

66th Annual Scientific Assembly June 13-15

# The ARKANSAS FAMILY PHYSICIAN


Volume 17 • Number 3



**ArAFP Annual Assembly  
Program & Highlights  
& Registration Form,  
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The Arkansas Family Physician is the official magazine of the Arkansas Academy of Family Physicians

Managing Editor  
Carla Coleman

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Dear Academy Member,

You should have already received the official program for the 66<sup>th</sup> Annual Assembly but if you have not or have misplaced it, a program with registration form and highlights of the meeting are inside this Journal!

There are so many changes this year we know you will like – an informal installation at Noon on Friday; a casual reception honoring our newly elected President and officers and directors on Friday evening; a great CME program Thursday – Saturday to include a luncheon honoring our residents and students complete with our very first Medical Jeopardy Contest on Saturday between residency programs and physicians in attendance.

The fee has been reduced this year since we have deleted some of the costly paperwork we normally have such as the official program with photographs has been replaced with a self mailer that includes the registration form: the 500 plus page printed syllabus will be on our website for you to download before or after the meeting and we have added lunch meetings and breakfast meetings at your request!

An overview of the recent Arkansas Legislative session is also included in this Journal as well as information about your membership if you are one of the more than 100 in our state that has not yet paid your dues!

We are now settled into our new offices on Pleasant Valley Drive in the Cambridge Square Office Complex and we absolutely love our new space. It is light and open, easy to find and off the beaten path so we do not have the walk in traffic we previously had. Please drop by and see us if you are in the west Little Rock area!

We hope to see you at the 66<sup>th</sup> Annual Scientific Assembly at the Doubletree Hotel in Little Rock and as usual we appreciate your support of the AR AFP!

Sincerely,

Carla Coleman

Executive Vice President

**COVER IMAGE:**

**SKYLINE VIEW OF  
THE PRESIDENTIAL  
WETLANDS, LITTLE ROCK**

# Dr. Barry Pierce to be Installed AFP President June 14



Barry Pierce, M.D.

Doctor Barry Pierce of Mountain View will be installed the 66<sup>th</sup> President of the Arkansas Chapter American Academy of Family Physicians at Noon on Friday, June 14 in the Ballroom of the Doubletree Hotel in Little Rock during the Annual Scientific Assembly.

Doctor Carlos Gonzales of Arizona, a member of the Board of Directors of the American Academy of Family Physicians will be our special guest at this year's meeting installing our officers and directors and speaking about the most important issues affecting Family Medicine this year.

A native of Manila, he graduated from Hendrix College with a major in biology and a minor in chemistry and psychology. He then joined the Army National Guard for four years and served as an OH 58 Aeroscout

Observer responsible for navigation of helicopter and scouting forward positions and as UH-1 Helicopter Crew Chief responsible for the maintenance of aircraft and safety of the crew. He is a distinguished honor graduate from MOS training. He received a M.S. Degree from UAMS in Occupational and Environmental Health and worked for several years afterwards working for an environmental firm but his dream of becoming a family doctor brought him to Little Rock again where he received his Medical Degree from UAMS in 2001. He completed a three year residency in Family Medicine at UAMS AHEC Pine Bluff and is currently an emergency room doctor.

He has been actively involved in the AAFP since his first year of medical school and served as the Family

Medicine Interest Group President as well as the Student member to the AR AFP Board of Directors for three years. Dr. Pierce was active as a volunteer for Food for Kids Project and Arkansas Rice Depot, development of the Medical Student Rural Medicine Society; visiting with high school students about AIDS and worked in the Trauma coordination office part time.

He currently serves on Governor Beebe's Trauma Board Advisory Committee. Dr. Pierce has many hobbies, knife making, bow hunting, trout fishing and spending time with his wife Beverly Wardlaw Pierce and their chocolate lab, Ms. Bailey.

# Cox Family Medicine Residency








CoxHealth is announcing an opportunity for a family practice physician to join the Family Medicine Residency Program as faculty. This is a well established, community based 8-8-8 program.

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CoxHealth Center Shell Knob is an established practice with knowledgeable support staff. This clinic is located next to beautiful Table Rock Lake, a great location for water sports, fishing and hiking.

All CoxHealth hospitals and clinics are accredited by The Joint Commission and for five consecutive years, one of the national's Top 100 Integrated Health Care Networks.

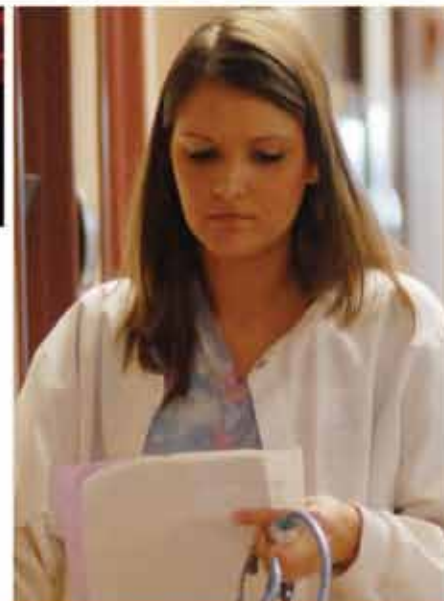
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# The Arkansas Practice-Based Research Network

By Marcia Byers, RN, BSN

The healthcare environment in Arkansas is finally shifting the patient care paradigm and focusing on the important role that primary care clinicians (PCCs) serve in quality patient care with improved patient outcomes. The sudden and intense focus is creating numerous exciting opportunities; however, the additional challenges created may be overwhelming to clinicians, their staff and their environment. Meaningful Use (MU) and Patient Centered Medical Home (PCMH) initiatives are increasingly being developed, released and tested, as numerous stakeholders attempt to create a feasible approach to practice transformation that can be disseminated and implemented statewide. There seems to be a general agreement that the long-term impact will be positive and beneficial, yet the short-term impact for many is uneasiness, anxiety and frustration.

While the chaotic nature of these changing environments may seem like a barrier to research, it's actually a wonderful opportunity. Exploring new approaches to address existing problems, comparing suggested approaches and partnering with other clinicians to develop innovative strategies for common problems are some of the possibilities. The UAMS Division of Research and Practice Improvement is generously offering pilot funds to APBRN members who are interested in improving patient care and patient outcomes. For more information please call or email any of the personnel listed below.

## How to join

Membership in the APBRN is voluntary and is open to clinicians and students in Arkansas. A membership survey is necessary for tracking the demographic reach to clinicians and patients and enhancing the generalizability of APBRN studies. A staff member from the APBRN

is available to visit practices to explore their interest in practice-based quality improvement and research projects. For more information, please call or email an APBRN staff member at: 501-686-6195 or [apbrn@uams.edu](mailto:apbrn@uams.edu). Visit us online: <http://ruralhealth.uams.edu/apbrn> and [www.facebook.com/apbrn](http://www.facebook.com/apbrn).

## APBRN Projects

If you are: 1) interested in learning about current projects; 2) interested in partnering with other clinicians and researchers; or 3) interested in leading your own study, please contact Marcia Byers at 501-686-7871 or visit <http://ruralhealth.uams.edu/apbrn> to join the network.

Robert Price, PhD, Director, [rdprice@uams.edu](mailto:rdprice@uams.edu)  
Marcia Byers, BSN, Assistant Director, [mabyers@uams.edu](mailto:mabyers@uams.edu)  
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## Job Opening for Residency Program Director

The UAMS Department of Family and Preventive Medicine is seeking a dynamic, forward-thinking residency program director. This position will plan the direction of the residency program and the department, which cares for patients and teaches residents and medical students. Applicants should have faculty experience and show leadership skills in recruiting and broad academic

interests, including scholarly activity.

The department is the first NCQA level 3 recognized Patient Centered Medical Home in Arkansas and leads the campus in medical informatics. We also have robust programs in community research and continuing medical education and direct on-campus student and employee health services.

The department is located

in Little Rock, Arkansas, which offers affordable homes, big-city amenities in a smaller-city atmosphere, and is within driving distance to the many attractions of the "Natural State." Women and underrepresented groups are encouraged to apply. Contact Jamie Rankins, Human Resources Manager (jlranks@uams.edu), for information and to apply for this position.



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Benton/Bryant . . . . . 501-847-0081	Helena . . . . . 870-572-5005	Pine Bluff . . . . . 870-247-3588
Cabot . . . . . 501-843-9233	Lakeside . . . . . 501-262-2766	Searcy . . . . . 501-279-9220
Clinton . . . . . 501-745-4448	Little Rock	Sheridan . . . . . 870-917-2171
Conway . . . . . 501-336-0511	Pierce St. . . . . 501-603-2147	Stuttgart . . . . . 870-673-9370
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# UAMS College of Medicine Senior Match

This year, 162 UAMS College of Medicine students participated in the NRMP match. Twelve graduating seniors failed to match into a PGY1 position initially but many have not obtained a position. The match was held March 15.

There were 26,932 PGY1 positions to be filled through the NRMP match. There were 34,355 total active applicants for these positions (17,487 U.S. seniors). 25,463 matched (16,390 U.S. seniors) and 8,892 failed to match (1097 seniors). In addition to the UAMS seniors who utilized the NRMP, two received residencies in early matches (military match, Ophthalmology, etc.).

As of March 15, sixty three seniors were appointed to Arkansas residency positions. Ninety received out of state residencies in thirty three different states.

Fifty three percent of the students received residencies in a primary care

specialty (Internal Medicine, Pediatrics, Family Medicine, and Ob/Gyn). Family Medicine matched with 25 students up from 18 last year.

Of the UAMS Seniors matching with family medicine, 12 matched with in state Family Medicine Residency Programs and 13 out of state.

Family Medicine – 25  
 Radiology – Diagnostic – 6  
 Internal Medicine – 25  
 Radiation Oncology – 1  
 Pediatrics – 15  
 Surgery Preliminary – 4  
 Med Peds – 6  
 Dermatology – 3  
 Ob/Gyn – 10  
 Surgery General – 9  
 Emergency Med – 13  
 Vascular Surgery – 1  
 Psychiatry – 9  
 Physical Med/Rehab – 1  
 Anesthesiology – 7

Pathology – 3  
 Otolaryngology – 5  
 Orthopaedic Surgery – 2  
 Ophthalmology – 1  
 Neurosurgery – 3

Our congratulations to the medical students matching with Family Medicine in and out of state as follows:

Abby Baldwin, UAMS AHEC, Fayetteville  
 Stephen Cagle, Nellis Air Force Base, Las Vegas, Nevada  
 Michael Carson, Halifax Medical Center, Daytona Beach, Florida  
 Katee Castleman, Spartanburg Regional Healthcare, Spartanburg, SC  
 Jeffery Deaver, UAMS AHEC, Pine Bluff  
 Sarah Duda, Cox Medical Centers, Springfield, Mo.  
 Kristin Garner, John Peter Smith Hospital, Fort Worth, Texas  
 Stacy Gibson, UAMS AHEC Jonesboro  
 Josue Gutierrez, Lincoln Medical Partnership, Lincoln, Nebraska  
 Helen Hayes, UAMS AHEC, Jonesboro  
 Cassandra Hunter, UAMS AHEC, Jonesboro  
 Thomas Kasproicz, University of Arkansas Dept of Family & Preventative Medicine, Little Rock  
 Ryan Laschober, McLennan County Family Medicine, Waco, Texas  
 Thanh Le, UAMS AHEC, Jonesboro  
 Candy Lincoln, University Hospital, Columbia, Missouri  
 Christina Monteith, UAMS AHEC, El Dorado  
 Justin Nowlin, Cox Medical Centers, Springfield, Missouri  
 Caryn Pendleton, UAMS AHEC, Jonesboro  
 Austin Plumlee, John Peter Smith Hospital, Fort Worth, Texas  
 Elizabeth Rigsby, UAMS AHEC Pine Bluff  
 Theodore Rogers, Washington Hospital, Washington, Pa  
 Joy Skaug, UAMS AHEC, Jonesboro  
 Jerakaycia Smith, University of Kansas, Wichita, Kansas  
 Ngozidelienna Wilkins, UAMS AHEC, Texarkana

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# Nominating Committee Announces Slate Of Officers and Directors for Coming Year

The AR AFP Nominating Committee's slate of officers and directors for election and installation at the upcoming annual meeting are as follows:



Barry Pierce,  
President



Dan Knight,  
President Elect



Drew Dawson,  
Vice President



Tommy Wagner,  
Secretary



James Bryan,  
Treasurer

**President – Doctor Barry Pierce,  
Mountain View**

**President Elect – Doctor Dan Knight,  
Little Rock**

**Vice President – Doctor Drew Dawson,  
Pocahontas**

**Secretary – Doctor Tommy Wagner,  
Manila**

**Treasurer – Dr. James Bryan, Little  
Rock**

**Delegate - Doctor Richard Hayes,  
Jacksonville**

**Alternate Delegate – Doctor Dennis  
Yelvington, Stuttgart**

## Directors:

**Doctor Robert Watson, El Dorado  
Doctor Amy Daniels, Augusta  
Doctor Timothy Killough, Searcy**

**Directors with terms continuing on  
the Board are: Doctor James Chambliss,  
Magnolia; Doctor Angela Driskill, North  
Little Rock; Doctor Rebecca Floyd, Van  
Buren; Doctor Andy Gresham, Crossett;  
Doctor Len Kemp, Paragould, Doctor  
Jason Lofton, DeQueen; Doctor Michael**

**Macechko, Fayetteville and Doctor  
Senthil Raghavan, Little Rock: Delegate  
Doctor John Alexander, Magnolia and  
Alternate Delegate Doctor Julea Garner,  
Hardy**

**Student and Resident Representatives  
to be announced**

The Installation of Officers and Directors  
will be held at Noon on Friday, June 14 with  
a casual reception that evening!

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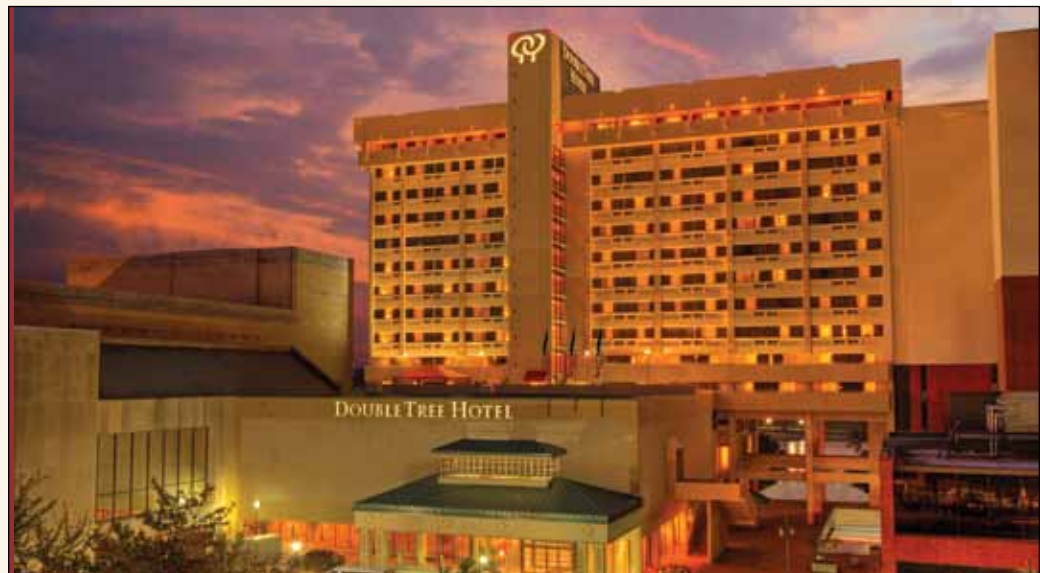
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# ARKANSAS ACADEMY OF FAMILY PHYSICIANS

## 66th ANNUAL SCIENTIFIC ASSEMBLY

June 13-15, 2013

DOUBLETREE HOTEL , LITTLE ROCK



# Scientific Program and Events

Thursday, June 13

- 7:00 a.m.     **Registration**-Ballroom Foyer  
*Visit Exhibits-Palisades, Riverside East, & Riverside West*
- 8:20 a.m.     **Opening Ceremony**-Grand Ballroom
- 8:30 a.m.     ***“Nuts and Bolts of Arkansas’ Health Care –  
Crafting a New System”***  
Joseph W. Thompson, M.D., MPH, Surgeon General,  
State of Arkansas, Little Rock, AR
- 9:30 a.m.     ***“Congestive Heart Failure”***  
Ben Starnes, M.D., FACC, Interventional Cardiology, Arkansas  
Cardiology & Baptist Health Heart Institute, North Little Rock, AR
- 10:15 a.m.    **Break/Visit Exhibits**
- 10:45 a.m.    ***“The Elephant in the Room”***  
Harold Hedges, M.D., Private Practice Family Physician, Little Rock, AR
- 11:30 a.m.    **Lunch Program**  
***“The Top 10 Things You Need To Know For a Successful Practice”***  
Thomas H. Stearns, FACMPE, VP, Medical Practice Services,  
State Volunteer Mutual Insurance, Brentwood, TN  
Compliments of State Volunteer Mutual Insurance
- 1:00 p.m.     **Break/Visit Exhibits**
- 1:20 p.m.     ***“Improving the Identification and Management of Osteoporosis –  
A curriculum for the Primary Care Physician”***  
E. Michael Lewiecki, M.D., FACP, FACE, Director, New Mexico Clinical  
Research and Osteoporosis Center, Albuquerque, NM
- 2:20 p.m.     **Break/Visit Exhibits**
- 2:45 p.m.     ***“Prostate Cancer and Urology Update”***  
Tim Goodson, M.D. , Urologist, Private Practice, Little Rock, AR
- 3:30 p.m.     ***“Cutaneous Manifestations of Common Systemic Disease”***  
Hayden Franks, M.D., Dermatologist, Private Practice, Little Rock, AR
- 6:00 p.m.     **Night at the Travelers Game** – Dickey Stephens Park  
Visit Arkansas Mutual Insurance Company’s Booth for Tickets

# Scientific Program and Events Continued

FRIDAY, JUNE 14

- 7:00 a.m.     **Registration**
- 7:15 a.m.     **Buffet Breakfast with Exhibitors**  
Compliments of Midwest Dairy Council
- 8:00 a.m.     **Visit Exhibits**
- 8:30 a.m.     ***“Pediatric Emergencies”***  
Ricks Hanna, M.D., ER Physician, LeBonheur Children’s Hospital, Memphis, TN
- 9:15 a.m.     ***“Advancements in Anticoagulation”***  
Dosha Cummings, PharmD, UAMS, AHEC NE, Jonesboro, AR
- 10:00 a.m.    **Break/Visit Exhibits**
- 10:30 a.m.    ***“Neuropsychological Evaluation for Patients with Dementia & Cognitive Decline”***  
A.J. Zolten, Ph.D., Psychologist, Private Practice, Little Rock, AR
- 11:15 a.m.    **Installation of Officers Luncheon**  
Carlos Gonzales, M.D., Director, American Academy of Family Physicians,  
Patagonia, AZ  
Compliments of Arkansas Blue Cross Blue Shield & Baptist Health
- 1:00 p.m.     **Final Visit with Exhibitors**
- 1:30 p.m.     ***“Potpourri of Bleeding Disorders”***  
Kimo Stine, M.D., Hematology/Oncology, UAMS & Arkansas Children’s Hospital,  
Little Rock, AR
- 2:15 p.m.     ***“Adult Immunization Update”***  
Robert Hopkins, M.D., Professor of Internal Medicine and Pediatrics, UAMS,  
Little Rock, AR
- 3:00 p.m.     ***“Arkansas Healthcare Payment Improvement Initiative:  
Patient Centered Medical Homes”***  
Andy Allison, Ph.D., Director, Arkansas Medicaid Program, Little Rock, AR
- 5:30 p.m.     **Informal Reception for Newly Installed President Dr. Barry Pierce  
& ArAFP Board of Directors**  
Compliments of Arkansas Blue Cross Blue Shield & Baptist Health

## SATURDAY, JUNE 15

- 7:30 a.m. **Breakfast Meeting “Arkansas Foundation for Medical Care’s Role in the Evolving Arkansas Healthcare System”**  
Peggy Starling, CMPE, VP, Medicaid Service & Provider Strategy, A FMC, Little Rock, AR  
Compliments of Arkansas Foundation for Medical Care
- 9:00 a.m. **“AAFP Update”**  
Carlos Gonzalez, M.D., Director, American Academy of Family Physicians, Patagonia, Arizona
- 9:45 a.m. **“Concussion in Sports: A Review of the AMSSM Position Statement and AAN Clinical Guidelines”**  
James W. Bryan IV, M.D., Family Physician, Little Rock Air Force Base
- 10:30 a.m. **Break**
- 10:45 a.m. **“Snap, Pop and Apophysitis”**  
Elton Cleveland, M.D., Family Physician,  
UAMS-Department of Adolescent Medicine, Little Rock, AR
- 11:45 a.m. **Lunch Honoring Residents and Students in Attendance**
- 12:45 p.m. **Medical Jeopardy Competition - Residents, Students, Physicians**
- 2:00 p.m. **ADJOURN**



## REGISTRATION & GENERAL INFORMATION

### SCIENTIFIC ASSEMBLY FEES

*Prior to May 24*

(Registration includes all events & meals)

Academy Active & Affiliate Members .....	\$400.00
Non-Members (including Other Health Professionals) .....	\$475.00
Inactive/Life Members .....	\$125.00
Resident Physician Members .....	No Charge
Student Members .....	No Charge
Spouse/Guest Fee (Installation Banquet included) .....	\$50.00
Optional Foundation Contribution (suggested) .....	\$25.00

*To Obtain "Free" registration, Residents & Students must pre register*  
**Add \$100.00 to each fee if registering after May 24**

**VISA & MASTERCARD are accepted for Registration. You may register by phone if using a Credit Card. Please remember our instate toll free number: 1-800-592-1093.**

**Registration Fee** includes admittance to all functions and social events. Please wear your name tag at all times for admittance.

**Cancellations** prior to May 24, 2013 will be refunded less \$50.00 by written request.

**IRS Tax Information** Registration fees for this meeting may count as a business donation, not as a charitable contribution.



# REGISTRATION FORM

AR AFP – 66th ANNUAL SCIENTIFIC ASSEMBLY

June 13-15, 2013

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
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## SCIENTIFIC ASSEMBLY FEES:

Academy Members -	\$400.00	Resident Members -	No Charge
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Scientific Assembly Fee (includes all meal functions) ..... \$ \_\_\_\_\_  
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\*TOTAL ENCLOSED ..... \$ \_\_\_\_\_

## The following functions are included in assembly registration fees:

Please indicate how many people will be attending-

Registrant Lunch – Thursday ..... \_\_\_\_\_  
Registrant/Physician/Exhibitor Breakfast – Friday ..... \_\_\_\_\_  
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# HIGHLIGHTS OF OUR 66TH ANNUAL SCIENTIFIC ASSEMBLY JUNE 13-15

Many changes have been made to our Annual Scientific Assembly this year that we know you will like!

At the request of a survey made of all attendees the last two years, we changed the program format to Thursday through Saturday. The program is included in this publication along with registration information and hotel accommodation numbers.

The official program will be mailed soon but will be quite different – it will be a self mailer – a 11X16 color fold out program without photos this year. It will also include the registration form for you to tear out and mail in to our office or you can use the form in this Journal to register or just call us at 1-800-592-1093 or 501-223-2272 and we will register you by phone.

The fee for Active members is also reduced and Resident and Student members can attend at no charge! The printed syllabus that we have provided to each of our attendees of all speaker's handouts and disclosures will be replaced. All speaker information will be on our website [ArkansasAFP.org](http://ArkansasAFP.org) for you to download and bring with you or refer to after you get home.

We have changed the location of the exhibitors to accommodate lunch meetings for physician attendees in the ballroom adjacent to the lecture hall. Exhibits will be held in the Palisades and Riverside Rooms on the Ballroom level on Thursday and Friday.

We hope you like the changes made and look forward to seeing you June 13 at the Doubletree Hotel in Little Rock!!

## SPEAKER HIGHLIGHTS

Our American Academy of Family Physicians guest from the Board of Directors will be **Doctor Carlos Gonzales**, a family physician in Patagonia and Nogales, Arizona who has served on the Board of Directors of the American Academy since October, 2012. Dr. Gonzales has been a practicing family physician in Arizona for nearly 30 years and currently serves as an Associate Professor in the Department of Family and Community Medicine at the University of Arizona College of Medicine, Tucson where is also is Director for curriculum and community based education. He also serves as an Adviser for the college's traditional Indian and Western Medicine Collaboration as well as to minority medical students.



On the national level, he has served on numerous commissions and committees including the Commission on Health of the Public and Science and the Committee on Rural Health.

He served on the Arizona AFP's Board for the past 12 years and held many positions including President. Throughout his career, Gonzales has received many awards and accolades including the 1997 Arizona Family Doctor of the Year; and the Leonard Tow Humanism in Medicine Award selected by the University of Arizona College of Medicine Class of 2013.

He received his undergraduate degree from Carleton College, Northfield, Minn and his medical degree from the University of Arizona College of Medicine, Tucson. He completed his family medicine residency at the University of New Mexico College of Medicine, Albuquerque. In addition, he holds a fellowship in faculty development from the University of Arizona Department of Family and Community Medicine and another fellowship in Adolescent Medicine and School Health from the New Mexico Department of Family Medicine. He is certified by the American Board of Family Medicine and has the AAFP Degree of Fellow.

Dr. Gonzales will install our officers and Directors at Noon on Friday, June 14 and will speak on Saturday morning's scientific program with an Update from the American Academy on Current Issues!

## ARKANSAS SURGEON GENERAL JOSEPH W. THOMPSON, M.D. TO PROVIDE KEYNOTE

**Joseph W. Thompson, M.D., MPH**, Surgeon General for the State of Arkansas will provide the keynote address opening our Assembly on Thursday, June 13 at 8:30 a.m. His topic will be **“The Nuts and Bolts of Arkansas Health Care – Crafting A New System.”**



Dr. Thompson is also the Director, Arkansas Center for Health Improvement and Professor in the College of Medicine and Public Health at the University of Arkansas for Medical Sciences. He is a General Pediatrician.

In his keynote address, he will touch on why we need to restructure our health system: the work that has been in progress for the past few years by stakeholders across the state as part of the Arkansas Health System Improvement Initiative; and the vision for a system that better meets the needs of Arkansans. This will include changing the way we pay for health care through the payment improvement initiative (Medicaid included), strategic planning to make sure we have the health workforce we need, accelerating use of health information technology and expanding health care coverage to a greater number of our citizens.

Doctor Thompson currently serves on the Arkansas Board of Health and is past President of the Arkansas Chapter, American Academy of Pediatrics. Nationally, he serves on the board of the campaign to end obesity and of AcademyHealth, as well as serving on Institute of Medicine's standing committee on childhood obesity. He is author of numerous articles and publications that reflect his research interests in the areas of health and health care including access, quality and finance.

He earned his medical degree from the University of Arkansas for Medical Sciences and Master of Public Health from the University of North Carolina at Chapel Hill. He served as the RWJF Clinical Scholar at the University of North Carolina at Chapel Hill, the Luther Terry Fellow in Preventive Medicine advising the U.S. Assistant Secretary of Health in Washington, D.C and the Assistant Vice President and Director of Research at the National Committee for Quality Assurance in Washington, D.C. In 1997 he served as the First Child and Adolescent Health Scholar of the U.S. Agency for Healthcare Research and Quality before returning to Arkansas.

He works closely with the Governor's office, the Arkansas legislature and public and private organizations across the state on relevant health policy topics.

On Friday, June 14 the **“Arkansas Healthcare Payment Improvement Initiative – Patient Centered Medical Homes”** will be presented by Andy Allison, Ph.D., Director of the Arkansas Medicaid Program, Department of Human Services.



Mr. Allison joined the Arkansas Department of Human Services as the Medicaid Director in December 2011. Prior to that he served as the Director of the Division of Health Care Finance within the Kansas Department of Health and Environment and as the Executive Director of the Kansas Health Policy Authority with responsibility for Kansas' Medicaid Program, CHIP, the Kansas state employee health plan and the state's growing health care and health insurance data bases.

He is the founding Board Member of the National Association of Medicaid Directors and served as its President. He spent six years at the Kansas Health Institute as a researcher focusing on health care and health insurance policy in Kansas. He worked as a Medicaid budget analyst at the Office of Management and Budget in Washington DC from 1992 til 1995 providing staff analysis of health reform legislation and reviewing statewide Medicaid waiver applications.

With Arkansas roots, Andy graduated with a Bachelors degree in history from Ouachita Baptist University, received a Masters Degree in Public Policy from Duke University and a Doctorate in economics from Vanderbilt University.

# Arkansas Legislative Session Updates

Our appreciation is extended to the hundreds of you who sent emails, made phone calls and personally visited your State Representatives and Senators in the last few weeks on bills of particular importance to the AAFP and other medical specialty organizations! As in past sessions, the Arkansas Medical Society represented us in the legislative session since we did not have any conflict of opinions on any of the bills we were against or for and we thank them for their outstanding efforts.

**House Bill 1190 failed** to get out of the House Public Health and Welfare Committee when it was presented on two occasions (April 4 and April 11). Our sincere appreciation to all of our members who emailed, called and wrote to your Representatives voicing opposition to this bill and to our members who testified and were in attendance at the hearing – Doctor Dennis Yelvington of Stuttgart provided testimony on April 4 along with a

Pediatrician and an Emergency Room Physician and David Wroten EVP of the Arkansas Medical Society presented a factual synopsis of the bill at the April 11 hearing. Several medical students and physicians were in attendance to oppose this bill at the hearings.

HB 1190 would have required Medicaid to treat APNs as Primary Care Providers meaning they would be able to serve as Primary Care Providers and the head of medical homes currently being developed. It would have required Medicaid to increase reimbursement to APNs from 80% of physician fees to 90%. Both of these two requirements would also apply to any expanded Medicaid or private option expansion paid for by Medicaid dollars.

The Bill also would have also allowed the Arkansas State Board of Nursing to be the determiner of APNs Scope of Practice.

Testimony was presented by those opposing this bill that summarized

the vast difference in training, clinical hours, post graduate training between physicians and APNs.

The AAFP has long supported the role that APNs/NPs play in the Patient Centered Medical Home as a valuable member of a TEAM not as the Head of the Team due to the very distinctive differences in training and practice patterns as compared to physicians. It was the opinion of the medical community, the AR AFP, the Arkansas Medical Society, the Arkansas Osteopathic Association and the Arkansas Pediatric Association that the passage of this bill would have hindered not improved healthcare delivery in Arkansas and would exacerbate current workforce deficits and put patient safety at risk.

**Medicaid:** House Bill 1219, the appropriation bill to allow low income Arkansans to buy private health insurance using federal medicaid dollars received a majority of votes on April 16 for the second try in the House to authorize the state to spend federal funds on Medicaid expansion. The bill received 77 for and 23 against the bill. At the time of writing this article, the House Bill is slated to appear before the Senate for a vote. A blast email will be sent to all members on the outcome of the Senate vote.

The House and Senate bills that lay the groundwork for extending health coverage in Arkansas both passed this week. The bills would give low income families access to health coverage by using Medicaid funds to buy private insurance plans through the health care exchanges (also known as the “private option.” The AAFP and all other medical specialty organizations were supportive of these bills. Studies have clearly indicated that there are two factors determining favorable healthcare outcomes for individuals: the first having a Primary Care Physician; the second, having healthcare coverage. Providing coverage for those most at risk allows preventative services and other treatments before more costly procedures and/or treatments which will ultimately save lives and money in the process.

## Mom Makeover

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## Lead paint poisoning affects over one million children today.

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# Cardiovascular health disparities:

## *New project designed to address heart health in minority populations*

By Jennifer Conner, DrPH, MPH, MAP; Jo Nycum, MPH, RN; and Michelle Murtha, RN

Differing rates of heart attack and stroke among various population groups in the United States are well documented. For example, the prevalence of hypertension in adults is greatest among African Americans and those 60 years of age and older (see figure 1).<sup>1</sup> Utilization rates for preventive services such as aspirin use, hypertension screening and cholesterol screening also vary by racial/ethnic group: Whites have the highest rates of use for all three, followed by blacks, with Hispanics lagging behind in every category (see figure 2).<sup>2</sup> Specifically in Arkansas in 2009, the overall age-adjusted mortality rate attributable to cardiovascular disease (CVD) was 218.8 per 100,000 people, but the mortality rate from CVD in African Americans was much higher — 270.5 deaths per 100,000, compared to 213.1 per 100,000 deaths in whites and 95.3 per 100,000 in all other groups.<sup>3</sup> Disparities are not limited to racial and ethnic groups, however — they can and do emulate gaps in care based on gender,

socioeconomic status and other social determinants.

The Arkansas Foundation for Medical Care (AFMC), under contract with the Centers for Medicare & Medicaid Services (CMS), has undertaken a special innovation project (SIP) to improve cardiac health in Arkansas populations that may be more at risk for heart attack or stroke. The project will run through June 30, 2014.

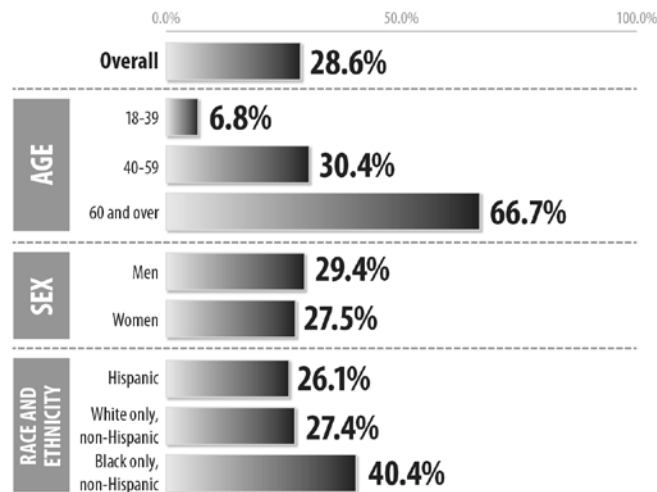
The project's intended impact is to align with the goal of the Million Hearts initiative: to reduce the number of deaths from heart attacks and stroke over the next five years. In pursuing these goals, AFMC will work with a wide range of community groups and health care providers, including physician office practices. The main strategies AFMC will employ to address cardiac health disparities include: utilizing health information technology in physician practices to better manage patient care; disseminating the Bless Your Heart health-ministry toolkit; creating community

partnerships with local entities such as libraries, senior centers and health units to address barriers in accessing and understanding health information among disparate populations; disseminating educational materials written at appropriate literacy levels; and modeling peer-reviewed programs for healthy living.

Initially, AFMC quality specialists will work with physicians, their staffs and their electronic health record (EHR) systems to assess whether the practice is collecting data by race and ethnicity. Once the race, ethnicity and preferred language data are collected, analysts can place quality measures in distinct groups to identify disparities. Accurate, valid and reliable data are crucial in identifying and analyzing disparity gaps. The data are also used in identifying the need for targeted intervention techniques such as preventive health care services, interpreter services and translated

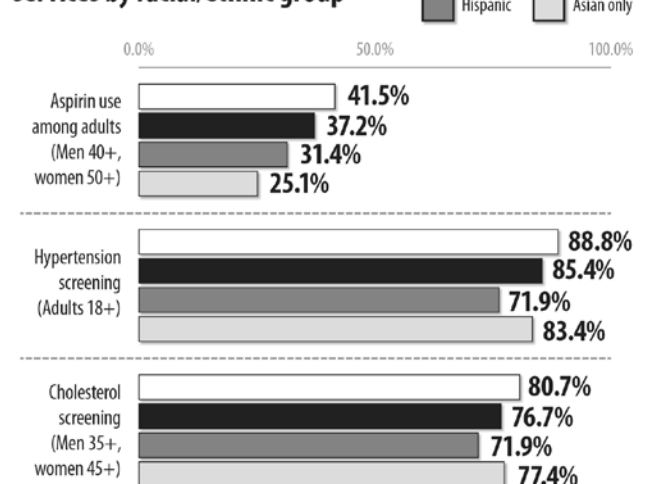
continued on page 24

**FIGURE 1.**  
**Age-specific and age-adjusted prevalence of hypertension among adults aged 18 and over: United States, 2009–2010**



SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.

**FIGURE 2.**  
**Utilization rates for preventive services by racial/ethnic group**



SOURCE: Partnership for Prevention. *Preventive Care: A National Profile on Use, Disparities and Health Benefits*, 2007.

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health care information for patients. The data can offer the physician practices an accurate snapshot and trending of patient populations, thus offering insight into which care interventions are most needed.

For those providers who have met the meaningful use requirements for EHRs, this will be accomplished by creating reports from their EHR systems using specific criteria as a starting point. Risk stratification of patients at an individual level allows the physician to identify and “tag” those patients at high risk for development of specific diseases. This allows for personalized health care planning, including preventive services, counseling, and treatment. These steps would result in system-level changes that promote equitable and better quality patient care. To complete the process, these steps would be incorporated into the policies and procedures at the practice level, with which

AFMC quality specialists are prepared to provide technical assistance.

AFMC will also identify and establish measures for equitable care with physicians and other health care providers to enable them to self-manage progress. These measures will be established with input from Arkansas physicians, nurses, quality specialists and data analysts. Where possible, AFMC will gather disparities-related data and may employ surveys of patients and health care professionals to gauge progress in equitable care.

In addition to working with EHR systems, AFMC will assist in convening and facilitating community learning sessions in targeted communities. In partnership with grassroots level organizations, AFMC will work to raise community awareness and knowledge about heart health and help “close the loop” in cardiac health disparities.

For more information about the disparities project, please contact Jennifer Conner, DrPH, MPH, MAP, at 501-212-

8683 or [jconner@afmc.org](mailto:jconner@afmc.org).

*Jennifer Conner, DrPH, MPH, MAP, is a quality specialist at the Arkansas Foundation for Medical Care. Jo Nycum, MPH, RN, is a manager of quality programs at AFMC. Michelle Murtha, RN, is a quality specialist at AFMC.*

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3. Yoon S, Burt V, Louis T, Carroll M. *Hypertension among Adults in the United States, 2009-2010*. National Center for Health Statistics Data Brief 107, October 2012. Available at: <http://www.cdc.gov/nchs/data/databriefs/db107.pdf>

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# New Regulations Coming for DOT Physicals for Physicians

If you provide commercial truck and bus driver patients with their Department of Transportation mandated physical examinations, new regulations go into effect May 21, 2014 that will require that all medical professionals who provide these exams be certified and registered by the Federal Motor Carrier Safety Administration (FMCSA)

Medical professionals have long performed the exams to ensure drivers are physically qualified to operate a commercial motor vehicle. Typically, examiners had to be licensed, certified and registered only according to laws

in their respective states.

The National Transportation Safety Board recommended creating a National Registry of Certified Medical Examiners to unify medical oversight of commercial drivers and ensure examiners understand and are trained on FMCSA physical qualifications and standards. Officials said some examiners were certifying drivers with serious medical conditions that should have disqualified them from commercial driving.

The new rule states that in order to issue a DOT medical certificate, a medical professional must either

be a Doctor of Medicine, Doctor of Osteopathy, etc. authorized by the particular state's law to perform physical examinations. In addition the individual must pass an examination of the FMCSA to become certified. Once certified and registered, a medical examiner must be recertified every 10 years and must complete periodic refresher training every five years.

For more information regarding this new rule and to find training opportunity locations, see the FMCSA's FAQ page.

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## Medicare to Deny Claims with No National Provider Identifier

On May 1, the Centers for Medicare and Medicaid Services (CMS) will begin instructing its contractors to deny Medicare claims from individuals who don't include a valid National Provider Identifier (NPI).

Section 6405 of the Affordable Care Act requires physicians or other eligible professionals to be enrolled in the Medicare program to order or refer items or services for Medicare beneficiaries. Also Medicare requires that a physician or supplier that bills Medicare for a service or item show the name and unique identifier (the NPI) of the attending physician on the claim if

that service or item was the result of an order or referral.

Beginning in October 2009, Medicare contractors began alerting billing providers if the identification of the ordering/referring provider was missing, incomplete or invalid or if the ordering/referring provider was not eligible to reorder or refer. The alerts were warnings however the claims lacked the required information and the claims were paid anyway. Beginning May, 2013 CMS will deny Part B, durable Medical Equipment and Part A Home Health Agency claims that fail the ordering/referring provider edits.

Physicians who want to continue ordering and referring items and services need to establish their Medicare enrollment record. You can enroll in the Medicare program at: Internet-Based Provider Enrollment, Chain and Ownership System (PECOS). Physicians who have a valid opt out affidavit on file are not required to enroll in Medicare. CMS also has a shorter enrollment form known as the CMS-855-0 for use by physicians and other health professionals who refer and order services but do not bill Medicare directly.

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## Final 2013 Dues and CME Reminders Made April 30

For the more than 190 Arkansas AFP members who have not paid the AAFP's 2013 dues and the 20 members who have not reported sufficient CME for re-election, the deadline of April 30 has been set as the last date to pay dues and report hours to maintain membership in the Academy.

If you have not reported sufficient CME to continue membership in the Academy (150 hours for the last three year period of which 75 must be "Prescribed" or

formal course credits), you still have time to do so. You can self report your hours on the AAFP website, you can report through the AAFP Contact Center by mail, phone, fax or email: AAFP Contact Center, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680 Phone: 1-800-274-2237 Fax: 913-906-6075 Email: [contactcenter@aafp.org](mailto:contactcenter@aafp.org) or give us a call at the Arkansas AFP office and we will help you (501-223-2272 or 1-800-592-1093).

If you have not yet paid your 2013 dues, simply pay your dues to the American Academy of Family Physicians by the deadline of April 30. If you have lost your dues statement, call the AAFP at 1-800-274-2237 and of course you are billed for state and national dues for the year.

We thank you for your membership in the Academy!

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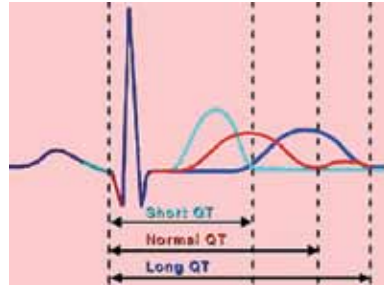
## Azithromycin Poses Risk of Potentially Fatal Arrhythmias, FDA Warns

Use of the antibiotic azithromycin (Zithromax or Zmax) can lead to a potentially fatal irregular heart rhythm in people with certain risk factors, according to FDA officials.

“Patients at particular risk for developing this condition include those with known risk factors such as existing QT interval prolongation, low blood levels of potassium or magnesium, a slower-than-normal heart rate, or use of certain drugs used to treat abnormal heart rhythms or arrhythmias,” the FDA said in a March

12 drug safety communication. “FDA has issued a (warning) as a result of our review of a study by medical researchers, as well as another study by a manufacturer of the drug, that assessed the potential for azithromycin to cause abnormal changes in the electrical activity of the heart.”

The FDA recommends that physicians and other health care professionals consider the risk of torsades de pointes and fatal heart rhythms associated with azithromycin use when considering



treatment options for patients who already are at risk for cardiovascular events and notes that “the potential risk of QT prolongation with azithromycin should be placed in appropriate context when choosing an antibacterial drug.”

The communication also listed alternative drugs in the macrolide class and nonmacrolides, such as the fluoroquinolones, as having the potential to cause irregular heart rhythms or other significant side effects.

In May 2012, the FDA reviewed a study that compared the risks of cardiovascular death and death from any cause in three patient groups:

- those treated with azithromycin;
- those who took amoxicillin, ciprofloxacin (Cipro) or levofloxacin (Levaquin); and
- those who took no antibiotics.

An increase in cardiovascular death risk and in the risk of death from any cause was reported for those using a five-day course of azithromycin, as well as for those who took levofloxacin, versus people treated with the other antibiotics and those who received no drug.

Adverse effects that may be related to use of these products can be reported via RxEvent, an adverse drug event reporting service that has partnered with the AAFP, or MedWatch, the FDA’s Safety information and Adverse Event Reporting Program.

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## Extra credit:

- Read *The Wellness Impact: Enhancing Academic Success Through Healthy School Environments* at [GENYOUthfoundation.org](http://GENYOUthfoundation.org).
- Learn more about how **Fuel Up To Play 60** is helping schools to take action at [FuelUpToPlay60.com](http://FuelUpToPlay60.com)

Join Midwest Dairy Council and experience the benefits of starting your day with breakfast on June 14th at the Annual Scientific Assembly.



## Study Finds Shingles Vaccine Effective, But Uptake Remains Low

When it comes to protecting older patients from the ravages of shingles and its sequelae, family physicians have no better weapon in their arsenal than the herpes zoster vaccine. But, like every other vaccine, it only works if patients get it.

Unfortunately, a recent study found that despite the documented effectiveness of the herpes zoster vaccine in preventing shingles and its most common complication -- postherpetic neuralgia (PHN) -- few people are receiving the immunization.

The study, published in the open-access online journal *PLoS Medicine*, looked at more than 765,000 randomly selected Medicare beneficiaries ages 65 and older who either received or did not receive the zoster vaccine between Jan. 1, 2007, and Dec. 31, 2009.

Among the study's findings:

- Vaccine uptake was low overall, at 3.9 percent, and was lowest among blacks (0.3 percent) and those with low income (0.6 percent).
- The shingles incidence rate was 10.0 per 1,000 person-years among unvaccinated participants and 5.4 per 1,000 person-years among vaccinated participants, yielding an overall vaccine effectiveness level of 48 percent.
- Vaccine effectiveness against incident herpes zoster among immunosuppressed individuals was lower, at 37 percent, but effectiveness against PHN was 59 percent.

"Despite strong evidence supporting (the vaccine's) effectiveness, clinical use remains disappointingly low, with particularly low vaccination rates in particular patient groups," the authors

wrote in the study conclusion. "This study shows that herpes zoster vaccination is associated with a reduction in PHN in routine clinical use."

"As PHN is the major complication of herpes zoster and is associated with highly significant morbidity and adverse impacts on quality of life, substantial efforts are needed to increase vaccine use in routine care of elderly individuals."

According to an editorial note that accompanied an article in the Feb. 1 issue of the CDC's *Morbidity & Mortality Weekly Report*, adult coverage levels for the herpes zoster vaccine, as well as the pneumococcal and hepatitis B vaccines, remain "unacceptably low" and are well below the respective target levels set by HHS' Healthy People 2020 initiative. This poor showing further highlights the need to step up efforts to increase adult vaccination coverage. The CDC also noted that physician vaccination recommendations are associated with patients actually getting vaccinated.

"Routine assessment of adult patient vaccination needs, recommendation and offer of needed vaccinations for adults should be incorporated into routine clinical care of adults," the CDC said. "The adult immunization schedule, updated annually, provides current recommendations for vaccinating adults and a ready resource for persons who provide health care services for adults in various settings."

### Letter, Supporting Research Materials Delivered to CMS

The AAFP recently put in writing a recommendation that CMS create, in a timely fashion, new evaluation and management (E/M) codes exclusively for primary care physicians.

In the March 27 letter with supporting documentation to CMS Acting Principal Deputy Administrator Jonathan Blum, the AAFP noted that the correspondence was a follow-up to a March 7 meeting in Washington, during which representatives from the AAFP and CMS discussed payment for primary care services.

"The AAFP recommends that CMS create, as part of the 2014 Medicare physician fee schedule, separate primary care E/M Healthcare Common Procedure Coding System codes for office or other outpatient services to new and established

patients with correspondingly higher relative values to address this issue," wrote AAFP Board Chair Glen Stream, M.D., M.B.I., of Spokane, Wash.

### Story Highlights

- In a recent letter to CMS, the AAFP asked the agency to create new evaluation and management codes exclusively for primary care physicians.
- The AAFP requested that the new codes be included in the 2014 proposed Medicare physician fee schedule due out in July.
- The AAFP backed up its recommendation for new codes with detailed supporting documents and research conducted by an outside consulting firm.

If the country wants to achieve the goals of better health care for individuals, better health for populations and lower per-capita health care costs, a new payment model is necessary, said Stream. "That system should recognize the complexity of ambulatory care provided by primary care physicians and reward the quality of services provided in their practices."

He noted that by CMS' own admission, the standard fee-for-service payment methodology likely would remain the primary Medicare payment model in the foreseeable future, despite widespread testing of new and promising payment models. "Failure to correct the flaws in the fee-for-service system as they relate to primary care is only likely to perpetuate those flaws in new payment models," that rely on the current system as a benchmark, said Stream.

He pointed out that the intensity and complexity of an office E/M encounter with a primary care physician was quite different from that of such encounters with other specialists or subspecialists. Primary care physicians strive to deliver "continuous care that includes treatment of illness before symptomatic presentation, extensive screening and prevention, counseling, and, increasingly, other social services," said Stream.

On the other hand, nonprimary care physicians most often address only the presenting patient concern. The current method of coding for E/M services across specialties exacerbates the issue of

inadequate payment for primary care. "Combining all E/M encounters together ... undervalues primary care and overvalues other types of care," said Stream.

He acknowledged the "operational issues" that come with the creation and valuation of new primary care E/M codes. As a starting point for addressing those issues, Stream referenced AAFP definitions of terms such as primary care, primary care physician and nonprimary care physicians providing primary care services.

"In particular, we believe that eligibility requirements related to these new codes should reward physicians trained in primary care," said Stream. Additionally, primary care physicians should be able to demonstrate that they are carrying out three "definitional functions of primary care," -- first contact with the patient, continuity of care and comprehensiveness of care -- all of which can be ascertained by reviewing claims data.

Stream conceded another operational hurdle CMS would have to overcome: budget neutrality. "On this issue, the AAFP supports making the budget-neutrality adjustment to the conversion factor so the impact is spread across the entire Medicare physician fee schedule," said Stream.

He asked CMS to make use of the information provided in a position paper and appendix that accompanied the letter to "move ahead" with creating and valuing, as part of the 2014 Medicare physician fee schedule, the codes the AAFP requested.

"We are willing and ready to work with CMS on any operational aspects of our recommendation," said Stream.

In a separate interview with *AAFP News Now*, Stream said the March 27 letter was the culmination of a series of steps the AAFP had taken since 2011 -- at the behest of family physician members across the country -- to increase payment for primary care services.

"Family physicians want to provide high-quality care for their patients and, in particular, those patients with multiple chronic diseases who require higher levels of care management and coordination," said Stream. "But we can't continue to do the work our patients require without appropriate payment that recognizes the complexity and intensity of current primary care practice."

The Academy charted a new course in the search of primary care payment

solutions in July 2011 with the creation of the Primary Care Valuation Task Force, said Stream. In 2012, that task force released recommendations that included calling for primary care-specific codes.

The AAFP's decision in 2012 to continue its participation in the AMA/ Specialty Society Relative Value Scale Update Committee (RUC) was difficult, but necessary, said Stream. "However, we made it clear to the RUC that we intended to appeal directly to CMS for more equitable payment mechanisms, and we have done

so," he said.

"Our collaboration with outside experts during the course of the past year resulted in the development of good hard data that strengthened the case for primary care that we presented to CMS," said Stream.

Stream urged members to stay positive and stay tuned in. "I'm not sure how CMS will respond to our latest effort, but I assure you that the AAFP will keep pushing for fair payment because it's critical to the health of our patients, our practices and our specialty," he said.



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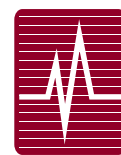
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