“She went on to add, “Vaccine-preventable disease (VPD) pose a very real threat to both individual and the public health, and yet studies show that vaccination rates are declining everywhere.”

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.

CAFP Statement on Prior Authorization

The Connecticut Academy of Family Physicians took up the topic of prior authorizations and the need for continue dialogue and reform. The time and effort required by Family Physicians and their staff to complete the PA process is growing. In a recent survey to our membership, almost 50% of respondents spent up to 260 hours per year, and 25% spent up to 520 hours per year on PAs. From phone calls, faxes, and forms—the process of delivering high-quality medical care in an efficient manner is severely impeded.

Dr. Timothy Fignar, CAFP President, states, “The time spent on the prior authorization process is more time not spent caring for our patients. We need approval for medication, lab, radiology testing, sleep studies, and physical therapy to name a few. This constant intrusion can lead to delays in treatment and ultimately harm to the patients we are trying to help.”

The American Academy of Family Physicians believes the prior authorization must be evidence-based, transparent, and administratively efficient to ensure timely access to promote ideal patient outcomes. Prior authorization clearly creates an administrative burden for physicians. The burden of prior authorization also has an effect on patients. Ninety percent of physicians report that prior authorization sometimes, often, or always delays patient care. Nearly 60% of physicians report waiting at least one business day for a PA decision from a health plan, while 26% report waiting at least 3 business days. These delays increase wait times for medical services and prescription medications for patients while diminishing access to timely care. (This information was provided by the AMA in the 2016 AMA Prior authorization Physician Survey.)

While this is not a Family Medicine specific issue, the CAFP believes the following

legislative efforts are needed in CT to work in conjunction with our health plans to benefit physicians in all specialties:

1. Other states are increasingly requiring insurers to respond to PA requests by a certain deadline. Whereas, CT statute is currently 72 hours, we urge a change to 24 hours—as most are done electronically and this can be completed far sooner than the present time frame.
2. Legislation in other states has focused on requiring a standard, universal form if done via fax. Electronic transmissions should be done with standard transactions for electronic prior authorizations, developed by the National Council for Prescription Drug Programs.
3. Step Therapy protocols, though passed in 2015 for our state, are relatively unknown by providers and their staff. In a recent survey of our members, nearly 85% of respondents were unaware that an override process existed. For the small percentage that were aware, almost all respondents found the process challenging or extremely difficult. These override protocols need to be relayed to our members across all societies in specific detail.
4. Providers also suggested there should be a centralized website or location to see plan formularies in real time for transparency, that changes in formularies occur no more than annually, and that generic medications should not require a PA.
5. Continued efforts on cost reduction and cost transparency exist at all levels in the process.



Congratulations to CAFP member Dr. Jim Ouellette, left, who was recognized for his service and years as President to Middlesex County Medical Association. A well deserved recognition.

CAFP President, Dr. Tim Fignar, right, was the guest speaker discussing office efficiency at the same meeting.

Welcome New CAFP Members!

Stephanie Porto Schmidt, MD
Middletown, CT

Anish Rajesh Parekh, MD
East Lyme, CT

M. Lennie Baisa, MD
Willimantic, CT

Nick Florio, MD
Ridgefield, CT

Marcos A. Iglesias, MD
Hartford, CT

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Pictured are medical students from Frank H. Netter School of Medicine attending Physicians Advocacy Day at the Capitol on March 5th. Also included are Dr. Khuram Ghumman (far right), Representative Joe Polletta, and Mark Schuman and Mary Yokose of the CAFPA staff.

Of Note...

- Dr. Khuram R. Ghumman, Associate Professor at the Frank H. Netter School of Medicine at Quinnipiac University has been appointed to serve as a member of the United State Medical Licensing Examination Ambulatory Care Test Development Committee. USMLE is the sole licensing examination for allopathic physicians in the United States and is designed to assess the examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care.
- Dr. Kathy Mueller, a CAFPA past president, has been named to a 4-year term on the AAFP Commission on Membership and Member Services.

Letter to the Editor

The American Board of Family Medicine (ABFM) continues to value the efforts of the AAFP Chapters in assisting your members, who are also Diplomates of the ABFM, in meeting their certification requirements. We realize that it is not the responsibility of the Chapters to support certification, but many of you work to ensure that your members are successful.

ABFM made a strategic decision to partner with the AAFP Chapters to improve Diplomate engagement and experience with their certification process. Being a partner with the AAFP Chapters and having the ability to meet with physicians in their own state meetings has helped us with this effort tremendously. Many of you have already welcomed us to your meetings as a presenter, exhibitor, or as a special guest and others have already scheduled time for us to visit in 2020. We appreciate these opportunities and plan to continue this momentum well into the future. ABFM pledges to provide the AAFP Chapter with support through education, outreach and by providing resources that will help support your members' certification efforts.

Sincerely,

Elizabeth G. Baxley, MD, Executive Vice President

Ashley L. Webb, MSM, Director of Outreach

Save the Date

2020 Scientific Symposium
October 28 and 29
Aqua Turf Club

Exhibiting opportunities available
Please contact the CAFPA Office: 860-243-3977

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