

CONNECTICUT FAMILY PHYSICIAN

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“The group best suited to lead our healthcare needs for years to come is seated right here in this room – it’s Family Physicians.”

New President Uses Life Experiences To Challenge Today’s Family Physicians

By Timothy Fignar, M.D.



Each year at this annual meeting, the incoming president gets time to talk to you about themselves, the state of

Family Medicine in general, and how we need to make changes. Yet year to year, generally, those concerns remain the same. These include those highlighted at the opening of this meeting with a talk on administrative

burden. We strategized about improvements we can do in our own practices. So the fight for Family Medicine continues.

Just look at yesterday’s Family Medicine Smart Brief that comes daily to my (and probably your) busy email inbox. The following highlights piqued my interest:

- AAFP opposes payment parity and more in Executive Order – that non-MD providers shouldn’t receive blanket equal coverage for their work

- and ours as FPs (Reimbursement/Scope)
- Physicians pursue multistate licenses as telemedicine grows (Practice Transformation)
- Academy seeks more billing codes for primary care exception rule (Teaching Hospitals)

These are just to name a few and searching the last days and weeks show that still, the beat goes on. While I am glad the drummer is still playing, it’s about time to stop the music and answer one big question. The group best suited to lead our healthcare needs for years to come is seated right here in this room – it’s Family Physicians.

But we as doctors have vulnerabilities and challenges – they come from many angles. Today it could be insurance companies or the demands on your time with maintaining certification. And you, like me, have had to face adversity, not only in our professional lives, but in our personal lives, and we still make it through to the other side. So today I thought I would share with you the “why” – why we as family doctors seem to find our way.

I have been lucky to be shown the right path from a very young age. I always wanted to go to college, become a doctor and help other people (my good Eagle Scout training). But these goals were shaped more by life experiences. Since Family Med-

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“Connecticut is a medium-sized chapter; but in our hearts and with our actions and the words that come out of our mouths, Connecticut is as large as they come.”

Completing a Second Term: Frustrating, Incredible, Exciting

By Ross Winakor, M.D.



Editor’s Note: Dr. Winakor completed his second presidential term at the 2019 Symposium/Annual Meeting. What follows is a

slightly edited version of his talk.

Yes, I was politely asked and cajoled to be president again and yes, I was recycled through the ranks to head your organization, but thank you so much for the opportunity again to chair and lead such a fine group of clinicians, people, and all those interested in careers in family medicine in our state. In geography,

Connecticut is a small state; in the eyes of our national organization, Connecticut is a medium-sized chapter; but in our hearts and with our actions and the words that come out of our mouths, Connecticut is as large as they come. We are active, we are respected, and we are listened to. Change by no means happens fast and of course it does not always happen to be in the direction of our collective goals, but our voice and our specialty remain strong.

It has been an exciting year. Frustrating and mind-boggling at times, but always interesting to say the least. I am not personally satisfied with a “seat at the table,” although we as family

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New President Challenges Family Physicians (continued from page 1)

icine covers the lifespan, let's start there.

When I was born my father was already diagnosed with Hodgkin's disease, a blood cancer that at that time had limited treatments, unlike what is available today. My dad was, for me, the strongest man that I never really knew. The memories I have are good and bad. Growing up in MN, there were things like maintaining our crabapple trees and grape vines, using a ringier washer for laundry every Monday, and hanging the clothes outside in the summer and downstairs in the basement in the winter. There was a large garden in our backyard stocked with hand grown vegetables. Each summer we went fishing off a pontoon boat off Forest Lake, one of the 10,000 lakes. All great!

What I remember too were the challenges – cycles of chemotherapy, loss of hair and dexterity, throwing up in the middle of the night, and pain. These included doctor visits and trips to the hospital. Then finally there was the last night he was alive. I disobeyed my mom (kids, not a good idea) and stated that I wasn't going home like we always did those late Saturday nights before church on Sunday. Something told me not to leave. I was the oldest and never talked back, just ask my younger siblings (I'm sure if they were here, they'd agree). But my mom finally relented – just 30 minutes more, she said. And that night his condition deteriorated, he needed breathing treatments and medications to control his symptoms, and because of one (tiny, young) person bucking “the system,” my family was all present the night he died. After three remissions and a valiant fight, he passed away at the age of 44. I was 13 years old.

I learned a lot about him even after his passing. He was an accountant for the federal gov-

ernment, liked to golf and play cards with his friends from church, was a veteran of the US Navy during Vietnam and the recipient of a purple heart (which even my mom didn't know – we found it in a box when going through his belongings.) He was a source of courage and strength, then and still to this day.

His story reminds me why we can't always follow the easy path, need others to help show us courage in the face of adversity and why challenging the rules in our own way can have favorable actions that allow the good to come through.

So last year I turned 45 and it was the toughest year of my life, given he was 44. It made me a bit of a hypochondriac (just ask my wife). I too was also dealing with a (luckily) self-limited health issue. But in the wake of that, I decided to change my 16-year-old practice from a solo practice with 2 mid-levels, which later specialized also in obesity medicine, into a smaller concierge-like practice that focuses on preventive health on a daily basis. It helped me solve ways to reduce administrative burden, refocus health on each individual, and reignite my love for Family Medicine, once again.

Speaking of love, today my wife and I celebrate our 2nd wedding anniversary. We are lucky to have 4 children between us, Natasha, Kendon, Xander, and Mark (chronological order, of course). And what I want them to remember is to follow your dreams, learn/teach by helping others and, though they don't yet know it, fight the good fight.

Today, that resolve will help me as your incoming president. My mission (should you choose to accept it) is the one highlighted by our own mission statement:

“...to promote excellence in healthcare 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.”

Just a little sneak preview on how this will be achieved – we are going to readdress our strategic plan, use Board meetings as a venue for discussion of ideas and thoughts with our student and resident representatives alongside your fellow physician colleagues, then place those actionable items into the hands of our committees and members to affect true change here in CT. We will take the sometimes-difficult paths, let our patients and families help guide us through those challenges, yet leave Family Medicine better than we found it. I look forward to your assistance in this process. P.S. I will ask for your help. And that starts right now.

“My dad was, for me, the strongest man that I never really knew.”

“And what I want them to remember is to follow your dreams, learn/teach by helping others and, though they don't yet know it, fight the good fight.”

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.

Completing a Second Term (continued from page 1)

docs keep on pulling up our chairs to various tables in the world of organized medicine. We will continue to jostle to order the food, be at the head of the table and lead the discussion and to work to enact real change. Administrative burden, pre-authorizations, system induced distress (known to some as “physician burnout”), maintenance of board certification, primary care spend, access to care for the under or uninsured....I could go on and on with the present topics we continue to advocate and support.

We commented before that there would be a nominal annual dues increase this coming year. This is not done without much review and discussion. One of the ways we help to minimize this is by always seeking out sources of non-dues revenue for our chapter. The main way we have done this for many, many years is by co-owning and running the fantastic continuing medical education and board review product, Core Content Review of Family Medicine, with the Ohio Academy of Family Medicine. For various logistical reasons, our Connecticut Academy is now the sole owner of this successful and evolving product. The Core Content Review is utilized by about 2000 family physicians and residency programs throughout the United States. It deserves your participation. You and your patients will benefit. So will our chapter. Board review, CME and maintenance of certification is maturing, and this will allow certain efficiencies in product maintenance and delivery in order to maintain clinical and readership strength, respect and overall financial viability to support our chapter going forward.

Patients identify us, their family physicians, as their doctors. The health care delivery climate is surely evolving. Larger corporate entities and business mergers have very much tried to

fragment this trusted physician patient relationship. Middle level and other administrative managers and business executives are not directly in the exam rooms. Stay strong and focused on the clinical care you have all trained and are training to deliver. Do not let your scope of practice be restricted and eroded by some executive or third-party

entity. Continue to care about your patients, not just because they are part of a data metric that needs to be satisfied but they are each their own individuals that seek and respect your assistance and treatment plans. Continue to care for yourself, because your patients and your staff and your families rely on you. Continue to feel important

“For various logistical reasons, our Connecticut Academy is now the sole owner of this successful and evolving product. The Core Content Review is utilized by about 2000 family physicians and residency programs throughout the United States.”

Award of Excellence Recipient Reflects on Career By Nelson Walker, M.D.



Editor's note: Dr. Nelson Walker was honored by the Academy at the Symposium, where he received the

2019 CAFP Award of Excellence. What follows is a slightly edited version of his remarks.

My father would be proud today. He was a Family Physician in Hackensack, NJ, and past president of the NJ Academy. He was a champion for establishing and promoting Family Practice as a specialty. Thank you, Dad. I speak to all of you today because of him.

I am also proud to be a past president of the CAFP and leave a legacy of 3 other past presidents from Mansfield Family Practice, Drs. Madraswalla, Winakor, and Hughes. Thank you Ayaz, Ross, and Sandra.

For many years I was editor of the Connecticut Family Physician. With guidance and consultation from Art Schuman, I had the privilege to write quarterly editorials and occasional articles for and about family physicians in CT. Thank you, Art.

I am briefly going to pick up on that experience, emphasizing how we can promote public health issues with our direct patient contact and voices as family physicians. This is something we have done in the past and need to continue to do. Patients do listen to us.

Thirty-five years ago in 1984, one of my partners, Dr. Dardick, started the CT Safety Belt Coalition. In 1985 the law passed in CT requiring drivers and front seat passengers to wear seat belts. Can you imagine getting into a car now and not buckling up? Thank you, Ken Dardick.

Family physicians have battled the tobacco industry. Stopping smoking is so important. Many of you have been involved with programs like Tar Wars. Now there are the dangers of vaping. We must continue to educate patients about nicotine addiction. Be involved! Thank you, family physicians.

Gun safety and preventing gun violence is a public health issue. Discuss this with patients. I used to love asking at a well-child visit, “What is the most dangerous gun?” I got all types of gun answers but rarely the one I was looking for: the most dangerous gun is the “unloaded” gun, because that is

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“We must continue to educate patients about nicotine addiction. Be involved! Thank you, family physicians.”

Highlights from the 2019 Symposium and CAFP Annual Meeting



Great leaders: Drs. Fignar and Winakor



Dr. Ada Stewart installs Dr. Timothy Fignar as CAFP President



Retiring President Dr. Ross Winakor, left, presents the Award of Excellence to Dr. Nelson Walker



Head table: Left to right—Mark Schuman, EVP; Dr. Ada Stewart, President-Elect of AAFP; and Dr. Timothy Fignar, new CAFP President



Dr. Drew Edwards was the recipient of the Preceptor of the Year for Frank H. Netter School of Medicine



Pictured left: Students and Family Medicine Residents attended a speed-networking event to learn about various practice models

Highlights from the 2019 Symposium and CAFP Annual Meeting



Newly Elected Members of the CAFP Board



Left to right: Dr. Dominic Casablanca, CAFP Past President; Art Schuman, former CAFP EVP; and Dr. Ada Stewart, AAFP President-Elect at Symposium Luncheon



Left to right: Drs. Fonda Gravino, Christine Rizk, and Kathy Mueller, and Kirsten Longley, Executive Staff



Booths attracted large numbers of physicians

Below, Dr. Timothy Fignar, new CAFP President, with his family at the Symposium Luncheon



Drs. Fonda Gravino, right, and Neena Pursnani



Award of Excellence Recipient Reflects (continued from page 3)

"I also implore you not to use the words "gun control" or mention the 2nd Amendment; these are political flash points created by the NRA and gun industry to divert from the real issues of gun violence and safety."

a gun that accidentally kills. My father taught me to always treat all guns as if they were loaded; common sense says all guns should have a lock. Think of it like cars with seat belts. Promote the common sense laws. I also implore you not to use the words "gun control" or mention the 2nd Amendment; these are political flash points created by the NRA and gun industry to divert from the real issues of gun violence and safety. They want their sales and profits from guns.

Another hot and huge public health Issue is the opioid epidemic. As prescribers and treaters, we are part of it. I remember the OxyContin drug rep telling me not to worry about addiction, pain is the 6th vital sign, prescribe as much as needed to stop the pain. I also remembered basic pharmacology; all opiates are addictive. Purdue Pharma marketed their product aggressively and falsely to increase sales. They knowingly used us and other providers to make huge profits for their com-

pany. One of the first lessons I was taught at UConn Medical School was DO NO HARM! Challenge greed in the health industry. It harms patients and creates a huge cost to our society. Think critically, based on your science foundation and do not be sold by Big Pharma.

Vaccines have changed infectious disease. I remember the days when if you clinically suspected meningitis, a spinal tap was done ASAP. That was before we had pneumovax, hemophyllis influenza and meningococcal vaccines. Protocols have changed for the vaccinated patients. I have never seen a case of measles, but used to see and speak to lots of parents about kids with chicken pox. When was the last time you saw a case of either? Vaccines work! We must protect the herd and help parents and patients understand why.

Climate change is real, not a hoax; the scientific evidence is there. The world is round, not flat. Discuss climate change and how it will impact healthcare. We can influence behavior and hopefully preserve our beautiful planet earth for our children and our children's children.

It is difficult for physicians to spend enough time with patients and advocate for them, especially when it might go against a company directive. It was bad enough to do battle with the insurance companies, but even harder with the company that holds your employment contract.

Remember the CAFP; it is a collective voice for family physicians and the CAFP and AAFP represent us on a daily basis. Thank you, Mark Schuman and the executive office staff.

Comment from Dr. Ada Stewart, AAFP President-Elect

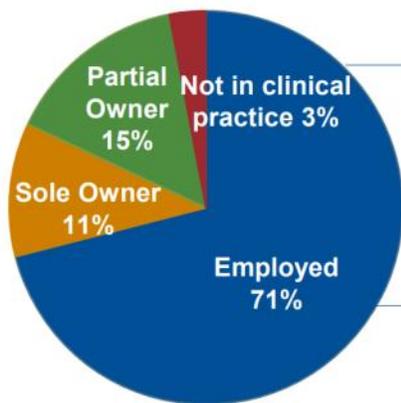
This was an incredible two days, filled with outstanding lectures and a great Annual Meeting. I enjoyed spending time with the great staff, including Mark Schuman and Mary Yokose, and members of the Connecticut AAFP. I was honored and privileged to spend time with past National Officers, including Dr. Neil Brooks (Past AAFP Vice Speaker, Speaker, President, and AAFP Delegate to the AMA), Dr. Craig Czarsty (Past President of the Connecticut State Medical Society and the CAFP, former Chair of the Board of Directors of the ABFM, and past Delegate to our COD), and Dr. Bob Carr

(Alternate Delegate and current member of the AMA CPT Advisory Committee).

The Connecticut AAFP has great leadership and it was evident that they are committed to the future of our specialty with their recognition of students and residents. They must be commended for also being one of the first to allow students and residents to be a part of their Board of Directors. It was great to spend time with Mark Schuman's dad, Arthur Schuman, who served as Chapter Executive Vice President for 43 years. It was an honor to represent the AAFP at this meeting.

"The Connecticut AAFP has great leadership and it was evident that they are committed to the future of our specialty with their recognition of students and residents."

AAFP Membership Employment Profile



Employer	
Hospital or health system	50%
Physician Group	17%
Government	15%
University-owned	11%
Other	8%

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CAFP Foundation

The Foundation assists the Academy in many CME activities. It encourages new Family Physicians to practice in Connecticut. 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

AAFP Membership Profile

	Total Active	Female	Employed	New FP	DO	IMG
Female	45%	--	50%	57%	49%	47%
Employed	71%	77%	--	91%	69%	73%
New FP	25%	31%	31%	--	43%	33%
DO	14%	12%	12%	23%	--	0%
IMG	21%	18%	30%	24%	0%	--

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