The only medical professional liability insurer created by local Physicians for local Physicians.

There’s a reason why so many Virginia Doctors have placed their trust in the team at Professionals Advocate since 1991: no other insurer can match our winning record. When it comes to defending good medicine on our home turf, we’re aggressive, we know the Virginia courtrooms, and we know the Virginia legislature. As a Doctor owned and directed company, we understand your needs and concerns better than anybody else. It all adds up to the strongest defensive strategy for your practice and your professional reputation.
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 well-being 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.
Dear Colleagues,

**INTUITION:**
“If you think about it, you should do it”; “What’s your gut feeling?” How often do you follow your inner voice, your sixth sense? Intuition is an attribute that seems to come naturally to some and is learned by others. Intuition is more than just a hunch or a guess; it is a mindset of not excluding the possibility of the existence of a particular problem or solution. It is nurtured by your clinical knowledge and your practical experience. Listening to the thoughts can expand your differential in reaching a diagnosis of a patient with a difficult presentation. Because comprehensiveness may be improved, the probability of error may be reduced and risk of misdiagnosis may be reduced. Yet in this era, one cannot just shotgun their approach to patient care, you can’t fight the prior authorization battle too often and to achieve the best value for the patient in your care you need to know the cost of the procedure, and what the evidence is in utilizing it. Innovation and evidence may be the new construct for art and science of medicine.

The 2014 Evidence-Based Guidelines for the Management of High Blood Pressure in Adults on the surface seem counter intuitive, and yet as, Dr. Paul James, Chair of Family Medicine at the University of Iowa, and Chair of the Panel appointed by the Eighth Joint National Committee presented at our recent summer meeting, they provide what is expected of Patient Oriented Evidence that Matters. The previous thought of “lower is better” does not hold up when the evidence is evaluated. The guideline is certainly controversial, but provides what clinicians have been clamoring for, what is the best evidence in treating hypertension in adults. The “Choose Wisely” program is another example of evidence guiding appropriate ordering of test and procedures. And when combined with intuitive thinking should improve our clinical outcomes.

**ACADEMY ACTIVITIES:**
The first weeks of my term, my intuition was that there was so much I wanted to get done that nothing would get done. But staying focused on a few problems has seen the development of three resolutions proposed by our Board and written by Past Presidents Dr. Sean Reed and Dr. Roger Höfford...
which will be presented at the Congress of Delegates Convention at the AAFP Annual Meeting in Washington, D.C. this October by our AAFP Delegates, Dr. Kurt Elward and Dr. Sterling Ransome and Alternate Delegates, Dr. Jesus Lizarazaburu, and Dr. Mark Watts. The first resolution directs AAFP to work with insurers to reduce the administrative burden for medication prior authorizations; the second seeks to improve access to Managed Care Company’s medication formularies; and the final resolution directs the AAFP in its advocacy efforts to develop and disseminate model state legislation.

A CME survey has been distributed to assess the needs of the members and preferences for future CME activities and locations for these events.

In the near future members will be receiving another survey that will address more widely the nature of the makeup of the Academy and the needs of our constituents.

Plans are under way to create a “marketplace” on the VAFP website which will connect senior Residents to potential employment opportunities in the Commonwealth, and private practice and corporate employers who want to hire new physicians. Additional opportunities to identify members to serve as mentors for residents and practices that may be willing to host residents for 1-2 day practice experience opportunities will be explored. The role of the Choose Virginia program is being reevaluated.

I have had the opportunity to visit the new Liberty University School of Osteopathic Medicine at a recent Open House and experience the excitement of these new students and view the extraordinary facility that has been constructed. I look forward to visiting with local chapters that are resurrecting their programs. I fear that with all the time constraints placed on the physicians lives that the time to socialize and network with colleagues is being pushed to the periphery. I wish that the ideas that are within you all could somehow percolate to the board, where those intuitions, could be processed, and proposed to the many entities that seem to be invading that precious space in our relationships with our patients. Perhaps, if we are not too fatigued by EMR work, “virtual chapter” meetings might help facilitate this process.

The Academy is experimenting with a point of contact for ideas from the members the email address is President@vafp.org. I look forward to hearing from you, I encourage you to get connected and be involved with your Academy!

---

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MINUTES
JULY 11, 2014

Approved the minutes from the April 12, 2014 VAFP Board of Directors meeting held in Williamsburg, VA.

Heard report from VAFP CME Chair Mitch Miller, MD on the VAFP Annual Meeting held July 10-13, 2014 at The Homestead Resort in Hot Springs, VA.

Heard report from VAFP Past President Mark Greenawald, MD on the VAFP Group SAM sessions.

Heard report from Legislative Committee Chair Jesus Lizarzaburu, MD and VAFP Legislative Consultant Hunter Jamerson, JD, MBA on the successes in the 2014 VA General Assembly and the issues of focus for the 2015 VA General Assembly.

Approved a motion for the Academy to endorse the petition for rule making for office-based surgery and anesthesia regulatory reforms and to further indicate the Academy’s remaining concerns through public comment to the Board of Medicine.

Heard report from VAFP Resident & Student Affairs Committee Co-Chair Dr. Mark Greenawald on the new process for including residents and students on the Board and in the Academy via a listserv and telephone conference call meetings.

Heard comments from the Resident (Andy Walters, MD, Carillion) and Student (Jordan Burnette, VCOM) representatives to the VAFP Board.

Heard report from VAFP’s representative to the Medicaid Managed Care Liaison Committee, Roger Hofford, MD.

Heard report from VAFP leadership on the AAFP Annual Leadership Conference/National Conference of Special Constituencies held May 1-3, 2014 in Kansas City, MO.

Heard report from Andrew Bazemore, MD on the Graham Center and their research into workforce issues.

JULY 13, 2014

Received greetings from David Jurczak, The OMNI Homestead Resort’s Managing Director.

Heard report from VAFP President Robert Elliott, MD on the meeting that was held on Saturday, July 12, 2014 focusing on the “Choose Virginia” initiative.

Heard report from VAFP Foundation President Roger Hofford, MD.

Heard report from VAFP CME Chair Mitch Miller, MD on the VAFP Annual Meeting held July 10-13, 2014 at The Homestead Resort.

Heard report from Andrew Bazemore, MD on the Graham Center and their available resources to the VAFP.

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Virginia Academy of Family Physicians Board of Directors Meeting
The Homestead Resort, Hot Springs, VA
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As the Family Physician of the Day, you will be responsible for staffing the courtesy medical station from 9 am to 3:30 pm Monday - Thursday and 9 am – noon on Friday. Directions and more specific information will be provided with confirmation of your assigned date. In order to participate in the Family Physician of the Day Program, you must have current malpractice insurance or tail coverage that covers volunteer care activities.

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Please return the completed Participation Form to:

VAFP
1503 Santa Rosa Rd.
Suite 207
Richmond, VA 23229
Phone: 800/843-8237
Fax: 804/968-4418
Email: mschulte@vafp.org

- I will participate in the 2015 General Assembly Family Physician of the Day Program sponsored by the Virginia Academy of Family Physicians. Please note that I have chosen the following 3 dates from the calendar that I will be able to participate. I have listed the dates in order of preference.

1. ____________________________
2. ____________________________
3. ____________________________

 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

FamDocPAC is the political action committee through which you can support the election or re-election of those candidates for state office who share your commitment to family medicine.

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

FamDocPAC
1503 Santa Rosa Road, Suite 207, Richmond, Virginia 23229 Phone: 804-968-5200 Fax: 804-968-4418

**YOUR FAMDOCPAC NEEDS YOUR HELP!**

Over the last few years, your Academy has gained a lot of visibility and trust in the eyes of the Virginia legislators. We are becoming one of the “go to” organizations for input on matters relating to healthcare, medicine, and patient advocacy.

This has been accomplished with the dedication of a small number of very committed individuals, our own VAFP leadership, our lobbyist Hunter Jamerson and members like you reading this article.

We are lucky that we have been able to accomplish as much with a very small budget in our political action committee, our FamDocPAC.

We are fully supported by your donations, which at this point in time is made up by a small group of members who understand how the political process works.

Many of you have heard me use the following quote before: “If you are not the table, you will be on the menu”. FamDocPAC along with your individual efforts, have earned us a place at the table. However, in order to keep that presence, we need to increase our budget. The only way to do this is to have more donations to our PAC. So instead of asking dose will ready donate to increase their donation, I am asking instead that you donate $20 to our FamDocPAC.

When patients ask me if it would be worthwhile trying a supplement that might help them with this or that, I usually ask two things. First, do you trust what you read? Second, is it $20 or less? I figure that in my own personal life I am willing to spend $20 to try something that I have some level of trust on its usefulness.

What we forget at times is that it is the total number of members in our community that makes it as strong as it is. The Virginia Academy of Family Physicians has over 3000 members. If half of our members would give $20 a year to our PaC, we would be rather powerful.

As we continue to work advocating for things that matter to you and your patients, we will need your support more than ever. Our next goal is to work on improving the preauthorization process which is nothing but a hurdle to delay care or access to medications in order to save a few dollars. Yet our patients get that care and their medications because of everything you do! And your time is money!

Please help us continue to advocate for you and your patients by donating to the PAC.

Would you consider $20?

I thank you for your support! And so will your patients!

Jesus Lizarzaburu, MD
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Over 200 Family Physicians and their families from across the mid-Atlantic enjoyed the beautiful Allegheny Mountains at The Omni Homestead Resort in Hot Springs, Virginia for the VAFP’s 2014 Annual Meeting & Exposition held July 10-13, 2014. Meeting attendees thoroughly enjoyed the CME program designed by Family Physicians for Family Physicians, Hands-On Workshops, two Group SAM sessions, the Friday evening President’s Installation and Reception and the abundant amenities offered at The Homestead!

Comments from attendees capture the Annual Meeting best!

- High quality CME!
- Very pleased with topic selections every topic covered in the general sessions was relevant to my practice.
- Thanks for negotiating such a great rate for the hotel and food. I appreciate being able to bring my family to enjoy this beautiful place. Your hard work is noticed.
- I truly enjoyed the topics very useful and current.
- Excellent in all areas!
- Nice facilities at The Homestead. VAFP staff did WONDERFUL job securing great discounts at the resort. Thanks for the wireless access for the meeting area.
- Excellent program from topics to location to cost.
Robert I. Elliott, M.D., Hurt, was installed as the 68th President of the Virginia Academy of Family Physicians on Friday evening, July 11th during the Annual Installation and President’s Reception. The event was held in conjunction with the VAFP Annual Meeting & Exposition held at The Omni Homestead Resort in Hot Springs, Virginia. Reid Blackwelder, MD, AAFP President had the privilege of installing Dr. Elliott into office as Dr. Elliott’s five children, twin grandchildren and wife Brenda looked on.

Congratulations Dr. Elliott!

The VAFP Past Presidents are pictured. They were recognized during the 2014 VAFP Installation and President’s Reception at The Homestead Resort on Friday evening, July 11, 2014.

2014-2015 VAFP Board of Directors. Congratulations to those physicians that were elected into office on the 2014-2015 VAFP Board of Directors. Pictured from left to right are: Director Patricia Matto, DO, Danville; Secretary Kent Willyard, MD, Newport News; First Vice President Lindsey Vaughn, MD, Suffolk; President Elect Charles Frazier, MD, Williamsburg; AAFP Delegate Kurt Elward, MD, Charlottesville; AAFP Alternate Delegate Jesus Lizarzaburu, MD, Grafton; and 2014-2015 President Robert Elliott, MD, Hurt. Not pictured are: Directors Kate Neuhausen, MD, Richmond; Dena Hall, MD, Suffolk, and Susan Hundley, MD, Clarksville. Reid Blackwelder, MD, AAFP President, stands behind the podium and was the installing officer.

Dr. Elliott’s family looks on as he is installed into office.
2014 VAFP Academy Awards

**Please note that the 2014 Virginia Family Physician of the Year Award recipient Dr. Suzanne Krzyzanowski from Lynchburg Family Medicine Residency Program was not present to receive her award. It will be presented at the 2015 Winter Family Medicine Weekend scheduled January 30 – February 1, 2015. The Academy Awards were presented on Friday, July 11, 2014 during the 2014 VAFP Annual Meeting Academy Awards and Annual Business Meeting at The Omni Homestead Resort in Hot Springs, Virginia.**

James P. Charlton, M.D. Teacher of the Year in Family Medicine Presented to Richard H. Hoffman, MD

Richard H. Hoffman, MD, Chesterfield, was named the 2014 recipient of the James P. Charlton, M.D., Teacher of the Year in Family Medicine Award. The award is presented annually to a family physician that exemplifies excellence in the teaching of family medicine to family medicine residents and medical students.

Dr. Hoffman’s award reads, “In recognition of your unparalleled ability to impart vast knowledge underscoring the positive impact you have on medical students, family medicine residents and your peers. Your diligent and comprehensive work ethic coupled with your exceptional communication skills justifies the numerous letters of support received for this Award all of which referred to you as a ‘brilliant teacher.’ To be respected and commended by those who you teach and by those who are your associates exemplifies the nature of a truly outstanding teacher of family medicine.”

F. Elliott Oglesby, M.D. Volunteer of the Year Presented to Wayne J. Reynolds, DO

Wayne J. Reynolds, DO, was named the 2014 recipient of the F. Elliott Oglesby, M.D. Volunteer of the Year Award. The award is presented annually to an Academy member whose outstanding service to his or her profession and community exemplifies the true nature of volunteerism. Recipients must also possess those unique and special qualities that are indicative of a truly outstanding family physician. Accompanying the award is a $1,000 contribution to the organization of Dr. Reynolds’s choice, Gloucester-Mathews Free Care Clinic.

Dr. Reynolds’s award reads, “In recognition of your hard work and exceptional dedication as Medical Director of the Gloucester-Mathews Care Clinic. Your continuing efforts to oversee quality assurance coupled with medical care to those less fortunate exemplify the true nature of volunteerism and are indicative of a truly outstanding family physician.”

Legislator of the Year Award Presented to The Honorable Emmett W. Hanger, Jr., Senator, 24th Senate District

Senator Hanger’s award reads, “In sincere and deep appreciation for your unwavering and continuing commitment to ensuring sustainable access to family medicine for all Virginians. Your dedication to the values of family medicine and your steadfast friendship with the Virginia Academy of Family Physicians is applauded, commended, and gratefully acknowledged.”
2014 VAFP President’s Awards

** Please note - The President's Awards were presented on Friday, July 11, 2014 during the 2014 VAFP Annual Meeting Academy Awards and Annual Business Meeting at The Omni Homestead Resort in Hot Springs, Virginia.**

MARK GREENAWALD, MD

Dr. Greenawald’s award read, “In recognition of your continued engagement and leadership in the Academy focused on helping to capture and promote student and resident interest in family medicine. Your efforts as Chair of the Resident and Student Affairs Committee resulted in identifying new ways to engage students and residents in the activities of the Academy and has ignited the passions of the next generation. I have valued your trusted and wise counsel this past year which provided me with support and anticipatory guidance at key times during my Presidency. I greatly appreciate your friendship and mentorship and applaud you for being a genuine and thoughtful leader.”

HUNTER JAMESON, JD, MBA

Mr. Jamerson’s award reads, “In recognition of your outstanding representation of the Academy as Legislative Consultant and in deep appreciation for significantly elevating the Academy’s influence in the state legislative arena. Your exceptional knowledge of the issues that confront the VAFP membership and your ability to address those issues in a professional, proactive and inclusive manner has strengthened the VAFP’s advocacy efforts and has resulted in legislators reaching out to the VAFP for our guidance and opinions.”

Make Virginia Home

Centra Medical Group offers a variety of primary care opportunities throughout central Virginia including family medicine, internal medicine, pediatrics, and geriatric care. As a service line, primary care is committed to extending the patient centered medical home care delivery model and continuing to work with new technologies and processes designed to improve the health of our community.

Benefits of working for Centra Medical Group:
- Exceptional quality of life with an affordable cost of living
- Educational loan payment
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For more information about opportunities, please contact Mikael Blido at 434.200.3153 or mikael.blido@centrahealth.com

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A SPECIAL Thanks TO EXHIBITORS

2014 VAFP Annual Meeting & Exposition Exhibiting Organizations

The Academy gratefully acknowledges the participation and support of those organizations that chose the 2014 VAFP Annual Meeting & Exposition to display their products and services. Thank you!

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Auxilium
BioTek Labs, LLC
Blue Ridge Medical Center
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Bon Secours Medical Group
Carilion Clinic
Centra Mental Health Services
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Concordia Healthcare USA
ECR Pharmaceuticals
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GlaxoSmithKline
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Mag Mutual Insurance
Mallinckrodt Pharmaceuticals
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Mountain States Health Alliance
Novo Nordisk
PathGroup
Patient First
Pfizer
Pfizer Vaccines
Physician First - Management Solutions
Professionals Advocate Insurance
Richmond Ear, Nose & Throat
Riverside Health System
Salix Pharmaceuticals
Sanofi
Sanofi Pasteur Vaccines
Takeda
Teva Respiratory
Tidewater Physicians Multispecialty Group
Total Pain Solutions
United Allergy Services
VhqC
Virginia Academy of Physician Assistants
Virginia Department of Health
Virginia Podiatric Medical Association
Wake Forest Baptist Health
While usually a quiet time for the General Assembly, the late summer months are proving to be very eventful.

In early September, the Secretary of Health will unveil the McAuliffe Administration’s plans for Medicaid expansion through Executive action. And on September 18th, the Virginia General Assembly will reconvene in special session to debate Medicaid expansion. One legislative proposal, from Delegate Tom Rust (R-Herndon) is already on the table: to utilize federal funds through the affordable Care Act in order to support facilitate premium assistance for those newly-eligible persons who reside with a current Medicaid recipient. While a novel proposal, any effort to expand Medicaid eligibility or accept additional federal funds through the affordable Care Act is unlikely to pass the House of Delegates during the special session.

Additionally, a package of Medicaid system reforms is likely to be put forth by House Republicans. These reforms will likely focus on some of the perceived inefficiencies of the system as identified by the Medicaid Innovation and Reform Commission. While additional system reforms could pass the General Assembly, especially with restored Republican control of the Senate of Virginia, additional reforms are likely to be vetoed by Governor McAuliffe in the absence of Medicaid expansion authorization.

One significant factor to keep an eye on is the health of Virginia’s economy and the state budget. Currently, Virginia is running roughly $1.2 Billion behind budget estimates. The trend line shows the potential for an increasing shortfall. Sequestration effects and the fallout from a significantly inaccurate capital gains tax revenue assumption are the leading causes of the shortfall. Regardless of the cause, however, such a significant shortfall likely portends cuts to programming during the next General Assembly regular session and limits the Commonwealth’s ability to support family medical residencies, other graduate medical education line items, teaching hospitals, provider reimbursement, DSH payments, and health safety net funding. It could be a rough budget cycle and VAFP’s defensive efforts must be resolute to protect existing funding in the wake of a statewide shortfall.

In addition to playing defense, however, VAFP continues to work with the MSV and other stakeholders on proactive efforts to improve the prior authorization process in Virginia. Efforts continue under Dr. Roger Hofford’s leadership to effect changes within the Medicaid MCOs through the Medicaid Physician-MCO Liaison Committee. VAFP’s participation in the MSV ad hoc prior authorization committee also continues; the committee is working towards improvements across commercial plans. One direct meeting with health plan representatives is in the books and more are scheduled as we move through the fall. A legislative solution remains a significant possibility as providers seek to require transparency, uniformity, and efficiency.

The VAFP Legislative Committee will be working hard over the next several months to develop legislative proposals and policy positions to support the practice of family medicine in Virginia. Your continued engagement and participation is appreciated. If you are not already a Key Contact, please consider contacting the VAFP office to indicate your desire to serve as a direct conduit to your legislator.

MEDICAID MANAGED CARE ORGANIZATION FORMULARIES ARE NOW LINKED TO THE DMAS WEBSITE

ROGER A. HOFFORD, MD
VAFP REPRESENTATIVE TO MEDICAID MANAGED CARE LIAISON COMMITTEE

The seven Virginia Medicaid Managed Care Organizations (Anthem, Coventry, InTOTAL, Kaiser, MajestaCare, Optima, and Virginia Premier) formularies are now available via the Virginia Department of Medical Assistance Services (DMAS) website as of July 2014. Go to www.dmas.virginia.gov

Under “What’s New” to the right, click MCO Formularies. The MCOs are listed and click on the MCO you are seeking. DMAS has asked the plans to provide them with any changes to their formularies as they occur so that the information will be current for users.
Mountain States Medical Group and Russell County Medical Center, located in Lebanon, Virginia, are currently seeking a Full Time, Board Certified, Family Medicine or Internal Medicine Physician. The qualified candidate will join a Brand New, Out-Patient Clinic in Lebanon, Virginia to provide services to their Community and Russell County Medical Center. This will be a Hospital Employed position with the following incentives:

- Competitive Salary and Bonus
- Full Benefits
- Paid Malpractice
- Generous Sign On Bonus
- Relocation Assistance
- Educational Loan Assistance
- CME Reimbursement
- PTO

Please Contact:
Tina McLaughlin, CMSR, RCMC Senior Physician Recruiter
276-258-4580 • mclaughlint@msha.com

An independent, primary care, multi-specialty practice located in Chilhowie, Virginia is currently seeking a BE/BC, MD/DO, Virginia Licensed, Family Medicine Physician to join their group Full Time. The group has 2 Physicians and 1 Nurse Practitioner. One Physician is retiring and group is recruiting to replace this physician. The clinic is certified as a rural health clinic and provides a complete range of primary care services. The candidate will step into a thriving, completely independent, 60 year old practice that has many loyal patients, a hardworking loyal staff with low turnover and excellent standing in the community. Johnston Memorial Hospital located in Abingdon, Virginia and Smyth County Community Hospital located in Marion, Virginia will be assisting the group with the following for the qualified candidate:

- Income Subsidy for first 1-2 years
- Sign On Bonus
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Please Contact:
Tina McLaughlin, CMSR, JMH Senior Physician Recruiter
276-258-4580 • mclaughlint@msha.com

Virginia:
Scenic Virginia – Great place to live and work. Smyth County Community Hospital and a private, long-standing, out-patient practice located in Marion, Virginia are currently seeking a Full Time, BE/BC Family Medicine Trained Physician to join their group. This is a well-established, financially sound, private group. The incoming candidate will have the opportunity to work with quality colleagues with outstanding training. Smyth County Community Hospital opened a brand new facility Spring of 2012 and has a well-established Hospitalist program to manage admissions, etc. The Hospital will also be offering a Competitive Income Subsidy, Sign On Bonus, Educational Loan Assistance, Relocation Assistance and possible in-training stipend. The group will provide a strong benefits package.

Please Contact:
Tina McLaughlin, CMSR, SCCH Senior Physician Recruiter
276-258-4580 • mclaughlint@msha.com

Effective June 2014, a change from a 5-year repeat to a 3-year repeat of a SAM has been implemented by the ABFM. If you have any questions, please contact Ashley Webb, Support Center Manager, American Board of Family Medicine - 888-995-5700 ext. 1000 or e-mail awebb@theabfm.org.
Ashante’ Gravley, a rising sixth grade student at Park Avenue Elementary School in Danville, VA, was recently named the 2014 Virginia TAR WARS Poster Contest winner.

TAR WARS is a tobacco-free education program that discourages tobacco use among the country’s youth. The program, which was established in 1988, is supported nationally by the American Academy of Family Physicians (AAFP), and throughout the state by the Virginia Academy of Family Physicians (VAFP). The TAR WARS program is coordinated locally by Danville Regional Medical Center.

“We are all so proud of Ashante’ and all the students at Park Avenue Elementary School who participated in the TAR WARS program,” said Missy Neff Gould, Market Director for Community and Government Relations at Danville Regional Medical Center.

More than 100 posters were submitted in the local contest. Posters were judged for artistry, creativity, originality and ability to communicate a clear and positive message about being tobacco free.

As the state poster contest winner, Gravley’s poster was entered into the National TAR WARS Poster Contest. She and her family recently traveled to Washington, D.C., all expenses paid courtesy of the Virginia Academy of Family Physicians, where they attended the annual TAR WARS National Conference, which includes the national poster contest ceremonies. Gravley and her family also toured Capitol Hill, the U.S. Supreme Court, Library of Congress, and congressional office buildings.
Physician Assistants are essential members of the team-based approach to patient care, and Physician-PA teams add versatility to any clinical setting. Trained in the Medical Model, PAs practice in all medical settings and specialties. They are bridging the gap created by a growing provider shortage and Physician-PA teams are improving access to care.

There are four PA programs in Virginia. Nationwide, more than 6,000 individuals graduate from accredited PA programs in universities and academic health centers each year. PAs are keenly adapted to preventive care with their general medical background.

When is the last time you considered hiring a PA?
Given the questions raised as a result of the Ebola virus disease (EVD) outbreak in West Africa, I am again writing to you to assure that you have the information you need to answer your patient’s questions and manage any potentially exposed individuals. I am confident that our ongoing coordination and collaboration have created an effective public health and clinical partnership that can manage any issue raised by these emerging infectious diseases. For that, you have my sincere appreciation.

This communication will provide important background information, review the symptoms and transmissibility of EVD and list important steps in the management of individuals potentially exposed to EVD. My key take-home message is to contact us at your earliest concern so that we can all work effectively to assure that the necessary actions are completed and coordinated in a timely manner. Your best contact is through our local health districts (http://www.vdh.virginia.gov/LHD/) or, if after hours, via our answering service at 866-531-3068.

**BACKGROUND**

The World Health Organization reports that 1,322 cases of Ebola virus disease, including 729 deaths, have occurred in outbreaks in Guinea, Liberia, and Sierra Leone. There is also one probable case in Nigeria. New cases continue to be reported, with 122 new cases and 57 deaths reported between July 24th and July 27th. While this is the largest EVD outbreak in history, sporadic cases and outbreaks have occurred in Africa in the past. No case of human illness has been reported in the United States.

**DISEASE SYMPTOMS**

Ebola virus disease is a viral hemorrhagic fever. Early symptoms include sudden fever, headache, chills, and myalgias. Later a skin rash, nausea, vomiting, diarrhea and other symptoms can occur. Hemorrhagic signs occur in less than half of infected patients of cases. The disease can become increasingly severe, progressing to shock, multi-organ failure, and death.

**TRANSMISSION**

Transmission of EVD is through direct contact with blood or body fluids (including but not limited to vomitus, urine, and stool) of an infected person or exposure to contaminated items, such as needles. Ebola virus is not readily transmitted through the air from person to person. Communicability begins with the onset of symptoms. Persons are not infectious during the incubation period. The disease is most transmissible during the later stages of illness, when viral loads are highest.

**MANAGEMENT**

Travelers who are exposed through contact with ill persons in West Africa potentially could become ill with EVD in the United States. The only treatment is supportive care. Please take the following steps for early identification and response to ill individuals:
• When evaluating someone with a febrile illness (fever greater than 101.5°F) and additional symptoms such as severe headache, myalgia, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage, ask about recent travel to West Africa.
  o If the patient has a recent (within 21 days) history of travel to an affected area, consider EVD in your diagnosis.
  o Risk factors for EVD exposure in the 3 weeks before the onset of symptoms, include contact with blood or other body fluids of a patient known to have or suspected to have EVD or residence in—or travel to—an area where EVD transmission is active.
  o The areas with active transmission are in Guinea, Liberia, and Sierra Leone. However, the situation is rapidly unfolding and additional affected areas may be added (see http://www.cdc.gov/vhf/ebola/).
  o Malaria diagnostics should also be a part of initial testing of a patient.
  o For more information, see the CDC Health Advisory, Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease, at http://emergency.cdc.gov/han/han00364.asp.

• If you suspect EVD based on clinical presentation and travel history, place the patient in isolation and use standard, contact, and droplet precautions.
  o Facilities may elect to implement airborne precautions as well, especially for patients who have severe pulmonary involvement or who undergo procedures that stimulate coughing and promote the generation of aerosols.

• Contact VDH prior to specimen collection to ensure that proper procedures are followed. VDH will help arrange for laboratory testing, which is available only through CDC.
  o Upon contact, VDH will assess exposures that might be associated with illness, identify close contacts of ill persons and place them under illness surveillance for 21 days, as well as provide instructions on limitations of activity or other measures to protect health and prevent disease transmission.

If necessary, state laws and regulations provide broad and detailed authority for the State Health Commissioner to take actions to protect the health of the residents of Virginia. I and my staff are prepared to do what is necessary to contain the virus should it arrive in our state. If good news can be found in the midst of this serious outbreak in West Africa, it is that the situation currently poses little risk to the U.S. general population. Our regular infection control and hygiene practices, our medical care systems, and a coordinated public health response will limit exposure to blood and body fluids and minimize the risk of EVD transmission.

Again, I thank you for your care and diligence in managing your patients. Together, I am confident we can protect the health of the people in Virginia from EVD.

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Virginia’s western 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 outpatient opportunities are available in the following western Virginia communities:
  Galax (FM)*
  Martinsville (FM)
  Tazewell (FM)*

* For information on additional incentives available for designated locations, contact Amy Silcox, physician recruiter, Carilion Clinic, 800-856-5206 or asmilcox@carilionclinic.org.

AA/EOE
Virginia Commonwealth University’s School of Medicine Student Family Medicine Interest Group has been chosen as one of ten recipients of the 2014 Program of Excellence (PoE) Awards as an overall winner. The FMIG Network Program of Excellence Awards recognize FMIGs for their outstanding performance in organizational operation, community service, promoting the value of family medicine as primary care, promoting the scope of family medicine, exposing residents to family medicine and family physicians, professional development and measures of success. The award has been a cornerstone of the FMIG Network, as it facilitates the sharing of best practices of FMIGs from across the country and recognizes the hard work of these student groups. This is the sixth year in a row that the VCU FMIG has won the award!!

The VAFP extends our congratulations to the students, faculty and staff who helped to make this award possible. We applaud your efforts; commend your achievement and thank you for promoting the values and philosophy of family medicine.

The award was presented to VCU’s FMIG at the AAFP National Conference of Family Medicine Residents and Students held August 7-9, 2014 in Kansas City, Missouri.

VAFP Members that Received the AAFP Degree of Fellow

The Degree of Fellow recognizes AAFP members who have distinguished themselves among their colleagues, as well as in their communities, by their service to Family Medicine, by their advancement of health care to the American people and by their professional development through medical education and research. Fellows of the AAFP are recognized as Champions of Family Medicine. They are the physicians who make family medicine the premier specialty in service to their community and profession. From a personal perspective, being a Fellow signifies not only ‘tenure’ but one’s additional work in your community, within organized medicine, within teaching, and a greater commitment to continuing professional development and/or research.

Congratulations to the following VAFP members!

Bijal A. Katarki, MD, FAAFP
Marcus L. Speaker, MD, FAAFP

1 in 8 will become disabled for 5 years* or more...

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New Clinical Research
Contrary to conventional wisdom, beef can be good for heart health

A new study called BOLD (Beef in an Optimal Lean Diet) shows that adding lean beef to the most recommended heart-healthy diet can lower heart disease risk by reducing levels of total and LDL cholesterol. This is just the latest addition to a robust body of evidence that shows nutrient-rich lean beef can be enjoyed every day as part of a diet recommended for improved heart health.

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Many of you assist grieving families and assure that your patients’ death certificates are completed in a timely manner. For that we thank you. However, there continue to be pockets of reluctance among some physicians to sign a death certificate which impacts families seeking the authority to proceed with the burial or cremation of a loved one.

Some of your patients will die at home and the family will need you to sign their loved one’s death certificate as your last act of patient care. Of the 56,795 natural deaths occurring in Virginia during 2012, approximately 31% occurred at home. When a death occurs outside of a medical care facility (hospital, nursing home, etc.) local law enforcement often investigates the death to determine if there is evidence of an unnatural death (homicide, suicide, accident). Law enforcement may report these deaths to the medical examiner to allow them to confirm that the death is not a medical examiner case.

Most deaths that occur at home are not medical examiner cases. They are natural deaths from the typical chronic, progressive, or degenerative diseases such as hypertensive cardiovascular disease, atherosclerotic cardiovascular disease, diabetes, chronic obstructive pulmonary disease, or malignancy. For natural deaths, any health care provider who saw the patient or provided care (e.g., prescribed medication) for a patient’s chronic illness or condition within the year prior to death is best informed to identify the “most probable” underlying cause of death and sign the death certificate.

The death certificate serves many extremely important purposes for the survivors of the deceased. This permanent legal record of vital information including demographics and the cause and manner of death is required for settling necessary affairs such as:

- Burial or cremation
- Accessing and/or closing bank accounts
- Probation of a will
- Estate settlement
- Obtaining proceeds from life insurance policies

Failure to provide a signed death certificate in the timely manner prescribed by law may subject you to a complaint against your professional license.

Sometimes misconceptions by health care providers make them reluctant to sign a death certificate. The following questions are the most frequent areas of confusion.

- **Who can sign a death certificate?**
  The physician in charge of the patient’s care for the illness or condition which resulted in death is primarily responsible. In the absence of such physician or with his...
approval, the certificate may be completed and signed by the following: (i) another physician employed or engaged by the same professional practice; (ii) a physician assistant supervised by such physician; (iii) a nurse practitioner practicing as part of a patient care team; (iv) the chief medical officer or medical director, or his designee, of the institution, hospice, or nursing home in which death occurred; (v) a physician specializing in the delivery of health care to hospitalized or emergency department patients who is employed by or engaged by the facility where the death occurred; (vi) the physician who performed an autopsy upon the decedent; or (vii) an individual to whom the physician has delegated authority to complete and sign the certificate, if such individual has access to the medical history of the case and death is due to natural causes.

- What if I don’t know the exact cause of death?
  Virginia law clearly states that if a death is natural, health care providers are to determine the most likely cause of death to the best of their ability. If they are uncertain about the cause of death, they should use their best medical judgment to certify a reasonable cause of death. While not mandatory, an autopsy may be performed, with authorization of the decedent’s next of kin, by any hospital or private pathologist to document disease processes when the death is natural.

- Can I be sued for incorrect certification of cause of death?
  According to Virginia law, a physician, nurse practitioner, or physician assistant who determines the cause of death and signs the death certificate, in the absence of gross negligence or willful misconduct, is immune from civil liability (§32.1-263).

- Where can I get further assistance?
  - A link to a short presentation on how to complete a Virginia death certificate is posted on the Department of Health Professions website or at the following address: http://tinyurl.com/vdhdeathcertificationcourse.
  - Local health district directors are your primary point of contact for questions about natural death certificate completion. Their contact information can be found at http://www.vdh.virginia.gov/LHD/index.htm.
  - Questions concerning possible medical examiner cases should be directed to the District Office of the Chief Medical Examiner serving your locality (contact information available at http://www.vdh.state.va.us/medExam/ContactUs.htm).

- What are the legal consequences of failure to sign a death certificate for a patient who I have treated and who dies a natural death outside of a medical care facility?
  - Possible complaint to and investigation by Board of Medicine regarding possible professional misconduct.
  - Possible civil action related to professional practice.
  - Possible criminal charges under §32.1-27 for failure to comply with any regulation or order of the Board of Health or the Commissioner.

Thank you for making a difference in the lives of all Virginians faced with the loss of a loved one by completing this important final act of patient care.

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CME Calendar

2015

January 30-February 1, 2015
VAFP 2015 Winter Family Medicine Weekend
Wintergreen Resort – Wintergreen

July 30 – August 2, 2015
VAFP 2015 Annual Meeting & Exposition
The Lodge at Colonial Williamsburg, Williamsburg, VA

2016

January 29-31, 2016
VAFP 2016 Winter Family Medicine Weekend
Wintergreen Resort – Wintergreen

VAFP is on Social Media!

Virginia Academy of Family Physicians (VAFP) Facebook Page

VAFP Twitter Account
@VAFP_FamilyDocs (www.Twitter.com/VAFPFamilyDocs)

Meet us in the mountains!

Mark Your Calendars!!

2015 VAFP Winter Family Medicine Weekend

January 30 - February 1, 2015
Wintergreen Resort
Wintergreen, Virginia
Get Involved with the VAFP - Join a VAFP Committee!!

The Chairs of the VAFP Committees are looking for interested members to join their respective committees. If you are interested in getting involved with the VAFP, the best place to start is by joining a committee. Come join family physicians from across the Commonwealth working on issues important to our specialty. Each committee has a dedicated list-serve to facilitate the sharing of ideas. The majority of official committee work is conducted via either e-mail or conference calls with the occasional opportunity (not required) to meet in person. We recognize and respect that service on committees is in the context of the many other competing commitments for your time.

VAFP COMMITTEES

- CME/Professional Development – Co-Chairs: Mitchell Miller, MD and Kurt Elward, MD
- Legislative - Chair: Jesus Lizarzaburu, MD
- Practice Enhancement and Quality – Co-Chairs: Kurt Elward, MD and Tony Kuzel, MD
- Communications – Chair: Kent Willyard, MD
- Resident/Student Programs – Co-Chairs: Mark Greenawald, MD and Patricia Matto, DO
- Health of the Public – Chair: Chris Matson, MD

If you are interested in volunteering your time on a VAFP Committee, please e-mail Mary Lindsay White at mlwhite@vafp.org or call 1-800-THE-VaFP.

SUPPORT FAMILY MEDICINE: DONATE NOW TO THE VIRGINIA ACADEMY OF FAMILY PHYSICIANS FOUNDATION

The goals of the VAFP Foundation are as follows:

- Build increased interest in the specialty of Family Medicine in Virginia among medical students and family medicine residents.
- Support the VAFP’s continuing medical education activities.
- Support medical student and family medicine resident participation in the following:
  - Virginia Mission of Mercy Clinics
  - Virginia Remote Access Medical Clinic
  - VAFP CME Meetings
  - “Choose Virginia” Recruitment and Retention Initiative
- Create medical student scholarships who wish to do their family medicine residency in Virginia and continue to practice in Virginia.

The VAFP Foundation Board of Directors is seeking financial support to maintain a strong and vibrant Foundation to support the specialty of Family Medicine. If you are interested in making a tax deductible donation to the VAFP Foundation, please donate online at www.vafpf.org or call the VAFP Headquarters Office at 1-800-THE-VaFP.

**Contributions are tax deductible as charitable contributions for Federal Income Tax purposes.**
Dear Colleagues,

It has been my honor and pleasure to serve as the 67th President of our Academy. I am incredibly grateful for the contributions and hard work of all those who have contributed to the mission of the Academy over the past year.

As we gather at this beautiful property, I am reminded of the astonishing geographic and cultural diversity that exists in our Commonwealth. This past year has highlighted for me the great diversity that also exists in our specialty and the many roles we play in the lives of our patients.

It continues to be both inspiring, while at the same time, dizzying how much and how fast medicine has changed in the past five years. Medical school curricula are scrambling to keep up with the changes in delivery care models to properly prepare and provide our graduates with the skills and understanding of healthcare they need to succeed. Similarly, as an Academy, we have continued to explore and share information on the patient-centered medical home, team-based care, meaningful use and the availability of high quality, evidence-based point of care informational tools. Despite all these new innovations, I continue to believe that our connections with our patients are at the core of the care we deliver and that we must continue to nurture and value these relationships. We must also work to instill in those entering the profession the importance of these connections. I’d like to share some additional thoughts as well as some highlights of the activities of the Academy over the past year.

Under the leadership of Dr. Mark Greenawald and other members of the Committee on Students and Residents, we have implemented changes to help better connect with and inspire future generations of family physicians.

Our sights are set on increasing the number of graduates of Virginia medical schools who stay to train and ultimately work in the Commonwealth. We are looking for creative ways to connect our talented graduates with those of you looking to grow your practice. We welcome your thoughts on how best to accomplish this.

The Academy also remains focused on continuing to provide members with the resources and information needed to care for the complex spectrum of care provided. Dr. Mitch Miller, Chair of the Committee on Continuing Medical Education, and Mrs. Mary Lindsay White partner year after year to provide evidence-based, unbiased educational workshops to our members. Our programs continue to focus on practical patient care management strategies.

We also provide periodic presentations on more broad-reaching topics such as implementation of ICD-10 to help us prepare for ongoing changes in the healthcare landscape. Several months ago, we added a great new free on-line educational module on concussion management created by one of our members, Dr. Kent Diduch. In addition, many of you have participated in one of our self-assessment module (SAM) workshops. I am grateful to Dr. Kurt Elward and Dr. Mark Greenawald for continuing to provide this personal learning experience for our members. We also offered just last week a DOT Training Seminar.

In an effort to make Virginia not only the best place to receive care but also to deliver care, we have been busy this past year trying to address common provider frustrations. We all know too well that administrative burdens have the potential to drain the joy out of what we love most - caring for our patients. A special thanks goes out to Dr. Roger Hofford for the many long drives he has made to Richmond to serve as the VA Delegate on the Medicaid Physician-Managed Care Liaison Committee. This committee was formed as the direct result of legislation proposed by the VAFP and subsequently passed by the General Assembly. The group is focused solely on reducing the administrative burdens of providing care to Medicaid patients and has the potential to serve as a model of change for private insurers as well. I also greatly appreciate the leadership and collaborative spirit of Dr. Sterling Ransone, President of the Medical Society of Virginia (MSV). We are currently working closely with the MSV to outline a major legislative initiative to address the needlessly complicated and poorly coordinated prior authorization process.

Our presence as a professional society at the General Assembly continues to grow. We completed the transition from a reactive to a proactive legislative strategy. Under the leadership of Legislative Committee Chair, Dr. Jesús Lizarraburu, we were active in numerous policy issue debates this past legislative session spanning a wide range of issues directly impacting our specialty. Mr. Hunter Jamerson, our Legislative Consultant, has provided a detailed report on these activities for your review. Mr. Jamerson represents our membership with impeccable integrity and his creative, comprehensive approach to advocacy has helped us strengthen and expand our efforts to avenues beyond the legislative arena. Thank you to our “key contacts” for lending your voice to the discussion and to the many others who reached out to your elected officials.

As my term comes to a close, I am thankful for the support of my fellow Board members and for their service to the Academy. I am also indebted to our Executive Vice President, Mr. Terry Schulte and the entire staff for their patience, wise counsel and assistance in helping me navigate the responsibilities of the office. The partners in my practice graciously pitched in to provide me flexibility when I needed to be out of the office. My wife, Karin, and our two girls, Izzy and Ella, have been incredibly patient and understanding of the time I have been away and I can’t thank them enough. Finally, thank you to each of you for your trust and the care you provide each day to your patients.

The state of the Academy is strong and with your involvement will remain in good hands for years to come. I hope that in the coming year, some of you will consider offering your expertise by serving on one of our committees or on the Board of Directors. I know you would be energized working alongside the diverse and talented group of individuals you would encounter, just as I have. I believe that the Academy plays a key role in impacting positive change for providers as well as those we have the privilege to care for.

Thank you again for your confidence in allowing me to help lead the Academy this past year.

Warm regards,
Sean W. Reed, M.D.
VAFP President
Dear Colleagues:

What brings you to the Homestead Resort for the summer meeting? Is it the chance to renew relationships? Is it the chance to earn CME credits? Is it the chance to learn innovative and new ideas that will enhance the care of your patients? Perhaps it is just to relax. Whatever the reason, the Virginia Academy of Family Physicians is grateful for your presence and for your involvement in the organization.

I come to the Homestead to begin my year of service as 68th President of the Academy, that was originally formed in 1948. Through the years, the Academy has grown and evolved with the ever-changing demands of health-care delivery in our specialty.

I am fortunate, in many ways, to practice medicine in my hometown of Altavista, Virginia. My office is actually across the Staunton River in the small town of Hurt. I find it a humbling experience that, from these roots, I get the opportunity to serve on a bigger platform. I must admit that I do this with some trepidation, as I am more comfortable pushing ideas out than from being out in front and trying to nurture ideas forward. Yet, my three years on the Board of Directors, and my previous year as Vice-President, have made me appreciate the incredible talent of those members who serve on the Board of Directors, who assume leadership roles, who participate on committees, who attend Advocacy Day, who teach in our medical schools and residency programs, and who provide care to families throughout our Commonwealth in a variety of settings, in private practice, large health systems, or as solo-practitioners.

This is an incredible time of change within our specialty, more so than I have seen in my 27 years of practice. And one could argue, “What is the relevance of our organization?”, when more than 50% of our members are employed by a health system. When most family physicians prefer to operate within the 8x10 foot venue of our examining rooms, where the gentle grasp of our finger by an infant during a well-child exam, or the question from the elderly patient, as to whether it is okay for him to climb a 20-foot ladder to get into his deer stand, are the questions and the interactions that the majority of us prefer to be involved with. All of us, who would prefer just to see our patients, obviously must do more than just see our patients. The exam room is being invaded on many fronts, Payers want to navigate our care; the Government wants proof of our care by documentation, by coding levels, by benchmarks for PQRS, for Meaningful Use, and the like.

If you have been involved with the transformation of your practice toward value-based care, patient-centered medical home, clinically integrated networks or ACOs, you realize that many of these principles have been done by family physicians for years. We are now asked to document and prove our worth and the analytics sometimes lag the information available in our EHR, therefore can you trust the “Big Data”? So whether you are an employed physician in private practice, if you are not involved in the development of your quality measures, serve on your IT committee, or are involved in development of the protocols for your office-based standards for patient-centered medical home, then you have very little recourse in enacting change in these policies that directly affect you.

Many of us are exploring new payment models, which are value-based, perhaps even direct primary care while still operating in the fee for service arena. All of these new models propose to improve the value of the delivery of our care to our patients many of whom, no doubt, will see very little in the change in their care that has been delivered to them through the years.

Our Academy has sought to be relevant by providing services to our members that promote and improve the care of patients. The Committees of the Board of Director’s have sought to be responsive to many of these needs. Within the committee structure, the issues that you, the members, have expressed to us, and that the leaders, have realized need attention and our involvement are initiated.

Chair of the Legislative Committee, Dr. Lizarzaburu and Vice-Chair, Dr. Reed along with our Legislative Consultant, Mr. Hunter Jamerson have worked tirelessly to stay abreast and create responses to issues and legislation that affect healthcare in the state. They have created a vibrant Advocacy Day that promotes interaction with legislators. They have nurtured those members who volunteered to be key contacts to our legislators and volunteers for family physicians of the day that cover the clinic at the General Assembly Building. All of these programs have made our presence known with the legislators and allowed us to be more responsive to issues that arise that may affect the care of our patients.

The Practice Enhancement/Quality Committee has been involved with programs with patient-centered medical home, ACOs, clinically-interactive networks, and direct payment models. Programs offered, including the one on Friday afternoon at this year’s Annual Meeting, will help present some of the issues and some of the techniques that practices have used to make this transformation process. Dr. Kuzel and Dr. Elward have been instrumental in working with key contacts within the business community including the Chamber of Commerce and the Virginia Center for Health Innovation to develop programs that help address issues of practice transformation.

The Education Committee, Co-chaired by Dr. Miller and Dr. Elward have been instrumental in providing exceptional CME programs, both at our Annual Meeting and at our Wintergreen meeting. The development of SAMs sessions, the recent offering for the DOT certification course, and the offer by the Academy for Daily Info-POEMS delivered by email are some of the examples of how the Academy creates value for its members.

The Health of the Public Committee, chaired by Dr. Matson, promotes population management guided by evidence-based protocols so that the members can have the tools and information available for the implementation of the Triple Aim in improving the health of the public.

The Communications Committee is seeking new and innovative ways to get our message out by traditional means as well as by social media.

The Resident and Student Affairs Committee has been redesigned to allow greater representation for the increased number of students and residents in the Commonwealth due to new medical schools and new residency programs. Obviously they are the future of our specialty and of our Academy. At the recent Annual Leadership Forum in Kansas City, Missouri, a Graham Center report that was presented suggested that 1,600 new family physicians will be needed in the Commonwealth by 2030. Thus a lot of work will need to be continued on page 32
done to attract students to our specialty and retain residents who are trained in our Commonwealth, to stay in our Commonwealth to practice medicine. It is the vision of the Virginia Academy of Family Physicians that Virginia will be the best place to practice medicine in the country.

Our administrative staff, led by Mr. Terry Schulte has established a foundation that is both fiscally and structurally sound and allows the organization to grow and nurture the needs of the members and to foster further growth that is deemed necessary by the principles of the organization.

So no matter where you practice in the Commonwealth, and no matter what type of practice you are in, I would ask that you remember that a single idea can go a long way, if nurtured, to change policy, influence decision making, and create better health care. If you have ideas, I would encourage you to get connected and be involved, with our Board of Directors, and sign up as a committee member. It is rewarding to connect and share ideas with physicians from all over the Commonwealth who share in the same vision that you have to provide the best care possible for your patients and to practice family medicine in the best state in the country to do so.

Thank you for your time. I look forward to serving you in the coming year.

LEGISLATIVE UPDATE

Hunter Jamerson, JD, MBA
Legislative Consultant

2014 has proven to be an eventful year in the Virginia legislature. After months of impasse, a budget compromise finally emerged. But that compromise came about due to the resignation of a Democratic Senator. Due to his resignation, the power structure in the Senate shifted and Republicans once again obtained operational control. Immediately after re-taking power, the Republican controlled Senate passed a budget proposal that met approval in the House of Delegates. Key to the proposal: no authorization for Medicaid expansion. In fact, the General Assembly went a step further by proactively seeking to block any opportunity for the Governor to expand Virginia’s Medicaid eligibility through executive action. While likely to ultimately sign the compromise budget, without Medicaid expansion, the Governor is likely to veto provisions attempting to block him from taking executive action. The Medicaid expansion debate will continue for some time…

While the Governor and the General Assembly remain at impasse on these fundamental issues, VAFP’s message is beginning to resonate. At a recent Medicaid Reform Commission hearing, both pro and anti-expansion lawmakers spoke specifically about the need to reform the system to ensure that every citizen has access to family medicine services. VAFP will continue its efforts to support sustainable extension of health insurance to Virginians in a way that benefits both patients and family physicians.

While news reports would suggest otherwise, the General Assembly Session was not just a debate over Medicaid expansion. VAFP lobbied heavily on several bills that affect both the financial wellbeing and day-to-day practice of family physicians. Legislation in which VAFP played a key role included:

•HB 946 – A bill which would have imposed a draconian Medicare-based fee schedule on Virginia’s workers’ compensation system. This bill would have eliminated the current community prevailing rate payment standard. VAFP, working with a large coalition of stakeholders, testified and lobbied in opposition to this bill. Virginia has the fourth lowest workers’ compensation premiums in the country. To disrupt payment metrics by imposing a fee schedule could result in scores of family medicine physicians, and other providers, refusing to participate in the system. That would be a loss for patients and a loss for family medicine. Successfully, however, VAFP and its coalition partners were able to defeat HB 946 this year.

•SB 294 – Each year, VAFP faces efforts to impose onerous (and often ineffective) requirements on prescribers in order to curb prescription drug abuse and diversion. This year, VAFP and other provider partners worked to amend SB 294 to ensure its impact on prescribers would not be overly burdensome. As originally proposed, SB 294 would have required any prescriber writing a prescription for an opioid or benzodiazapene for a course of treatment lasting more than 30 days to conduct a PMP search at that time and at least once annually thereafter. While the PMP is a vital tool, prescriber discretion and administrative realities must be considered. After much debate, the bill was amended to only require a PMP check for patients under a pain management agreement and for whom a course of treatment longer than 90 days is proposed. In an effort to improve the system generally, all prescribers will be enrolled into the PMP upon re-licensing. Additionally, a delayed enactment clause was placed on this bill so the provisions of this legislation do not take effect until July 1, 2015. This additional timeframe will allow for an opportunity to educate prescribers on the changes and to improve PMP software.

•SB 160 – VAFP continued its efforts to lobby for effective concussion prevention and treatment protocols. VAFP successfully supported this bill to extend concussion policies to non-interscholastic sports being held on school property. These activities must now be done in compliance with concussion guidelines promulgated by the Board of Education. VAFP actively participated in the work group to draft standard of care guidelines.

VAFP’s advocacy efforts will continue throughout 2014. VAFP continues to work to identify those legislative issues that affect all members and to advocate effectively on behalf of the interests of family medicine. To that end, a primary focus for the upcoming legislative year is prior authorization reform. VAFP continues its efforts to reform, simply, and standardize prior authorization practices both in Medicaid and across commercial insurance carriers. The Medicaid Physician-MCO Liaison Committee will study possible reforms over the summer. Additionally, VAFP is actively participating in a broader Prior Authorization Work Group to further efforts to reform commercial carrier prior authorization practices. Both of these efforts are likely to yield legislative or regulatory action over the next year.
K. Marshall Cook, ESQ.  
VAFP General Counsel

The biggest challenge for health plans in 2014 is adapting to all of the changes effective January 1 around health insurance exchanges (HIX).

As the regulatory framework for HIX solidifies, it will provide health plans with an opportunity to test their assumptions about operating in the individual market. What does it mean to be a qualified health plan? How will plans be rated? What are acceptable practices? How well will the federal hub work in processing subsidies? Health plans will be operating in a very complicated environment, with Medicaid and Medicare rules, HIX rules and commercial rules.

Managing employer and consumer expectations is part of this challenge. Health plans will be having lots of conversations with employers – particularly with mid-market and small companies – about the new exchange environment and its resulting implications. Health plans also have an opportunity to work with employers on strategies to manage the increasing cost of care, specifically in areas such as product design, wellness program implementation and innovative care delivery models. There will be conversations with individual consumers as well, helping consumers to understand the value of the product they are buying and how to use it effectively.

Predictability is not a word that health plans will be using in 2014. Most of them took their existing business models and tweaked them for this new world. As reality sets in, some companies may need to come to grips with the fact that their existing approaches will not work, and they will need to replace them with something better designed for individual customers.

Fortunately, most health plans are fairly well prepared, especially larger plans. They have done a lot with the capital and knowledge they had to work with. Now they are in the mode of determining whether their assumptions about exchanges, and the individual market were true, and making changes to their business models and operating strategies, if need be. Increasingly, health plans will look to sophisticated analytics to verify if they are making money, reaching the populations they are targeting, spreading their risk and making correct assumptions around pricing.

The Virginia Academy of Family Physicians membership continues to increase annually. The VAFP is proud to report that each category of membership increased following last year’s Annual Meeting. As of May 2014, total VAFP membership stood at 3,333 which is the largest total membership in the VAFP’s history. Active membership totaled 1,976, also a record, resident membership at 182, and student membership at 940, also a record and a 10% increase. Four additional categories including Life membership totaled 235. For the third time in the VAFP’s history, resident membership was 100% and the VAFP was recognized for this accomplishment during the May, 2014 AAFP Annual Leadership Conference.

Additionally, comparing the VAFP to other chapters with over 1,000 members, the VAFP ranked in the top third for the: highest percentage increase - active membership, top one half for the highest increase in student membership, top 25% for the highest percentage of retention in active membership and top 20% for the highest percentage of retention in new physician members.

The Virginia Academy of Family Physicians continues its tradition of operating under sound financial management. This effort is led by VAFP Treasurer Roger A. Hofford, MD.

For AAFP Chapters with an active membership of over 1,000 members, the VAFP’s dues are the lowest in the country. Additionally, the VAFP has had only two dues increases in the last 26 years.

Net income for fiscal year 2013 was $83,126. This is significant given the financial impact of the reduction of outside grant income, challenging exhibit sales and decrease in interest income from VAFP investment vehicles.

continued on page 34
Noted on page 20 are excerpts from the fiscal year 2013 audit reporting Support and Revenue, Expenses, and Unrestricted Net Assets.

Retirement Benefit Plan and Prior Period Adjustment
The academy maintains a tax-deferred retirement plan for all employees. The Plan makes discretionary contributions for all participating employees. The Academy recognized retirement plan benefit expense of $27,242 and $27,698 for 2013 and 2012, respectively.

The Academy makes its retirement contributions annually. In 2013, the Academy discovered it had inadvertently omitted two part time employees and omitted annual bonuses from its retirement contributions calculation for the years 2004 through 2013. Accordingly, the Academy has applied to the Department of Labor to participate in its voluntary compliance program in order to correct the error. The balance of $46,976 that was underpaid for years prior to 2012 was recorded as a prior period adjustment correction to unrestricted net assets as of January 1, 2012. The VAFP received written documentation from the U.S. Department of Revenue on June 21, 2014 that the VAFP application to voluntarily correct the error was approved and no further action needs to be taken.

Finances—Statement Of Financial Position & Activities
For the year ending December 31, 2013

Support And Revenue
Membership dues $ 500,554
Annual Meeting $ 179,746
CME seminars $ 167,765
Interest income $ 19,026
Choose Virginia $ 35,950
Other $ 1,278
Loss on sale of assets $ (491)
Total support and revenue $ 903,828

Expenses
Program services $ 388,758
Supporting services $ 431,944
Total expenses $ 820,702

Unrestricted Net Assets, beginning of year $1,023,047
Increase in unrestricted net assets $ 83,126
Unrestricted Net Assets, end of year $1,106,173

ASSETS
Current assets
Cash and cash equivalents $1,397,604
Accounts receivable $ 121,010
Prepaid expenses $ 11,155
Total current assets $1,529,769

Property and equipment
Office furniture and equipment $ 36,110
Accumulated depreciation $ (24,765)
Net property and equipment $ 11,354

Total Assets $1,541,123

Liabilities and unrestricted net assets
Current liabilities
Accounts payable $ 53,923
Deferred revenue $ 380,201
Total current liabilities and total liabilities $ 434,950

Unrestricted Net Assets $1,106,173
Total Liabilities and Unrestricted Net assets $1,541,123

HONORS AND AWARDS
Congratulations to the recipients of this year’s VAFP Awards. The Award applications were promoted in several issues of the VAFP Newsletter, via all member email and we also promoted on-site during the VAFP Winter Family Medicine Weekend held at Wintergreen Resort in January, 2014.

Included in each registrant’s conference booklet is information on how to nominate your peers for the 2015 VAFP Awards. The VAFP respectfully requests members to nominate a fellow family physician for one of these outstanding awards.

The 2014 Awards will be presented during the VAFP Annual Business Meeting. Congratulations again to each of the recipients!!

Virginia Academy of Family Physicians
2014 Award Recipients

Virginia Family Physician of the Year
Suzanne Krzyzanowski MD
Lynchburg Family Medicine Residency Program
Lynchburg

Legislator of the Year Award
Emmett W. Hanger, Jr
Mount Solon

James P. Charlton, MD Teacher of the Year Award
Richard H. Hoffman, MD
Chesterfield Family Medicine Residency Program
North Chesterfield

F. Elliott Oglesby, MD Volunteer of the Year Award
Wayne J. Reynolds, DO, FAAFP
Sentara Family Medicine Physicians
Gloucester Point

Continuing Medical Education
The Virginia Academy of Family Physicians continues its tradition of offering first class, affordable continuing medical education conferences for Academy members and their families.

Each year, the Academy sponsors two major CME activities. The Wintergreen Winter Family Medicine Weekend is held over three days in the winter months of January or February annually. This year the conference drew over 200 family physicians, residents, medical students, and other health care professionals. The exhibit portion of the conference was comprised of 37 exhibiting organizations - the maximum number available - and was sold out months in advance of the meeting.

The Academy’s Annual Meeting & Exposition is held each
summer. This year’s conference is taking place July 10-13, 2014 at The Omni Homestead Resort in Hot Springs. Academy members will have the opportunity to enjoy all of amenities of The Homestead at a very affordable cost. Approximately 55 exhibiting organizations will be available to discuss with members the newest in product and service developments. CME costs for Academy members’ average just over $15.00 per credit hour.

The VAFP sponsored numerous ABFM Self Assessment Module (SAM) Programs during 2013 and the first half of 2014. Two SAM sessions are being held in conjunction with this year’s Annual Meeting and there are three more scheduled for the remainder of 2014. These sessions drew maximum attendance and continue to be evaluated very highly.

In 2014, the Federal Motor Carrier Safety Administration (FMCSA) established a National Registry of Certified Medical Examiners with requirements that all medical examiners who conduct physical examinations for interstate commercial motor vehicle drivers complete a training course and pass a certification examination. The VAFP hosted a training course for members on Saturday, July 21, 2014 in Richmond, VA to assist members with the training requirement. Over 35 members attended this unique CME activity.

The Academy expresses its deep appreciation to the Chair of the Continuing Medical Education Committee, Mitchell B. Miller, MD, and his committee for their outstanding work in creating superb CME for VAFP members and to Kurtis S. Elward, MD, MPH and Mark H. Greenawald, MD for their exceptional work as SAMs presenters.

Anton J. Kuzel, MD, MHPE & Kurtis S. Elward, MD, MPH

Drs. Elward and Kuzel continue to interface with the Chamber of Commerce and the Center for Health Innovation (CHI) to promote primary care in Virginia. In an effort to reduce the burden on primary care physicians, the CHI hopes to convene a discussion with commercial payers with a goal of having a single set of metrics for primary care performance. While this may yet happen this year, the CHI, VHQC, and VCU are working on a proposal in response to a call from the AHRQ to establish a consultancy in Virginia to help at least 250 small to medium primary care practices adopt more efficient and effective care processes and thereby improve metrics of care, with a particular initial emphasis on screening for and treating high blood pressure and high cholesterol, assisting smokers with quitting, and when appropriate, recommending low dose aspirin therapy.

The grant application was submitted July 3 and, if awarded, the program will start in February, 2015. AHRQ is planning on funding up to 8 proposals and the individual project budgets can be up to $15M over three years. At the upcoming meeting at The Homestead, Dr. Kuzel will hold a focus group discussion with several individuals from various regions of the state who have all coached practices toward more effective models of care. The intent is to hear practical strategies that others may wish to use in their practices. For the Wintergreen meeting, Drs. Kuzel and Elward suggest we focus on a disruptive model of primary care financing – direct primary care (DPC), which patients pay a monthly fee for most primary care services. Unlike concierge practice, these fees are affordable for most, including some of the working poor. This approach to financing primary care is gaining considerable traction in the group that is discussing “Family Medicine for America’s Health,” which will be rolled out at the AAFP meeting this October, so it seems timely to bring this model to the members attending our winter meeting. Drs. Kuzel and Elward will also survey the membership to identify any models of DPC that are already established in Virginia.

We are continuing our active involvement in the Chamber’s Executive Health Committee, bringing the proven effectiveness and voice of family medicine to the attention of policy makers and payers. The Committee, consisting of Drs. Oliver, Robusto, Frazier, McLaughlin and Vaughn will continue to meet on a regular basis to identify and address opportunities from both payers and business, federal and state government.

Residents & Students

The Virginia Academy of Family Physicians Board of Directors has one resident representative and one medical student representative who serve on the Board on a rotating basis. Representatives are chosen on a rotating basis by their peers from a subcommittee of residents and students representing all the schools and residency programs in Virginia. These subcommittees meet by phone quarterly, have their own VAFP list serve, and gather for an in-person meeting during the Wintergreen conference. This past year was the first time this new system has been in place. The VAFP provides funding for one resident and student to attend each VAFP Board meeting.

The VAFP provides complimentary housing for students and residents to attend the VAFP Winter Family Medicine Weekend held annually at Wintergreen Resort. At the 2014 VAFP Winter Family Medicine Weekend, 19 Family Medicine Residents and over 46 medical students were in attendance. Dues are paid by the VAFP for resident members in their first year of residency. Medical student dues are complimentary.

The VAFP prioritizes increasing resident membership with a goal of 100% membership in the VAFP. That goal was met this year with 100% of Virginia’s family medicine residents being VAFP members. The VAFP plans to continue investigating cost effective avenues to enhance the placement of graduating Virginia family medicine residents in positions throughout Virginia. Student membership increased to 940 which is the largest number of students in VAFP history.

Choose Virginia

The Virginia Academy of Family Physicians partnered again with the Virginia Department of Health, the Area Health Education Centers and the Virginia Health Workforce Development Authority to sponsor a regional recruitment fair held on October 12, 2013 at the Crowne Plaza in Richmond, Virginia. The 2013 Choose Virginia Program was an overwhelming success. Attendance was 130 and included 107 medical students, 2 PA students and 21 NP students. Special thanks are in order to VAFP Treasurer and Past President Roger Hofford, MD for serving as Program Chair.
Defending southeast physicians for more than 30 years

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- Industry leading Patient Safety
- Owners Circle® rewards program
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*Dividend payments are declared at the discretion of the MAG Mutual Insurance Company Board of Directors. Since inception, MAG Mutual Insurance Company has distributed more than $136 million in dividends to our policyholders. Insurance products and services are issued and underwritten by MAG Mutual Insurance Company and its affiliates.