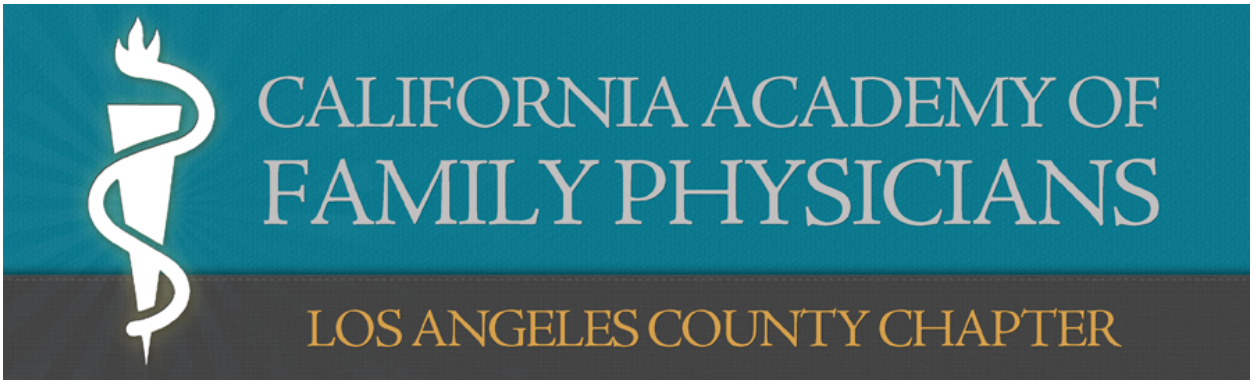

Los Angeles Academy of Family Physicians Newsletter
Vol. 47, No. 3 August 2015

In This Issue

Welcome to our August e-Newsletter. Please join Dr. Art Ohannessian and your family medicine colleagues for an enjoyable evening of good food and amiable conversation. Dr. O will preside over a brief business meeting to open the floor for nominations for the 2016 AMAM delegation. Committee nominees are listed in this Newsletter. Two scenarios are permissible for floor nominations: the new nominee needs to be present to accept a nomination from the floor or there must be a letter of acceptance of the floor nomination from the nominee.

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You are invited to a
Member Appreciation dinner and meeting
on
Wednesday, September 16, 2015
7:00 pm

Il Fornaio
One Colorado Shopping Center
24 West Union Street
Pasadena, CA 90802

Join us in the Siena Room.

Please RSVP here.

President's Message

Art Ohannessian, MD

Happy August everyone, I hope you and loved ones enjoyed a great summer or still doing so. Your Los Angeles Chapter of CAFP has been hard at work representing your

interests at the local and national level. I am proud to report that our chapter resolutions that were presented at the 2015 All Member Advocacy Meeting (AMAM) in Sacramento, were recently adopted as policy by the CAFP Board of Directors. This included resolutions regarding coverage for long-acting reversible contraceptives in the early postpartum period, promoting transparency in medical education, and support for naloxone expansion programs to address the national public health crisis of opioid overdoses.

Subsequently, members of LAAFP who were part the California delegation to the 2015 National Conference of Constituency Leaders (NCCL) in Kansans City, were able to debate and vote on resolutions that covered a wide array of issues, including but not limited to: medical education, women's health issues, and the burgeoning problem of student debt. Your members were able to collaborate and build coalitions with AAFP members from across the country, from northern Alaska to southern Alabama, and had the opportunity to directly present their positions to the national leadership of the AAFP.

At NCCL, I was personally interested in addressing the growing and worsening problem of student debt that disproportionately affects Family Physicians. I was able to collaborate and author two resolutions to address this issue, which I will elaborate on further here.

Currently, the average total student debt upon completion of medical school is $200,000, whereas the average income of a practicing Family Physician is $176,000. This large debt burden is a significant obstacle to pursuing a career in primary care, which directly contributes to the critical and worsening shortage of primary care physicians that is projected to reach a shortage of 20,400 physicians by 2020.

This high debt burden directly affects patient access to care as well. Many primary care physicians are choosing to no longer treat patients with insurance plans with low reimbursement rates, such as Medicare and Medicaid, thus preventing our most vulnerable populations from receiving medical care they need. These economic pressures are untenable and need to be addressed.

The solutions I offered in the resolutions I co-authored were two-fold: first, all student loans that are owned and operated by the Federal Government (aka the Department of Education) should be modified and refinanced at prime interest rate. This is the benchmark used to set current home mortgage and car loan interest rates. The current average student loan owned and serviced by the Department of Education is 7%. Allowing these loans to be refinanced at the current prime rate of 3.25% would equate to billions of dollars in savings for student borrowers and current professionals who are still paying off your student debt. Having the Department of Education profiteer off students and new professionals who just completed their training is wrong and economically stagnating.

The second resolution I co-authored involved revising current Internal Revenue Service (IRS) rules regarding the deduction of student loan interest payments. Currently the adjusted gross income limit to qualify for student loan interest payment deductions is $80,000 for a single individual, and $160,000 for those who file jointly. This seems generous at first glance, but Family Physicians are particularly hurt by these finite cut-offs, and here is how.

The average income for a single individual in the United States is $50,500, the average student loan debt is $28,400, resulting to a debt-to-income ratio of 0.56. By comparison, debt-to-income ratio of a Family Physician is 1.14 (when using the average income and debt of Family Physician stated previously). That is a 203% increase of debt-

to-income ratio of a Family Physician compared to a single citizen. Despite this staggering difference, the Family Physician by definition cannot take advantage of tax deduction, because they surpass the current $80,000 AGI cap. Thus, AAFP should direct its legislative advocacy and lobbying efforts to allow student loan interest payments to be tax deductible by removing the income cap to qualify for these deductions; and instead have the IRS use debt-to-income ratio as the marker for who qualifies for these deductions.

I know many of you might be thinking that these proposals are great, would save many of you hundreds if not thousands of dollars per year, but they are too far-fetched and have no hope of actually being enacted. I am here to say that with organized advocacy all things are possible. Senator Elizabeth Warren (D-Ma) and current presidential candidate Sen. Bernie Sanders (I-Vt) have in fact began to draft legislation to address these exact issues and through our resources at AAFP and coalition building, we can achieve these lofty goals. I will be championing these causes moving forward and will keep our membership abreast of any progress on these efforts.

I would like to thank all of you for your continued support and membership of the LAAFP and I hope to see many of you at our next member appreciation dinner on September 16th at Il Fornaio Restaurant, in Pasadena. Thank you.

Editorial

Katrina Miller, MD

ICD-10 is coming (again!): Are you ready?

Happy end of summer! I have spoken to you all before in the position of Clinical Information Systems Medical Director for Adventist Health West, and have now transitioned to a job in my own hometown as Medical Director for Informatics at L.A. Care Health plan. I am so happy to be working at another great, mission-driven, not-for-profit organization that covers 1.7 million of the most vulnerable folks in LA County and I hope to work with many of you all in this capacity. I continue to feel incredibly strongly that we Family Physicians need to lead the way in facilitating healthcare operations and

communications in our unique position understanding all specialties and venues of care in whatever role we hold. Keep up the great work with your many responsibilities.
It is time again to prepare for that special date of October 1, 2015, when our beloved ICD-9 (International Classification of Diseases, version 9) will transition to the behemoth of ICD-10. The coding system that the rest of the world has been using for years will come home to roost in the US, finally this fall. You may recall that this date has been pushed back by congress multiple times after extremely complex preparations by the healthcare industry but this date likely won't change again.

ICD -9 consists of approximately 18,000 numeric 3-5 digit codes that will transition to approximately 140,000 codes with up to 7 alpha-numeric digits leading to such memorable codes as, "S82.209A" instead of "823.20" for "closed fracture of the tibia" or codes for procedures, such as "0FB03ZX" for a diagnostic liver biopsy. ICD 10 does support more specific descriptions for disease and procedures that will hopefully provide better quality analysis and information regarding complex medical scenarios and improve reimbursement and interventions. Prepare for the possibility of coding scenarios as specific as: T75.82XD, "Effects of Weightlessness, Subsequent Encounter" and T71.222D, "Asphyxiation due to being trapped in a car trunk, intentional self-harm, subsequent encounter".

I am sure that all of you in your offices and hospitals, in your administrative and executive meetings, and in your committees or training programs have already established plans and are on the path for preparation. After all, we were all somewhat prepared last year! Following is a quick checklist to verify your organizations are planning appropriately:

1. **Financial Impact Assessment on claims:** Identify the high risk, high dollar, high volume claims that will be ICD-10 documentation improvement opportunities. Verify with your EHR vendor and local coding or financial staff that they are aware of ICD 10 codes that should be saved as Favorites before October.
2. **Electronic documentation**: Most EHR systems as well as third party vendors have, or will be releasing applications that can detect certain keywords to aid in the development of an ICD-10 code. If your site is using and/or scanning paper records, these applications will likely not work. Encourage as much of your staff as possible to document through electronic notes or dictation.
3. **Educate coders and Clinical Documentation Improvement Specialists (CDIs):** Verify these staff members are certified in ICD-10 as soon as possible, since this may have happened last year, consider review courses or verification testing. The American Health Information Management Association (AHIMA) can help with this. http://www.ahima.org/icd10/
4. **Become familiar with how ICD-10 will impact you**. You know the codes you use now so look them up and see what the ICD-10 version is. If your site has already set up a double system for using ICD-10, get familiar using that. Use whatever training materials come your way from your site, EHR or professional societies.
    - Here is the CMS link for more information: Http://www.cms.gov/Medicare/Coding/ICD10

- And here is a Medscape CME activity for "A Roadmap for Small Clinical Practices": http://www.medscape.org/viewarticle/809674

As CMS says, "the responsibility lies with providers to comply with the deadline for use of ICD-10." It is up to us to get prepared and be ready for this next monumental transition in our healthcare industry. We, as Family Physicians have a unique and important responsibility in this process. As Primary Care physicians, determining these codes correctly when we see our patients in the office begins a subsequent cascade of more appropriate care for our patients. We are the hospitalists who admit these patients and need these codes to be correct for and optimal DRG-based reimbursement. And we in Family Medicine need to stay informed about these medico-legal issues and so we can present them for discussion in our department and Medical Staff or Medical Executive committees so that our institutions don't fall behind as the time draws near for this conversion.

Good luck to you and to us. Keep in mind that, "…luck is where preparedness meets opportunity..." Anyone can ask the questions of your organization regarding the status of preparedness for this transition. Educate yourself and your staff and anyone who will listen. Consider adjusting clinical care schedules surrounding this date and most of all, lead with patience and the knowledge that we can do this!

Take Care everyone!
-KM

Legislative Affairs Update, LAAFP

August 2015
Wesley G. Bradford, MD, MPH

Governor Jerry Brown signed SB 277 (Pan and Allen), a CAFP-supported bill to protect public health by allowing only physician-ordered medical exemptions to the childhood vaccine requirements for admittance into public or private day care or elementary or secondary schools. This is a controversial issue, with a vocal minority focusing on the rare potential of complications from vaccination to insert a "personal belief" objection to the requirement of vaccination before school admission. On the opposing side are mountains of public health data and studies, as well as statistics showing increased prevalence of preventable epidemics from a growing number of unvaccinated children (like the Disneyland measles epidemic last December). This new law was authored by Senator and primary care Pediatrician Richard Pan, MD. A recall effort by anti-vaccination groups is currently underway in his district. Please consider contributing to the Family Physicians Political Action Committee (FP-PAC) to help combat efforts like these and support candidates who fight for primary and preventive health care.

Also recently signed by the Governor was SB 738. This new law establishes liability protection for physicians who provide schools with a prescription/order for epi-pens. Last year, CAFP supported SB 1266 (Huff), which required public schools to provide epi-pens to trained personnel. Since schools are now required to have epi-pens, demand for physicians to provide the necessary prescription/order has increased. SB 1266 aimed to address the increased demand by expanding the universe of physicians who could legally provide a prescription/order for epi-pens and who could make a determination about whether a person is qualified to provide training on the use of epi-pens. Schools have struggled to find physicians willing to provide the prescription/order. SB 738 addresses this issue.

Not advancing further this year are three CAFP-opposed bills that attempted to inappropriately expand the scope of practice of three provider groups. CAFP had an Oppose Unless Amended position on all three and attempted to work with the bills' authors and sponsors to address our concerns while working steadfastly to urge legislators not to move the bills forward unless specific amendments were accepted. SB 323 (Hernandez) would have allowed independent practice for nurse practitioners (NPs) in certain settings. CAFP sought amendments to ensure that independent NPs would be working **alongside** physicians and not in isolation. SB 622 (Hernandez) would have allowed optometrists to conduct minor surgical procedures and administer pneumococcal and shingles vaccinations, and called for a pilot project to allow optometrists to treat diabetes, hypertension and hypercholesterolemia. AB 1306 (Burke) would have removed physician supervision from certified nurse midwives and allowed them to manage a full range of primary gynecological and obstetric care services for women from adolescence to beyond menopause, including primary health care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, immediate care of the newborn and treatment of male partners for sexually transmitted infections. CAFP and a coalition of other provider organizations made significant progress in our discussions and negotiations with the author and sponsors, to the point where CAFP's only amendment was to remove the phrase "primary health care," but the bill died in committee due to other issues. Thank you to all the CAFP Key Contacts who reached out to legislators on these bills.

CMS announced efforts to provide greater flexibility in the transition from ICD-9 to ICD-10 diagnosis codes. The implementation deadline is still October 1, but for 12 months after, CMS will not penalize or audit physician claims based on specificity of the diagnosis code used as long as the code is from the appropriate family of ICD-10 codes. Physicians reporting for CMS quality programs such as Physicians Quality Reporting System (PQRS), Value Based Modifier (VBM) or Meaningful Use (MU), will additionally escape incurring financial penalties based on the code used.

The Congress is on vacation during the month of August (preferring to take the heat back home rather than the Washington weather), leaving behind unfinished business including rumors of a threatened government shutdown (again). CAFP recommends taking advantage of this opportunity to contact and meet your District Congressman and the US Senators to discuss issues important to Family Physicians. Please click here to learn more.

Nominating Committee Report

The Nominating Committee met by phone conference on Wednesday, June 3, 2015. Members present were: Art Ohannessian, MD, Chair; Rebecca Bertin, MD; Dan Castro, MD; Shannon Connolly, MD; Liz Kalve, MD; Katrina Miller; MD; and Kevin Rossi, MD. Executive Director Roxanne Kuns, was also present.

The Nominating Committee presented the following slate of nominees:

LA Academy 2016 Executive Board Nominees

Executive Committee Nominations:

President:	Kevin Rossi, MD
President-Elect:	Shannon Connolly, MD
Vice-President:	Katrina Miller, MD
Secretary-Treasurer:	Rebecca Bertin, MD
Assistant Secretary Treasurer:	Daniel Pio, MD

State Board of Directors Nomination:

District III: Director, Liz Kalve, MD, for second 3-year term

Current State Board of Directors:

District III: Director, Liz Kalve, MD	Alternate Director, Art Ohannessian, MD
District IV: Director, Dan Castro, MD	Alternate Director, Jay Iinuma, MD

Delegate Nominations:

Shannon Connolly, MD
Julie Ann Howard, MD
Kelly Jones, MD
Gerardo Moreno, MD

Alternate-Delegate Nomination:

Amaruti Borad, DO
Karen Boston, MD
Lawrence Dardick, MD
Mark Dressner, MD

Carrie Nichols, MD
Daniel Pio, MD

Current Delegates:
Rebecca Bertin, MD
Katrina Miller, MD
Theresa Nevarez, MD
Art Ohannessian, MD
Kevin Rossi, MD

Monique George, MD
Jon Malachowski, MD
Monica Plesa, MD

Current Alternate-Delegates:
Selene Velasco, MD
Leanne Zakrzewski, MD

Executive Board Meeting Minutes

Parker's Lighthouse, Long Beach, CA
May 21, 2015

The meeting was called to order by Art Ohannessian, MD, President. Members and guests in attendance were: Aminah Cherry, Resident; Condessa Curley, MD; Evan Bass, MD (spouse, Sandra Yee); Shannon Connolly, MD; Mark Dressner, MD; Po-Yin Samuel Huang, MD; Wingshan Io-gomez, Resident; Kelly, Jones, MD; Stephanie Le, MD; Jeffrey Luther, MD; Jon Malachowski, MD (spouse, Eva Malachowski); Katrina Miller, MD; Nasir Mohammedi, MD; Sophia Momand, MD (& guest); Gerardo Moreno, MD; Linh Nguyen, FNP; Casey Rodriguez, MD; Pati Romero, Resident; Kevin Rossi, MD; Mehdi Tahsini, MD; Jeanne-Marie Sinnot, Resident; Shabana Tariq, MD; and Sarah Tubbesing, MD. Executive Director Roxanne Kuns was also in attendance with her guests, Joe & Sirpa Kuns.

Introductory comments by President Ohannessian included:

-updates regarding the local Academy stated goal for the year to be more active in resolution writing as a chapter

-to that end, an update on the multiple resolutions at AMAM, some of which have now been adopted as policy by the CAFP Board of Directors

- an update regarding our activity at NCCL

-informed members of the resolutions he wrote at NCCL regarding student loan debt reform

-Shannon Connolly gave updates regarding resolution she wrote/voted for at NCCL

-an invitation to members who were interested in working on student loan debt reform to become participants in a formal AAFP interest group on the topic, which is to be formed and announced later this year

The Minutes were approved for the March 8, 2015, Breakfast Caucus meeting as printed in the April Newsletter.

The Treasurer's Report, January through April 2015, was approved as presented in the May 21st Agenda.

There were no standing committee, board of directors, national or state officers reports.

The AMAM was a success in that there were many new faces, including students and residents that received support from the CAFP and LAAFP.

The call went out for members to join the AAFP Commissions and Committees by phoning the AAFP at 800/274-2237 to investigate the openings.

The call went out for members to join the CAFP Committees by phoning the CAFP at 415/345-8667 to investigate the openings.

The call went out for members to consider how they can submit nominations for the CAFP Foundation Awards. There are seven distinct recognition awards given every year. Learn how to submit nominations by getting on the CAFP website: http;//www.familydocs.org/awards.

President Ohannessian gave a brief background regarding the plan to update our local Constitution and Bylaws. A committee has been appointed to research changes to present to our membership for a vote in the near future.

The meeting was adjourned.

NCFMRMS Scholarship Recipient Reports

The Los Angeles County Chapter announced to student and resident members the opportunity to receive a $500 scholarship to attend the 2015 National Conference of Family Medicine Residents and Medical Students. The applicants were asked to submit an application form, a letter of interest and a CV. Those who received the scholarships were also asked to give a brief report on their experience.

Andrea Grosz, MD
UCLA Family Medicine, PGY2

This year I was fortunate to be able to attend the AAFP National Conference for the first time thanks to the scholarship from the LAAFP. Coming from a medical school that was not very primary care friendly, I had never even heard of the conference. When I did, I was very excited to be able to participate as a resident.

The experience ended up being everything I imagined and more. This was a gathering of the people at all different points in their careers who have and will shape the future of medicine in the United States, namely primary care.

There are two unique experiences that stand out in my mind. The first was attending a workshop named "Global Health Begins at Home: Caring for Refugees in the Family Medicine Home", led by a group from Nebraska. Though Nebraska is very different from California, the issues raised and the stories told from their refugee practice were truly impactful and very similar to issues that come up at our own Mid-Valley Clinic and at California Hospital. Specifically, we discussed unique healthcare issues including PTSD from formerly living in warzones and female genital mutilation, as well as language and cultural barriers that come up everyday in both refugee and immigrant practices. Secondly, I got a chance to meet some of the residents from other programs, particularly those in Los Angeles with whom I surprisingly have very little contact. Some of the Harbor UCLA residents shared with me their experience with Orchid, the new EMR for the county, which Olive View and Mid-Valley will be getting in November. We also got a chance to talk about planning events together.

Overall I really enjoyed attending the AAFP National Conference and definitely hope to go again next year.

The Laurel Foundation
Empowering Children, Youth and Families Affected by HIV/AIDS

VOLUNTEER AT CAMP LAUREL!

CAFP is collaborating with The Laurel Foundation to find Volunteer Medical Staff **(LVN, RN, NP, PA or MD licensed in CA**) for the organization's upcoming Summer Camp program, scheduled from **September 11 - 15, 2015**.

The Laurel Foundation provides educational and support programs to children, youth and families affected by HIV/AIDS. Through love, compassion and hope, Camp Laurel teaches children to understand that each one of them has the ability to make his or her life as full and rich as the next child's regardless of this illness.

Medical volunteers are responsible for distributing medication and for the general health of campers and staff. Medical volunteers are encouraged to participate in all camp activities, which include campfires, hiking, arts & crafts, cabin skits and more. Previous HIV/AIDS experience is NOT necessary.

If you are interested in volunteering to bring hope and happiness to children affected by HIV/AIDS:

Download the Application here

For more information about volunteering at Camp Laurel, please contact Lauren Franklin, Director of Volunteers at The Laurel Foundation: lfranklin@laurel-foundation.org or 626-683-0800.

Find out what makes Camp Laurel so special: