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2013 Winter Family Medicine Weekend February 1-3, 2013

VAFP Mission Statement
The mission of the VAFP is to empower its members to be personal physicians who ensure accessible health care, dedicate themselves to ensuring the dignity and wellbeing of the citizens of Virginia, and are guided by the principle that the family physician is the specialist of choice for lifelong care.

VAFP Vision Statement
The vision of the VAFP is for Virginia to be the best place for family physicians and their patients.

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Dear Family Physician Colleagues,

Warms greetings to you with hopes you are well.

For me, it has been a welcome transition from “election season” to the winter Holiday Season and while the implications of our recent election are still being determined, all the prognosticating regarding the outcome reminds me of a classic fable that I’d like to share with you:

A farmer and his son had a beloved stallion that helped the family earn a living. One day, the horse ran away and their neighbors exclaimed, “Your horse ran away, what terrible luck!” The farmer replied, “Maybe so, maybe not. We’ll see.”

A few days later, the horse returned home, leading a few wild mares back to the farm as well. The neighbors shouted out, “Your horse has returned, and brought several horses home with him. What great luck!” The farmer replied, “Maybe so, maybe not. We’ll see.”

Later that week, the farmer’s son was trying to break one of the mares and she threw him to the ground, breaking his leg. The villagers cried, “Your son broke his leg, what terrible luck!” The farmer replied, “Maybe so, maybe not. We’ll see.”

A few weeks later, soldiers from the national army marched through town, recruiting all the able-bodied boys for the army. They did not take the farmer’s son, still recovering from his injury. Friends shouted, “Your boy is spared, what tremendous luck!” To which the farmer replied, “Maybe so, maybe not. We’ll see.”

While so much of the election implications are truly “we’ll see,” one of the “lessons” of the election for me is the reminder that our VAFP membership holds an incredibly diverse range of political opinions, and in my time thus far serving as your VAFP President, I have come to greatly appreciate the thoughtfulness of our membership across the entire political spectrum. The leadership challenge this poses is the necessity of being sure these many voices are heard, and that you as our members trust that your leadership is taking into consideration this wide range of opinions when “speaking on behalf” of the VAFP. I am impressed that our leadership and Directors indeed do this, and am proud to be part of that process.

Let me take a moment to highlight some of the many wonderful things that have been going on in and through the VAFP since our Summer Meeting, as well as take a glimpse into our future.

- For the seventh time in nine years, the Virginia Commonwealth University School of Medicine Student Family Medicine Association (SFMA) was recognized for its efforts in stimulating interest in family medicine and family medicine programming. The group was one of just nine groups in the U.S. to be honored with a 2012 Program of Excellence Award at the American Academy of Family Physicians annual National Conference. The VCUSOM SFMA is the largest in Virginia, and nearly half of VCU’s 800 medical students are registered as AAFP student members in 2012. A special thanks to Judy Gary, the SFMA’s faculty advisor, for her leadership in this outstanding organization.

- In early October, over 160 medical students, nursing practitioner students, and physician assistant students, and 23 family medicine residents gathered in Richmond for a sold-out 4th annual “Choose Virginia” conference. Representatives from 9 out of 10 Virginia FM residency programs were able to attend and help to lead procedures workshops during the event. Many thanks to Dr. Roger Hofford for his incredible efforts in helping to organize and lead this event, and to our wonderful VAFP staff for their support of this enormous undertaking.

- The VAFP was well-represented at the AAFP Congress of Delegates held prior to the Annual Scientific Assembly in Philadelphia. It was a joy to see our very capable VAFP Delegates and Alternate Delegates engaged in this important work and to help mold and shape the future directions of the AAFP.

- The VAFP Board of Directors gathered in October in Richmond for our quarterly Board meeting. Much was covered during this meeting, including preparation for the upcoming Virginia legislative session, plans to continue to expand our “Legislative Key Contact” Program, and discussion as to how the VAFP strategic plan and committee structure can be better aligned in order to tap into the talents of our members and keep the organization moving forward. Stay tuned for more information regarding this soon.

- The “Legislative Key Contact” Program is a wonderful way for members throughout the state to help us realize our vision that “every legislator
in Virginia should know a Family Physician by their first name.” Please consider becoming part of this dynamic and high-impact program and getting to know your local legislators better. If interested, contact the VAFP staff for further information.

• The VAFP was well represented at the Medical Society of Virginia 2012 House of Delegates held the last weekend of October in Williamsburg. Indeed, it was heartening to see the impact our VAFP members are having within this organization, including VAFP Past-President Sterling Ransone being elected to serve as MSV President-Elect for the upcoming year.

• The AAFP State Legislative Conference was also held the last weekend in October. At the conference, the VAFP received the 2012 AAFP “Leadership in State Government Advocacy” Award for our work on the team-based care legislation (HB 346) during the 2012 legislative session. Indeed, the bill and the process of collaboration among multiple groups to write and shepherd the bill through the legislature has become a model for the nation. Special thanks are in order to former VAFP presidents Cyn Romero, Sterling Ransone, and Jesus Lizarzaburu for their exceptional contributions to this effort.

• The final VAFP Group SAM for 2012 was held in November in Richmond and capped another year for this highly successful program. Please consult this publication or the VAFP website for the 2013 schedule.

• The 2013 VAFP “Wintergreen” meeting is fast approaching on February 1-3, and a record gathering is once again anticipated. This meeting is a wonderful chance to learn, connect with colleagues, and have some time for recreation and relaxation. I hope you are planning to attend, and if so, look forward to seeing you there.

• SAVE THE DATE: Hard to believe that summer is right around the corner, and that means time to make plans to attend the 2013 VAFP Annual meeting. This year’s meeting will be at the Cavalier Hotel in Virginia Beach from July 18-21 and is sure to be a wonderful time for education and recreation.

While we may not all agree on the implications of our recent presidential election (“we'll see …”), I’m confident that you’ll agree with me that the VAFP is thriving as an organization, even as we continually look for ways to improve how we support our membership. Thank you for all you do every day to help advance our vision “for Virginia to be the best place for our citizens to receive their healthcare and for family physicians to practice medicine.” It continues to be an honor to serve as your President. I invite you to contact me or any of the VAFP leadership or staff with ideas, questions, or interest in serving.

In whatever manner you celebrate, I wish you and your loved ones a wonderful Holiday Season.

Mark Greenawald

Virginia Academy of Family Physicians
Board of Directors Meeting

October 27, 2012

• Approved a motion to accept the minutes from the August 3 and August 5, 2012 VAFP Board of Directors meeting held in Hot Springs, Virginia.

• Heard report from VAFP President Mark Greenawald, MD on the VAFP Strategic Plan, Mission and Vision.

• Heard report on plans and programming for the 2013 Winter Family Medicine Weekend scheduled February 1-3, 2013 at Wintergreen Resort and on the 2013 Annual Meeting & Exposition.

• Heard report from VAFP Treasurer and Choose Virginia Program Chair, Roger Hofford, MD on “Choose Virginia” held October 13, 2012 at the Richmond Marriott Hotel.

• Heard report from AAFP Delegates and Alternates on the 2012 AAFP Congress of Delegates meeting held October 15-17 in Philadelphia, PA.

• Heard report from VAFP Director Hughes Melton, MD on the AAFP Foundation.
WHAT A WALK-IN CLINIC WON’T TELL YOU

This article is an adaptation of a Wall Street Journal article by Jen Wieczner on November 4, 2012.

These family physician and emergency room alternatives are popping up in more storefronts in Virginia, but they differ in price and quality of care.

I. “We may put your family physician out of business.” The next time you get sick, there’s a good chance you’ll be seen not in a hospital or a primary care physician’s office, but in a “convenient-care clinic” based in a drugstore or supermarket. There now are nearly 1,400 stand-alone retail health clinics nationwide, twice as many as five years ago, in addition to roughly 8,700 urgent-care centers.

These clinics are a major facet of the health reform effort: A clinic visit costs 80% less than a trip to the emergency room, according to the Rand Corp., and clinics often are open nights and weekends.

A Rand study also found that patients who visit retail clinics are 67% less likely to go to a physician the next time they get sick with a similar problem, a phenomenon potentially dangerous to primary care physicians.

II. “…but it would be better if we didn’t.” Nurse practitioners make up 95% of the clinics’ workforce. And even though studies show that those providers will deliver adequate treatment, a retail clinic usually doesn’t have access to a patient’s medical history, and doesn’t follow up after the visit.

The Convenient Care Association says these clinics are designed to supplement primary care, not replace it.

III. “Our agents are everywhere.” Even though proponents say they don’t want clinics to replace family physicians, the health care system has been steering patients toward the clinics with incentives consumers may find hard to resist.

Some insurance companies waive copays for clinic visits, and hospitals gently remind nonemergency patients that clinics could take care of them for less money.

IV. “Convenience comes at a price.” Before you get your flu shot at a supermarket clinic, you may want to ask for a price check.

Since health plan coverage varies between the clinics, consumers should find out if their chosen clinic is covered before dropping in.

V. “Coincidentally, we’re having a sale on cough syrup.” With large drugstore companies now running some of the largest chains of clinics, some medical professionals are concerned that the relationships might pose a conflict of interest.

VI. “The doctor may not see you now.” As much as urgent and convenient-care clinics portray themselves as cheaper substitutes for the emergency room, there is one important difference: While hospitals usually are required to see patients who show up in their ERs, clinics can turn people away. And as noted above, most clinics don’t have physicians on-site.

VII. “There’s only so much we can do.” Most retail clinics offer the same limited variety of health services, like treating sore throats and providing flu shots. Urgent care centers have slightly broader capabilities, and often can take X-rays or do stitches.

Sometimes, patients’ ailments are too serious for clinics to handle. More than 25% of walk-in patients are sent elsewhere, according to Rand.

FYI... is a summary of health care information that will appear regularly in the Virginia Family Physician. Although it is written by the Academy’s General Counsel, it is not legal advice. The Academy and I hope its contents will be informative and helpful in your medical practice.

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VAFP’s preparations for the upcoming 2013 Virginia General Assembly session are in full swing. The General Assembly will take up several issues of national impact as well as a few key issues specific to healthcare in Virginia. Your Legislative Committee is working hard to ensure that VAFP and the interests of family medicine are well positioned as the General Assembly session begins on January 9th. In the meantime, VAFP continues to expand its advocacy efforts outside of the General Assembly in order to effectuate change in all forums of importance to family medicine.

**EXTERNAL ADVOCACY INITIATIVES**

One directive from your responses to the recent VAFP legislative priorities survey is a desire for additional focus on commercial insurance reimbursement and health care delivery models. To that end, VAFP is actively engaging the Virginia Chamber of Commerce and the Center for Health Innovation, housed inside the Chamber. Dr. Kurt Elward and Dr. Tony Kuzel serve as extremely capable advocates for VAFP in these discussions. Building allies in the business community is an important step for VAFP as it allocates additional advocacy resources to addressing private sector payers. The initial discussions in these forums are promising and we look forward to more progress to report as we continue to engage on these issues.

**AFFORDABLE CARE ACT IMPLEMENTATION**

President Obama’s reelection all but ensures the implementation of key Affordable Care Act (“ACA”) provisions. The General Assembly will consider implementation options for two major ACA components: the health benefit exchange and the prospect of Medicaid expansion.

Health benefit exchanges are the subsidized marketplace where many of those without health insurance will be able to purchase insurance plans containing baseline essential health benefits. The McDonnell administration has indicated that, at this time, it prefers to decline to establish a state-run health benefit exchange. Under that scenario, Virginia would be obligated to participate in a federally managed health benefit exchange. The Administration is concerned about the potential costs to the Commonwealth if it elects to establish and manage a state-run exchange. Meanwhile, some members of the General Assembly indicate they will introduce legislation to establish a state-run exchange. The potential upside of a state-run exchange is that the Commonwealth could retain more control over its operation and regulation. VAFP will work to ensure that, whatever form an exchange takes, it provides necessary preventative and primary care benefits.

The ACA grants states the option to expand their Medicaid programs to cover adults, including childless adults, up to 138% of the federal poverty line. For three years, the federal government will pay 100% of the costs of expansion. Thereafter, the federal-state match becomes 90/10. Expansion of this type could increase Virginia’s Medicaid rolls by 450,000 patients. The McDonnell Administration is skeptical of the federal government’s long-term ability to meet its obligations and fears the costs of expansion would be shifted back to the states. Key appropriators in the General Assembly, however, feel that declining to expand may leave too much federal aid on the table and could lead to greater health care costs in Virginia over the long-term. VAFP will be closely tracking the expansion decision and continuing to highlight the need for administrative and reimbursement reforms within the Medicaid program.

**BUDGET ITEMS**

In October, the McDonnell Administration requested that each state agency present budget options to cut as much as 4% from current operating levels in response to uncertainty about the level of future federal funding Virginia expects to receive. While the Governor will announce his budget bill on December 17th, there will not be clarity on the impact of federal budget negotiations until at least January. In the meantime, all programs remain at risk of cuts. It is unlikely, however, that provider reimbursement will be targeted at this time. During the upcoming session, VAFP will be working to support increases to Medicaid provider reimbursement levels and to ensuring that general fund revenues available to health care providers are not redirected to non-core services.

**WORKERS’ COMPENSATION REFORM**

Rumors persist that some stakeholders in the insurance community are contemplating legislation that would institute a fee schedule for workers’ compensation care in Virginia. While proponents of such action point to physical medicine as a major cost driver in workers’ compensation claims, primary care services could also be subject to a fee schedule. VAFP is committed to working to highlight the effective structure of Virginia’s current workers’ compensation health care reimbursement system and to protecting the interests of family medicine in this debate.
The VAFP was awarded a 2012 Leadership in State Government Advocacy Award at the AAFP’s State Legislative Conference held November 2-3, 2012 in Memphis, TN. The VAFP received this award because of their successful partnership with the Medical Society of Virginia in the negotiation, drafting and advocacy of scope of practice legislation (House Bill 346). The bill states that VA nurse practitioners (NPs) may not practice independently or autonomously. They must operate within a patient care team, which must operate under the management and leadership of a patient care team physician. The bill also requires NPs to follow the constraints of a written or electronic practice agreement they must have entered into with their patient care team physician. The agreement must include procedures for physician involvement in complex clinical cases. HB 346 also requires NPs to consult and collaborate with their patient care team physician as part of the practice agreement. And lastly, the bill obligates NPs to carry their own medical malpractice insurance if requested to do so by their patient care team physician. The bill passed to “nearly universally positive” feelings amongst the Virginia physician community.

The VAFP was represented in Memphis by VAFP Past President Jesus Lizarzaburu, MD, Grafton, VAFP Second Vice President Bob Elliott, MD, Hurt, VAFP Member Rupin Amin, MD, Richmond, VAFP Legislative Consultant Hunter Jamerson, JD and VAFP Executive Director Terry Schulte.

**House Bill 346 – Promoting Team Based Care in the Commonwealth**

On September 4, 2012, Governor Bob McDonnell ceremonially signed Delegate John O’Bannon’s House Bill 346 into law. HB 346 establishes the patient care team model for physician and nurse practitioners. Virginia law allows nurse practitioners to practice only as part of a patient care team. The patient care team physician provides team leadership and management. This collaborative approach to health care has been nationally recognized.
The ICD-10 transition is coming October 1, 2014. The ICD-10 transition will change every part of how you provide care, from software upgrades, to patient registration and referrals, to clinical documentation, and billing. Work with your software vendor, clearinghouse, and billing service now to ensure you are ready when the time comes. ICD-10 is closer than it seems.

CMS can help. Visit the CMS website at www.cms.gov/ICD10 for resources to get your practice ready.
 Volunteers are needed to serve as Family Physicians of the Day during the 2013 Virginia General Assembly. As the Family Physician of the Day, you will be responsible for staffing the courtesy medical station from 9:00 a.m. – 3:30 p.m. on your chosen day. Directions and more specific information will be provided with confirmation of your assigned date. Reimbursement for participation as family physician of the day includes $100.00 per day per diem and mileage.

To volunteer your time, please visit http://www.vafp.org/FPD.html or contact Matt Schulte at the VAFP Headquarters Office at 804-968-5200 or via e-mail at mschulte@vafp.org.

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**Donate now to FamDocPAC, the Political Action Committee of Virginia’s Family Physicians!!**

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*The Political Action Committee of Virginia’s Family Physicians*

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To donate please visit www.famdocpac.org. You will receive a commemorative lapel pin in recognition of your donation.

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A special thank you to those VAFP members that donated to FamDocPAC in 2012 - your support is greatly appreciated.

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Virginia’s southwest region is one of the best kept secrets. Quality of life in the Blue Ridge Mountains is high and the cost of living is low. The area offers a four-season playground for mountain and lake recreation, as well as a rich array of arts, humanities and cultural experiences.

Family Medicine opportunities are available in the following southwest and central Virginia communities:

For information on additional incentives available for some locations, contact Penny Daniel, physician recruiter, Carilion Clinic, 800-856-5206 or padaniel@carilionclinic.org.

AA/EOE
The Virginia Academy of Family Physicians is offering group learning sessions to assist Academy members with the completion of the Self Assessment Modules (SAM) that are required by the American Board of Family Medicine (ABFM) for completion of the Maintenance of Certification process. Physicians who are an American Board of Family Medicine (ABFM) Board Certified physician are required to complete Self Assessment Modules (SAM). For more information on specific recertification requirements from the ABFM, please call 888-995-5700.

It is the Academy’s experience through previous SAM workshops that for many physicians, this group learning approach is a much more effective (and efficient!) way for them to both satisfy the ABFM SAM requirement for Maintenance of Certification and to learn practical applications of the material. The SAM is a 60 question internet based exam and on-line patient management module. The faculty team will present each of the 60 questions on the test and discuss the important teaching points for each, which will facilitate the participant’s completion of each item. They will also guide the participants through the patient management simulation module. Computers and internet access will be provided to allow completion of the entire SAM such that when the participants leave this session, they will have completed their yearly ABFM requirement and will have received a total of 12 CME credits.

VAFP Member fee - $175.00 and Non-Member fee - $300.00
To sign up for a SAM session, please visit www.vafp.org or call 1-800-THE-VAFP.

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Bath Community Physicians Group is a Rural Health Clinic associated with a 25-bed critical access hospital located in Hot Springs, VA. We are seeking an:

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Call Amy Phillips at 540-839-7179, to request an application or via email amyp@bcchospital.org. You may also apply online at www.bcchospital.org.

**Employment Opportunity**

**CALENDAR**

**Saturday, March 9 (AM): Richmond - Cerebrovascular Disease**

**Saturday, March 9 (PM): Richmond - Depression**

**Saturday, April 13: Roanoke - Cerebrovascular Disease**

**Saturday, May 18: Norfolk - Preventive Care**

**Saturday, June 1: Leesburg - Cerebrovascular Disease**

**Friday, July 19: The Cavalier Virginia Beach - Cerebrovascular Disease**

**Saturday, July 20: The Cavalier Virginia Beach - Care of the Vulnerable Elderly**

**Saturday, September 7: Harrisonburg - Diabetes**

**Saturday, October 19: Charlottesville - Depression**

**Saturday, November 9: Richmond - Coronary Artery Disease**

(*tentative date pending release of the University of Richmond 2013 Football schedule)*

A special thank you to those organizations that helped support the 2012 VAFP Group Self Assessment Module (SAM) Learning Sessions.

- AMYLIN PHARMACEUTICALS
- FOREST
- MERCK
- NOVO NORDISK
- PURDUE PHARMA
- SANOFI
Plan First

Q: **What is Plan First?**
A: *Plan First* is a Medicaid family planning program administered through the Department of Medical Assistance Services (DMAS) that covers the cost of annual exams, cervical cancer screening, sexually transmitted infection (STI) testing, family planning education/counseling, and transportation to family planning services. In addition, *Plan First* covers most FDA-approved prescription and over-the-counter contraception as well as sterilization for both women and men. *Plan First* is funded by a combination of federal and state funds (9:1 match).

Q: **Why should I encourage my eligible patients to enroll in Plan First?**
A: *Plan First* can help improve birth outcomes by optimizing the spacing between pregnancies and by decreasing unintended pregnancies. The most recent data available for Virginia (VA PRAMS, 2009-10) show that in our state 42% of all pregnancies were unintended. With Plan First, your patients will be able to access a wide range of contraceptive options, increasing the likelihood of successful family planning.

Q: **Who is eligible?**
A: Women and men living in Virginia who meet income eligibility and who do not qualify for full benefits under Medicaid or FAMIS are eligible to apply. Income criteria include those individuals with incomes at or below 200% of the federal poverty level. For a single person, that amount would be $22,340 per year (2012 Guidelines). The program is not available to undocumented residents.

Q: **How do patients enroll in Plan First?**
A: Local departments of social services (DSS) and local health departments can provide applications and assistance to interested individuals. Applications include instructions about what documents are needed to determine program eligibility. Applications are processed at the DSS agencies and can take up to 45 calendar days.

Q: **What can I do to help?**
A: You can refer potentially eligible women and men to apply to *Plan First*. You can also download or order applications and brochures from the *Plan First* website: www.planfirst.org to hand to patients directly. If you are not already a Plan First provider, consider becoming one. No extra steps are necessary if you currently accept Medicaid. Your participation will help ensure access to family planning services that some of your patients might otherwise do without.

For more information about *Plan First* or to learn how to participate as a provider, go to www.planfirst.org or contact Peggy Brown Paviour, Plan First Coordinator at the Virginia Department of Health: peggy.paviour@vdh.virginia.gov or (804) 864-7120.

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Virginia Department of Health

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*A Division of Virginia Physicians, Inc.*
VCOM Hosts Delegation of Physicians from China

The Edward Via College of Osteopathic Medicine (VCOM) - Virginia Campus was honored to host a delegation of physicians this week from China. The delegation’s visit to VCOM was part of a U.S. tour in which Chinese physicians observed family medicine practices and residency programs in the specialty of family medicine. The event was initiated by Ronnie Martin, D.O., academic officer for VCOM’s Osteopathic Medical Network for Excellence in Education (OMNEE) program.

The six delegates who visited Blacksburg represent the Sichuan province of China, a region that is faced with an extreme shortage of family medicine and general primary medical care. The objective of their visit was to meet with VCOM administration, tour the campus and learn more about the training and practice of family medicine. The delegates will take their observations back to the Sichuan province, where they are in the process of developing the country’s first family medicine residencies. The delegates are Gong Yong, Deputy Chief Physician, Sichuan Provincial People’s Hospital; Liu Jian, Professor, Affiliated Hospital of Luzhou Medical College; Pu Yongjie, Deputy Chief, Advisory Board for Health Technology of Sichuan Province; Zhang Lei, Chief Physician, No. 1 Affiliated Hospital of Chengdu Medical College; Li Shaomin, Assistant Professor, Chengdu University of TCM and Zhang Li, Chief Physician, Suijing Municipal Central Hospital.

Over the course of the week, the delegation spent time observing family residency programs at the LewisGale Montgomery Hospital and Academic Primary Care Associates (APCA). The physicians from Sichuan were able to see techniques and procedures used in family practice and osteopathic manipulative medicine (OMM) at the Primary Care Associates (PCA) offices. The delegates spent a day with VCOM’s affiliated family medicine residency at Carilion Roanoke Memorial Hospital, experiencing the role of family medicine in the hospital setting. They also toured the state-of-the-art Simulation and Educational Technology Center at VCOM, where they saw demonstrations of medical education for students using life-like simulation mannequins, which can be programmed for various health scenarios, such as giving birth, heart attacks, surgery and other situations.

The Chinese delegation’s visit to VCOM directly reflects the college’s commitment to improving healthcare education and providing access to primary care physicians to help the needs of the medically underserved in the U.S. and across the globe. For more information about VCOM, see the website at www.vcom.edu.

Edwin Polverino, D.O. VCOM faculty member from Salem PCA medical office (third from right), visits with the six Chinese delegates during their visit to observe family medicine and medical education.

A dinner for the Delgates was hosted by Jan Wilcox, D.O., Vice Dean of the VCOM-Virginia Campus. In attendance were VCOM faculty members who worked with the Chinese physicians, and various college officials.
On October 30th, the VAfp and 3M sponsored a casting workshop at the Carilion-VT College of Medicine. Members of the Family Medicine Interest Group reviewed common injuries and practiced casting and splinting techniques. The session was led by VAfp Board Director Delmas Bolin, MD, PhD, (Salem/Via College of Osteopathic Medicine), along with Carilion Family Medicine Residents Michael Priest and Bobby Masocol. Former VAfp Student Director, Michelle Keating (VCOM Class 2013) assisted. Current VAfp Student Director Elizabeth England (VTC) organized the event for the FMIG and the VAfp.

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**Student News**

![Image](image_url)
My leadership journey began when I volunteered to be a VAFP delegate at the 2011 National Committee of Special Constituencies (NCSC) conference held every spring in Kansas City, Missouri. It was an eye opening experience for a new physician who had no previous interest in health policy or leadership. Along with other family physicians representing women, minority, new physician, international medical graduate, or gay lesbian bisexual and transgender constituencies, the three day conference in KC was a crash course in resolution writing and AAFP election process. I learned how to write a resolution on subjects that matter to family doctors today. The resolutions are then submitted to different committees to be debated on. Proponents and opponents give testimonies on the subject before a resolution is adopted, rejected, or referred to a committee for more study. The NCSC conference is one of the pipelines for AAFP future leaders. Elected NCSC delegates join state chapter delegates at the annual Congress of Delegates, where policies are set and president and board of directors are elected.

My second year at NCSC, I challenged myself and ran for office. I was elected to represent my colleagues at the congress of delegates. I, a petite, forty year old doctor mom, was given an opportunity to participate at the congress. With the implementation of the Accountable Care Act, flexibility in state and federal regulations is essential for us to keep our offices open. We also have to make ourselves sustainable by thinking about our successors. Although more students are matching into family medicine residency spots, shortage of family doctors remains a problem. Increased payment to family physicians may attract more students to choose family medicine as their specialty. In this time of cut backs in physician reimbursement, delegates urged the academy to work with CMS to demand fair payment reform. It seems like legislators and insurance companies are dictating how we should practice medicine. We are forced to see more patients, get paid less money, and subscribe to practice models that are not one size fits all. As the saying goes, if you are not at the table, then you are on the table. For these reasons, I encourage each chapter member to take an even more active role in our academy. Next time you see the recruitment letter in your email in-box for physician of the day, NCSC, key contact, FamDocPAC, and VAFP task force, sign-up because you will be glad you did.
Meet us at the Beach

Mark Your Calendars to Attend the 2013 VAFP Annual Meeting & Exposition

July 18-21, 2013
The Cavalier Hotel
Virginia Beach, Virginia

Registration materials available in May 2013.
The Virginia Academy of Family Physicians partnered with the Virginia Health Workforce Development Authority, the Virginia Department of Health and the Virginia Area Health Education Centers to sponsor a regional student recruitment conference on October 13, 2012 at the Marriott Downtown in Richmond, Virginia. This partnership included a grant from each of the partners to help fund the program including the VAFP. VAFP Director Hughes Melton, MD provided a kick-off Keynote Address on What it is Like to be a Family Physician and VAFP Member Peter Anderson, MD provided a luncheon Keynote Address on Team Care. The faculty and residents of the Virginia Family Medicine Residency Programs provided a wide array of clinical and procedural workshops for the medical students. In addition, this year educational tracks for Nurse Practitioner and Physicians Assistant students were also offered.

The conference is best summarized by the comments from the attendees:

- Great conference! Thanks for having me!
- Great conference! I came last year and learned even more today. It was fantastic!
- Excellent opportunity to learn the techniques applicable in a clinical setting and the programs available.
- It was helpful to see the different residencies in Virginia. Nice to know there are promising options.
- Loved the setup. Great workshops, great food, great info booths.
- Thank you for the accommodations! It made it very easy for students to afford to come down.
- This was a phenomenal conference! It was very interactive and I learned a lot!
- Great exposure to different aspects of family medicine.

Choose Virginia Recruitment Conference a Tremendous Success!!

Over 180 Medical Students, NP/PA Students and Family Medicine Residents in Attendance

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Founded and led by a physician, Patient First has been a regional healthcare leader in Maryland and Virginia since 1981. Patient First has 42 full-service neighborhood medical centers where our physicians provide primary and urgent care 365 days each year. In fact, over 240 physicians have chosen a career with Patient First. We are currently looking for more Full and Part-Time Internal and Family Medicine Physicians in Virginia, Maryland and Pennsylvania. At Patient First, each physician enjoys:

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2013 VAFP Awards

Submit Your Nomination On-Line Now!

Nominate your peers for a 2013 VAFP Award! Annually, the VAFP presents the Virginia Family Physician of the Year Award, the F. Elliott Oglesby, M.D., Volunteer of the Year Award and the James P. Charlton, M.D., Teacher of the Year Award in Family Medicine. Submitting a nomination is easy. Visit www.vafp.org and click on the Award Nomination Link on the home page. If you have questions, please e-mail awards@vafp.org or call 1-800-tHe-VAFP. Nominating material must be received no later than June 4, 2013.
Physician Opportunities: In Richmond and Hampton Roads

Bon Secours Virginia’s Care-A-Van program is a mobile health outreach service providing primary care services to the uninsured in metropolitan Richmond and Hampton Roads. Saint Joseph’s Outreach Clinic is located at 8000 Brook Road Richmond, Virginia on the campus of Saint Joseph’s Villa. It serves patients who do not have health insurance, as well as insured and underinsured patients. Services include routine evaluation and treatment of common acute illnesses.

Requirements
• Virginia license required, Family Medicine
• Experience in providing care to disadvantaged populations within a community setting - highly desirable.

Hampton Roads opportunity
Care-A-Van - full time (up to 40 hours per week) or part time (up to twenty hours per week) family practice physician. Benefit package available.

Richmond opportunity
Saint Joseph Villa – Part time family practice physician (up to 20 hours per week). Benefit package available
Care-A-Van - PRN family practice physician (up to 16 hours per week)

To apply on line, please visit www.bonsecours.com
For additional information, please contact Lisa Funari at lisa_funari@bshsi.org or at (804) 213-0274.

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THE VAFP WELCOMES NEW MEMBERS

ACTIVE
Tania Alchalabi MD - McLean
Mohammed Al-Kadiri MD - Arlington
Valeria Ammons-King MD - Chesapeake
Aisha Aslan MD - Glen Allen
Owen Bunnell DO - Blackstone
LaChelle Campbell MD - Midlothian
Ann Cooper MD - Norfolk
Sarah De Boer MD - Richmond
Stephen Degray MD, FAAFP - Bluefield
Robin Donald DO - Herndon
Kenneth Dowler DO - Wytheville
Robert Duck MD - Winchester
Liliana Gomez-Medley MD - Fairfax
Pedro Gonzales Alvarez MD - Winchester
Brigid Gray MD - Reston
Richard Grube MD - Wytheville
Suzanne Hanna MD - Roanoke
Richard Homan MD, FAAFP - Norfolk
Zahir Jimenez MD - Woodbridge
Julia Kaci MD - Mclean
Jeffrey Keegan MD - Midlothian
Candy Lamas Rodriguez MD - Winchester
Mark Lutterbie MD - North Chesterfield
Jorge Minera MD - Warrenton
Derek Mongold MD - Charlottesville
Suganthi Rajah MD - Purcellville
Nancy Selim DO - Fairfax
Randy Sendow MD - Virginia Beach
Jason Smith DO - Williamsburg
James Thompson MD, FAAFP - Roanoke
Charlotte Thornton MD - Newport News
Heather Till Patton MD - Gloucester
Mark Vasiliadis MD - Reston
Lara Veber MD - Charlottesville
Robert Wood MD - Luray
John Yannucci MD - South Hill
Saima Zaidi MD - Chester

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Lara Veber MD - Charlottesville
Robert Wood MD - Luray
John Yannucci MD - South Hill
Saima Zaidi MD - Chester

RESIDENT
Scott Bormann DO - Danville
Craig Coleman DO - Danville
Andrew Otto MD - Winchester
Suzanne Pearman DO - Harrogate, TN
Trevan Rankin MD - Midlothian
Erika Reese MD - Alexandria
Monica Schmidt DO -
Linda Shuler DO - Danville

STUDENT
Nebiyu Adenaw - Charlottesville
Arehzo Ajahangiri - Richmond
Sha Ali - Richmond
Kristen Ashby - Richmond
David Asher - Richmond
Moses Ashukem - Mount Rainier, MD
Janiha Athavale - Norfolk
Elizabeth Au - Boston, MA
Myo-Sabai Aye - Norfolk
Yusuf Azim - Richmond
Ellie Bala Khanlou - Richmond
Justin Barr - Charlottesville
Joan Bosco - Norfolk
Michael Brady - Richmond
Gretchen Brayman - Norfolk
Shawnita Briggs - Richmond
Samone Brockett - Richmond
Sareena Brown - Charlottesville
Eddie Brown - Christiansburg
Robert Buchanan - Christiansburg
Gregory Buchek - Norfolk
Brian Bui - Norfolk
Andrew Caldwell - Danville
Yang Cao - Richmond
Adam Carter - Richmond
Natalia Chaimowitz - Glen Allen
Michelle Chandansingh - Richmond
Aravind Chandra - Norfolk
Yu Chen - Norfolk
Margarita Corredor - Richmond
Alison Cronin - Florence, SC
Arjanon Deb - Norfolk
Michael Deldo - Fayetteville, NC

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<td>geriatrics. Open to both inpatient and outpatient opportunities, residency has a strong inpatient program. If interested, please contact Dr. Carter at <a href="mailto:Erica.carter@carolinas.org">Erica.carter@carolinas.org</a>.</td>
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