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Virginia Academy Of Family Physicians

Vision And Mission Statements

**VAFP Vision Statement**

The vision of the VAFP is for Virginia to be the best place for our citizens to receive their healthcare and for family physicians to practice medicine.

**VAFP Mission Statement**

The mission of the VAFP is to empower its members to be personal physicians who provide high quality, accessible health care, dedicate themselves to the wellbeing of the citizens of Virginia, and are guided by the principle that the family physician is the specialist of choice for lifelong health care.
Virginia Academy of Family Physicians

2013 Annual Business Meeting Agenda

I. Call to Order
   Mark H. Greenawald, MD, FAAFP
   VAFP President

II. Welcome and Introductions

III. President’s Report

IV. Consideration of Proposed VAFP Bylaws Changes

V. Election of 2013-14 VAFP Officers and Directors

VI. Greetings from the American Academy of Family Physicians
    John Meigs, Jr., MD
    Speaker, AAFP Congress of Delegates
    Brent, AL

VII. Adjournment
2012-2013 Officers, Directors
and Ex Officio Members

PRESIDENT
Mark H. Greenawald, MD, Roanoke

PRESIDENT ELECT
Sean W. Reed, MD, Charlottesville

FIRST VICE PRESIDENT
Samuel M. Jones, MD, Fairfax Station

IMMEDIATE PAST PRESIDENT
Kent E. Willyard, MD, Newport News

TREASURER
Roger A. Hofford, MD, Roanoke

SECRETARY
Mark H. Ryan, MD, Richmond

EXECUTIVE VICE PRESIDENT
Terrence J. Schulte, Richmond

2013 DIRECTORS
John E. Brady, MD, Newport News
Elizabeth L. Polk, MD, Roanoke
Ann Townsend, MD, Lebanon

2014 DIRECTORS
Delmas J. Bolin, MD, PhD, Roanoke
James R. Robusto, MD, Urbanna
Lindsey D. Vaughn, MD, Suffolk

2015 DIRECTORS
Grace Chiu, MD, Prince George
S. Hughes Melton, MD, Lebanon
Sara Saccocio, MD, Danville

RESIDENT DIRECTORS
Tony Avnaim, DO
Edward Via College of Osteopathic Medicine
Kamalpreet Buttar, MD
Virginia Commonwealth University
Anna Villalobos, MD
University of Virginia

STUDENT DIRECTORS
Elizabeth England
Virginia Tech Carilion School of Medicine
Masya Green
Virginia Commonwealth University
Justin Mutter
University of Virginia Medical School

AAFP DELEGATES
Cynthia C. Romero, MD, Virginia Beach
Kurtis S. Elward, MD, MPH, Charlottesville

AAFP ALTERNATE DELEGATES
Jesus L. Lizarzaburu, MD, Grafton
Sterling N. Fansone, Jr., MD, Delaville

MSV DELEGATE
Mark H. Greenawald, MD, Roanoke

MSV ALTERNATE DELEGATE
Sean W. Reed, MD, Charlottesville

EX OFFICIO MEMBERS
Norman Oliver, MD, Charlottesville
Anton J. Kuzel, MD, Richmond
Christine C. Matson, MD, Norfolk
Russell C. Hendershot, DO, Blacksburg
Michael Jeremiah, MD, Roanoke
Nominees for Officers, Directors and AAFP Representatives

PRESIDENT ELECT
Robert I. Elliott, MD, Hurt

FIRST VICE PRESIDENT
Charles O. Frazier, MD, Williamsburg

2013-2016 DIRECTORS
Rupen S. Amin, MD, Midlothian
Timothy M. Beirne, MD, Vinton

SECRETARY
Kent E. Willyard, MD, Newport News

AAFP DELEGATE
Sterling N. Ransone, Jr., MD

AAFP ALTERNATE DELEGATE
E. Mark Watts, MD, Vinton

MSV DELEGATE
Sean W. Reed, MD, Charlottesville

MSV ALTERNATE DELEGATE
Robert I. Elliott, MD, Hurt
Committee Chairs

CME/PROFESSIONAL DEVELOPMENT
Mitchell B. Miller, MD
Kurtis S. Elward, MD, MPH

COMMUNICATIONS
Mark H. Ryan, MD

EXECUTIVE
Mark H. Greenawald, MD

FINANCE
Roger A. Hofford, MD

NOMINATING
Sean W. Reed, MD
Subcommittee: Awards
Wayne J Reynolds, DO

LEGISLATIVE
Jesus L. Lizarzaburu, MD

PRACTICE ENHANCEMENT & QUALITY
Kurtis S. Elward, MD, MPH
Anton J. Kuzel, MD

RESIDENT & STUDENT PROGRAMS
Delmas J. Bolin, MD, PhD
Dear Colleagues,

Warm greetings to you with hopes that you are well.

It’s been another incredible year for our VAFP, and as my year as your VAFP President comes to an end, I’ve found myself doing much reflection on our Academy, our discipline, and the status of healthcare in our state and country. I’ve found myself amazed by the dizzying changes that have happened in the past few years as well as the anticipated changes which will occur in the next few years and have come to the conclusion, contrary perhaps to the opinion of some, that this is the most exciting time to be practicing Family Medicine since I started my career almost 25 years ago.

And in the middle of all these changes, your VAFP is continually looking for opportunities to live out our mission “to empower our members to be personal physicians who provide high quality, accessible health care, dedicate themselves to the wellbeing of the citizens of Virginia, and are guided by the principle that the family physician is the specialist of choice for lifelong health care.”

It is in the spirit of our mission that I’d like to break tradition for my final president’s message. Rather than share the list of incredible accomplishments of the VAFP and our members over the past year, I’d like to use the words of our mission and look ahead to the upcoming year, challenging each of you to “stretch” in some way in order to help mold the future of our specialty and of the care we provide.

The Mission of the VAFP is to empower its members …

“… to be personal physicians …”

What does it look like to be a “personal physician” in 2013? Does it mean that you as an individual are readily available for your patients 24/7/365? Some think so. I believe that to be a personal physician means that we don’t treat diseases, but
rather we care for the people who have diseases and we treat them in the context of their lives, as messy as that can often be. And we do that for every patient, recognizing that on any particular day, all the patients you are seeing are “your patients” for that episode of care. In the busyness of our medical practices, it is often tempting to bypass the complexity of providing contextual care and treat symptoms or diseases. Personal physicians resist that temptation, repeatedly. A personal physician also takes their own health “personally,” and is a role model in their actions as well as in their words. "In the coming year, what steps might you take to become more of a ‘personal physician?’"

“… who provide high quality …”

Quality is certainly a buzzword in healthcare today, usually followed closely by the word “safety,” which I believe is encompassed in the principle of quality. The challenge that many struggle with when it comes to quality is that it is something that can and should be defined and measured. Too often “high quality” is defined by good intentions rather than by measured outcomes. While some parts of quality, such as the relational, are more challenging to measure, even these can be measured through gauging our patient’s experience of care. "In the coming year, how will you take deliberate steps to define and measure the quality of care you provide?"

“… accessible health care. …”

As important as the concept of quality is for the care we provide, in the coming years our ability to provide access to that care will be a significant measure of our success. Based on present measurements, we’re not doing so well. The leaders of our state and country are slowly realizing that without a solid foundation of primary care for all our citizens, any “healthcare system” is bound to fail, despite any political rhetoric to the contrary. Yet that same push for access at times seems to threaten the very foundation upon which our specialty is built, and we find ourselves asking, “How can we provide access for all while still preserving the quality of that care?” It will take many creative minds and a willingness explore new paradigms of care if we are to “be part of the solution” for the challenges of access. "In the coming year, how will you work to help improve the access our citizens have to the care you provide?"
President’s Message (continued)
Mark H. Greenawald, MD, FAAFP
Roanoke

“... dedicate themselves to the wellbeing of the citizens of Virginia, ...”

The Institute for Healthcare Improvement (IHI) has developed what they call the “Triple Aim” of healthcare, based on the belief that new models of care must be developed to simultaneously accomplish three critical objectives: improve the health of the population; enhance the patient experience of care (including quality, access, and reliability); and reduce, or at least control, the per capita cost of care. A challenge for family medicine in the coming years will be to determine how to better incorporate population-based care into our model of care and how we can be leaders in addressing health disparities in our communities and throughout our state. This will not be an easy task, but it is an essential one. In the coming year, what can you do to learn more about the health of the community that you serve, and ask how you might work to help address some of its greatest healthcare needs?

“...and are guided by the principle that the family physician is the specialist of choice ...”

I believe that the foundational principles upon which our specialty is based are as true today as they were when they were first envisioned more than 50 years ago. If we truly believe that people deserve the kind of high quality, personal care we provide, then we must also be challenged to find a way to help insure that everyone has the opportunity to experience that care. Team-based care is part of that solution. In the coming year, how can you better serve as an effective leader of a healthcare team?

“...for lifelong health care.”

It is a privilege to have the opportunity to provide care for our patients throughout their lives, just as it is a privilege for me to have a family physician who provides such care for myself and my family. There are many who claim that the care we provide in our system is “disease care” rather than “health care.” These claims are not without merit. We know as family physicians that “health” is so much more than the absence of disease. In the coming year, how will you work to provide comprehensive “health care” to those whom you serve, and resist the temptation to focus on “disease-based” care?
Thank You!

Our VAFP is dedicated to this mission, as well as to our vision “for Virginia to be the best place for our citizens to receive their healthcare and for family physicians to practice medicine.” It has been a privilege and an honor to have served as your VAFP president over the past year. Thank you for your willingness to allow me to serve in this way and for your confidence in my leadership.

Please take a moment to read the names of all those who serve in leadership roles for the VAFP, and take a moment to thank them for their service. In addition, we are blessed with wonderful administrative leadership and an incredible staff at the VAFP. Please take time to thank them as well.

Finally, thank you for your service to the citizens of your community as their Family Physician. Always remember that what you do matters and that by working together as the VAFP, what we do will continue to make a positive difference for generations to come.
Dear Colleagues,

Welcome and warm greetings from the beach. I look forward to an enjoyable and informative meeting this weekend. I am invigorated by the energy generated by our collective presence and excited by the opportunities for our specialty that lie ahead. I am thankful to be a part of what I truly believe is the most exciting and rewarding specialty in medicine. I would like to share my thoughts on some of the changes occurring in healthcare and the resulting challenges as well as opportunities for family physicians.

**Family Physicians are at the center of healthcare**

Family Medicine is the largest medical specialty in Virginia with nearly 3,000 practicing family physicians providing care to more than 3,500,000 Virginians throughout the Commonwealth. The economic impact of our specialty is significant. Just one family physician creates five additional full-time jobs. A 2011 report sponsored by the American Medical Association reported the economic impact of family physicians in Virginia to be 14,497 jobs and over $1.5 billion in wages and benefits, more than any other office-based physicians in the Commonwealth. Collectively, we ARE the foundation for access to healthcare. Our health systems and health insurers NEED us to provide high quality care. As physicians we possess the ability and have the responsibility of continuing to be part of the solution to providing Virginians access to healthcare.

**Healthcare delivery is still under construction**

The list of acronyms to define how best to “structure” healthcare continues to grow. Private, state and federally sponsored “demonstration projects” are ongoing. We have read suggestions to structure our clinical teams more like NASCAR pit-crews and to model our work flow like a large chain restaurant, but the fact is the best “formula” for how to provide care is not yet clear. Some health policy experts have described this ongoing process as “Disruptive Innovation.” We should be mindful that this process has already begun to “disrupt” our specialty’s long-standing tradition of independent and small group practices. Simultaneously, we are seeing a steady rise of employed physicians. We must study these trends and learn what is gained and what is lost by pursuing one model of care over another.
What does it mean to be a teammate?

"Team-based care" is often touted as the future of primary care. We must be careful, however to clearly define what is meant by “team.” Call me an idealist but in my view medical teams should be comprised of teammates who share a common goal, have the ability to communicate efficiently with one another and have access to patients’ detailed historical as well as current treatment plans. Providers who are unable to meaningfully communicate with a patient’s primary care provider cannot in my view be an effective “teammate.” The same economic principles of capitalism that keep our economy strong unfortunately also prevent open sharing of patient care information between proprietary medical records. Until a magic box is created that will allow seamless and cost-effective sharing of patient information medical records will remain fragmented. Models of care that do not allow providers with access to a patient’s medical record limit the quality of care able to be provided, regardless of the provider’s level of training. This limitation also increases the likelihood of redundant services and the potential for medical errors. While I appreciate the pressing need to increase patient access fragmented care poses many risks for patients. It concerns me that it appears many of the new retail clinic venues entering the healthcare landscape fall short of this vision. We should work hard to promote future reform initiatives that meet the ideals of comprehensive primary care.

Primary care is complex

Effective teams must also be able to provide patients with the appropriate level of care. New data from the Robert Graham Center for Policy Studies highlights the fact that family physicians have the most medically complicated patient panels (based on actual billing codes) compared to other providers of primary care. While highly functional teams are comprised of healthcare providers spanning a wide range of expertise and training, it is vital that our healthcare teams of the future continue to be able to provide patients access to family physicians to meet their complex medical needs.
The power of relationship

I will surprise few with the proclamation that the presence of a strong patient-physician relationship is critical to providing the highest quality healthcare. Our relationships with our patients are at the very center of the care we provide and not a luxury or added benefit. The sharing of detailed, intimate knowledge and the trust that emerges from this process exponentially strengthens our effectiveness. Our understanding of our patients enables us, for example, to provide personalized end-of-life care and the credibility and opportunity to engage adolescents in discussions about “sensitive topics” often shied away from in other venues. Familiarity with the evidence-based guidelines for management of congestive heart failure is important, but as many of us can attest, this information alone is not nearly enough to make the dent in readmission rates desired by patients and health systems alike. The “best” treatment plan is the one tailored to the patient in front of you. The most “evidence-based” plan is the one that takes into consideration the reality that the patient’s sister is the only one in the family with a car, his younger brother is actually the one who makes the medical decisions in the family (not his wife) and that recognizes his fear of dying in the hospital like his older brother who “suffocated when his heart gave out.” It is crucial that industry quality metrics (dashboards) reflect this important resource we use every day in our exam rooms. What is not measured is at risk over time of being under appreciated and ultimately devalued completely.

The power of many to affect change

Our Academy is working diligently to address the challenges discussed above and to reduce the administrative time physicians spend each day to maximize our time with our patients. We are working to increase the efficiency of service authorization reviews and are partnering with the Center for Health Innovation and the Virginia Chamber of Commerce on practice-redesign measures to improve the efficiency and quality of care provided. I know we have an incredible wealth of expertise in our membership and I invite you to join our efforts.
It is my honor to serve as the 67th President of our Academy. I am humbled by the contributions and hard work of all those who have preceded me. I would like to thank our outgoing President Mark Greenawald, M.D. for his tireless leadership this past year and our Directors who are leaving the Board, John Brady, M.D., Beth Polk, M.D. and Ann Townsend, M.D. for their outstanding contributions. A special thank you as well to two others leaving the Board, Mark Ryan, M.D for his service as Secretary and Cynthia Romero, M.D for her service as Delegate to the AAFP.

It is my pledge to continue to find new ways for us to work together to enhance the experiences of our members and the care of our patients. Thank you for your confidence in my leadership.

Warmly,

Sean W. Reed, M.D.
Incoming VAEP President
### Legislative Activities

Among the most significant developments in the 2013 General Assembly session, the enacted budget bill established the Medicaid Innovation and Reform Commission to review the progress of reforms to the Virginia Medicaid program and to determine whether to proceed with Medicaid eligibility expansion as set forth in the Affordable Care Act. The Commission will meet bi-monthly to review progress on major reform initiatives.

The budget bill passed by the General Assembly outlines several specific reforms that the Department of Medical Assistance Services (“DMAS”), Virginia Medicaid, is now required to carryout:

1. Transition of remaining fee-for-service Medicaid population into managed care
2. Re-design of Medicaid benefits to reflect consistency with commercial products
3. Implementation of the Medicare-Medicaid Dual Eligible Demonstration in Virginia
4. Increased medical home and other test pilots
5. Development of Quality Payment Incentives
6. Significantly, one of the key requirements is to standardize Medicaid administrative processes for providers. DMAS will be relying upon the work of the new Medicaid Physician-MCO Liaison Committee to identify administrative challenges and find solutions. VAFP championed the budget amendment creating this Committee and will have a seat at the table to advocate for removal of administrative burdens.

Additionally, the General Assembly established the framework for Virginia’s Health Benefit Exchange marketplace in compliance with federal Affordable Care Act provisions. While Virginia has elected to allow the federal government to design and operate the Exchange system, Virginia will retain plan management functions in order to certify and regulate participating health plans.

VAFP also continued its defense of family medicine during the 2013 General Assembly session. Most notably, VAFP vigorously opposed (and nearly succeeded in defeating) a mandate that certain Lyme disease testing information be provided to patients regardless of their specific situation. Additionally, VAFP favorably amended legislation (subsequently defeated) that would have empowered certain allied health professionals to diagnose concussions.
Regulatory Activities:
After significant delay, the Governor has signed emergency regulations, promulgated by the Joint Boards of Medicine and Nursing, into law implementing the patient team care requirements of 2012’s HB 346. This bill, patroned by physicianDelegate John O’Bannon, sets forth new parameters for nurse practitioner scope of practice within a physician-led patient care team model. The emergency regulations will be replaced by permanent regulations in 2014.
VAFP remains active in a number of regulatory discussions: implementation of physician-pharmacist collaborative practice agreement regulatory changes; proposed changes to physician dispensing regulations; and ongoing discussions of Prescription Monitoring Program (PMP) utilization.

Broader Political Landscape
VAFP has six members participating in work group discussions at the Virginia Center for Health Innovation and two members participating in the Virginia Chamber of Commerce’s Executive Health Care Committee. These efforts to develop an innovative, cost efficient, quality driven framework for health care in Virginia have the potential to guide the efforts not only of the General Assembly but also of private health insurance carriers. VAFP will continue its efforts to impact this discussion and ensure the interests of family medicine are protected.

Looking Towards 2014
As we move into the second half of 2013, VAFP is already preparing for the 2014 General Assembly session. The direction of health care reform in Virginia will likely be determined by the outcome of the November gubernatorial elections. If Attorney General Ken Cuccinelli is elected governor then movement toward Medicaid eligibility expansion is likely to slow or stop completely. If Terry McAuliffe is elected governor then efforts to expand Medicaid eligibility are likely to gain momentum.
Regardless of the gubernatorial outcome, VAFP will be working to take advantage of the health care reform momentum in order to improve the existing system and to propose innovative pathways for future care coordination, delivery, and reimbursement. VAFP’s efforts to tackle administrative hurdles in the Medicaid program will also likely expand to the private sector as well. As always, VAFP is also prepared to continue to defend family physician scope of practice and to address concerns regarding substance abuse, concussion treatment, and public health that have arisen in recent sessions.
Health Plan Report
K. Marshall Cook, ESQ.
VAFP General Counsel

On July 1, Virginia’s State Corporation Commission begins managing insurance plans that will be sold on a health benefits exchange the federal government operates in Virginia beginning in 2014. The SCC has adopted regulations to manage plans on the exchange and carry out other insurance reforms under the federal Patient Protection and Affordable Care Act.

New state laws will expand the responsibilities and authority of the Virginia Bureau of Insurance to certify that health plans qualify for selling policies on the exchange, and review and approve the rates they charge. The Bureau also will ensure, among other things, that:

- policies include the “essential health benefits” required under federal law;
- insurers devote a specified portion of premiums to paying benefits instead of profits and administrative costs; and
- consumers are protected from being denied policies because of pre-existing medical conditions and having their medical histories used for setting insurance rates.

Nine health plans have applied to participate in the individual insurance market on the health benefits exchange, which the federal government will begin operating on Jan. 1, and six have applied for the Small Business Health Options Program for small group insurance coverage. The SCC has until July 31 to certify plans and approve rates, which then undergo federal review. The federal government will establish and operate exchanges in 26 states, including Virginia, and participate in a partnership with states in seven others. Seventeen states and the District of Columbia will operate their own exchanges.

The new marketplaces will serve small businesses and people with incomes from 100 to 400 percent of the federal poverty level, with a sliding scale of subsidies depending on how much people earn.
Membership

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 1, 2013 total VAFP membership stood at 3,187 which is the largest total membership in the VAFP’s history. Active membership totaled 1,916, resident membership at 182, and student membership at 860. Four additional categories including Life membership totaled 219. Student membership increased to 860 which is the largest number of students in VAFP history. For the second time in the VAFP’s history, resident membership was 100% and the VAFP was recognized for this accomplishment during the May, 2013 AAFP Annual Leadership Conference.

Necrology Report

Charles H. Crowder, MD - VAFP Past President
South Hill, VA

William O. McCabe
Bedford, VA

James R. York, MD
Winchester, VA
Finances

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 third lowest in the country. Additionally, the VAFP has had only two dues increases in the last 25 years.

The percentages of dues revenue versus non-dues revenue are “water mark” numbers that reflect the financial acumen of associations. Statistics from the American Society of Association Executives indicate that on average most individual membership associations have dues revenue in the 60-70% of total revenue and non-dues revenue in the 30-40% range. For fiscal year 2012, the Academy’s dues revenue was 48% of the total revenue and non dues revenue was 52% of total revenue. Net income for fiscal year 2012 was $82,432. 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.

Noted below are excerpts from the fiscal year 2012 audit reporting Support and Revenue, Expenses, and Unrestricted Net Assets.

Finances—Statement Of Activities

FOR THE YEAR ENDING DECEMBER 31, 2012

SUPPORT AND REVENUE

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<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
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<td>Membership dues</td>
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<td>Annual Meeting</td>
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<td>CME seminars</td>
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<tr>
<td>Interest income</td>
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<td>Choose Virginia</td>
<td>$38,911</td>
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<tr>
<td>Other</td>
<td>$851</td>
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<tr>
<td><strong>Total support and revenue</strong></td>
<td><strong>$896,328</strong></td>
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</table>

EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>$405,630</td>
</tr>
<tr>
<td>Supporting services</td>
<td>$408,266</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$813,896</strong></td>
</tr>
</tbody>
</table>

Increase in unrestricted net assets: $82,432
Unrestricted Net Assets, beginning of year: $993,338
Unrestricted Net Assets, end of year: $1,075,770
Finances—Statement Of Financial Position

FOR THE YEAR ENDING DECEMBER 31, 2012

ASSETS

CURRENT ASSETS
Cash and cash equivalents $1,285,650
Accounts receivable $ 102,865
Prepaid expenses $ 12,302
Total current assets $1,400,817

PROPERTY AND EQUIPMENT
Office furniture and equipment $ 51,319
Accumulated depreciation $ (38,622)
Net property and equipment $ 12,697
Total Assets $1,413,514

LIABILITIES AND UNRESTRICTED NET ASSETS

CURRENT LIABILITIES
Accounts payable $ 1,698
Deferred revenue $ 336,046
Total current liabilities and total liabilities $ 337,744

Unrestricted Net Assets $1,075,770

Total Assets $1,413,514
Honors and Awards

The Honors and Awards Task Force coordinates promotion of the importance and availability of the various VAFP Awards to Academy members. The Award applications were promoted in several issues of the VAFP Newsletter, via all member email and were also promoted on-site during the VAFP Winter Family Medicine Weekend held at Wintergreen Resort in February, 2013.

Included in each registrant’s conference booklet is information on how to nominate your peers for the 2014 VAFP Awards. The task force respectfully requests members to nominate a fellow family physician for one of these outstanding awards.

The 2013 Awards will be presented during the VAFP Installation of Officers and Directors Dinner Friday evening, July 19. Congratulations to each of the recipients!!

Virginia Academy of Family Physicians
2013 Award Recipients

**Virginia Family Physician of the Year**
George C. Wortley, MD
Big Island Family Medicine Center/ Lynchburg Family Medicine Residency

**Legislator of the Year Award**
Delegate Chris Jones
Suffolk

**James P. Charlton, MD Teacher of the Year Award**
Jacob E. Jones, MD, MPH
Associate Director
Riverside Family Medicine Residency Program

**F. Elliott Oglesby, MD Volunteer of the Year Award**

Bernard F. Jamison, MD, FAAFP & Desmond J. Longford, MD, FAAFP
Smithfield
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 215 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 takes place July 18-21, 2013 at The Cavalier Hotel in Virginia Beach. Academy members will have the opportunity to enjoy all of amenities of The Homestead at a very affordable cost. Approximately 60 exhibiting organizations will be available to discuss with members the newest in product and service developments. CME costs for Academy members’ average just over $10.00 per credit hour.

The VAFP also sponsored numerous ABFM Self Assessment Module (SAM) Programs during 2012 and the first half of 2013. Two SAM sessions are being held in conjunction with this year’s Annual Meeting and there are three more scheduled for the remainder of 2013. These sessions drew maximum attendance and continue to be evaluated very highly.

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, Mark H. Greenawald, MD and Anne R. Donnelly, MD for their exceptional work as SAMs presenters.
The VAFP continues to share best practices at the Winter and Summer meetings. This past February’s meeting included a session on the most common “time sinks” in practice and practical strategies for overcoming them. The upcoming meeting at Virginia Beach will have sessions on how to have constructive conflict in practice teams that leads to real commitment and results. We will also welcome Dr. Kevin Grumbach, Chair of the Department of Family Medicine at UCSF. In addition to his mainstage presentation on the importance of political advocacy by family physicians, Dr. Grumbach will also hold an afternoon seminar to share how he got the idea of an “extension service” to promote practice transformation as part of the ACA (although not yet funded) and what we might do in Virginia despite the absence of Federal funding. Finally, Drs. Elward and Kuzel continue to participate in the Chamber of Commerce’s meetings on how business and providers can team with payers to transform how healthcare is organized and delivered. It is clear that the business community is moving towards value based insurance design which should put primary care in a central role with more appropriate resources for population care. They have a strong interest in engaging family physicians and helping business across the state understand the benefits of primary care and search out benefit designs that center on the medical home.

Family physicians serve on key committees of the Virginia Center for Health Innovation and are working to promote initiatives that support primary care across the spectrum of conditions and payors. Independent, employed and academic family physicians are represented well on these groups.

We invite your comments and suggestions, as well as your involvement in the work VAFP is doing to support excellence in practice transformation and physician-led, patient-centered high quality care.
Residents and Students

The Virginia Academy of Family Physicians Board of Directors has three resident members and three medical student members who serve on the Board. The VAFP provides funding for these residents and students to attend all VAFP Board meetings.

The VAFP provides complimentary housing for students and residents to attend the VAFP Winter Family Medicine Weekend held annually at Wintergreen Resort. At the 2013 VAFP Winter Family Medicine Weekend 12 Family Medicine Residents and over 65 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 860 which is the largest number of students in VAFP history.

Choose Virginia

The Virginia Academy of Family Physicians is again partnering with the Virginia Department of Health, the Area Health Education Centers and the Virginia Health Workforce Development Authority to sponsor a regional recruitment fair on October 12, 2013 at the Crowne Plaza in Richmond, Virginia. The 2012 Choose Virginia Program was an overwhelming success. Attendance was over 150 to include 130 medical students, 19 PA students and 10 NP students.

The focus of Choose Virginia is on recruiting medical students to Virginia Family Medicine Residency Programs with educational tracks offered for medical students, NP and PA students and family medicine residents. In addition, family medicine residents from the Virginia Family Medicine programs will be invited to participate in the teaching of the workshops as well as be provided the opportunity to present educational research. Complimentary accommodations will be provided to out of town attendees and a stipend will be given to help cover travel and food expenses. The Virginia Family Medicine Residency Programs will be providing the faculty to facilitate the educational sessions. Special thanks to VAFP Treasurer and Past President Roger Hofford, MD for serving as Program Chair.
VAFP Past Presidents

*William L. Powell, MD, Roanoke 1947-48
*James L. Hamner, MD, Mannboro 1948-49
*James D. Hagood, MD, Clover 1949-50
*Ira L. Hancock, MD, Virginia Beach 1950-51
*John O. Boyd, Jr., MD, Roanoke 1951-52
*Edward S. Haddock, MD, Richmond 1952-53
*Brewster A. Hopkins, MD, Stuart 1953-54
*Richard M. Reynolds, MD, Norfolk 1954-55
*Rufus Brittain, MD, Tazewell 1955-56
*Frank E. Tappan, MD, Berryville 1956-57
*Malcolm H. Harris, MD, West Point 1957-58
*W. Linwood Ball, MD, Richmond 1958-59
*Fletcher J. Wright, Jr., MD, Petersburg 1959-60
*Boyd H. Payne, MD, Staunton 1960-61
*William J. Hagood, MD, Clover 1961-62
*Harry M. Frieden, MD, Norfolk 1962-63
*Frank D. Daniel, MD, Lynchburg 1963-64
*Thomas L. Lucas, MD, Charleston, SC 1964-65
*Russell G. McAllister, MD, Richmond 1965-66
*Robert L. Cassidy, MD, Culpeper 1966-67
J. Powell Anderson, MD, Waynesboro 1967-68
*Howard I. Kruger, MD, Norfolk 1968-69
*A. Epes Harris, MD, Blackstone 1969-70
Clarence W. Taylor, Jr., MD, Shawsville 1970-71
*Thomas H. Jennings, MD, Bedford 1971-72
Alan Mackintosh, MD, Bristow 1972-73
T. Winston Gouldin, MD, Norfolk 1973-74
William B. Waddell, MD, Galax 1974-75
*Robert S. Smith, MD, Richmond 1975-76
*Levi W. Hulley, Jr., MD, Richmond 1976-77
George Robert Smith, MD, Shawsville 1977-78
Emerson D. Baugh, Jr., MD, Kenbridge 1978-79
Gene E. Clapsaddle, MD, Moneta 1979-80
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Harold M. Horden, MD, Norfolk 1980-81
*James P. Charlton, MD, Virginia Beach 1981-82
Benjamin E. Norfleet, MD, Newport News 1982-83
J. Francis Amos, MD, Rocky Mount 1983-84
G. Stanley Mitchell, Jr., MD, Newport News 1984-85
*F. Elliott Oglesby, Sr., MD, Richmond 1985-86
Alvin J. Ciccone, MD, Norfolk 1986-87
*Robert F. Baxter, MD, Grundy 1987-88
J. Albert Hagy, MD, Roanoke 1988-89
Harold W. Markham, MD, Virginia Beach 1989-90
Leroy S. McDaniel, MD, Richmond 1990-91
T. P. Davis, MD, Christiansburg 1991-92
*Charles H. Crowder, Jr. MD, South Hill 1992-93
Stuart M. Solan, MD, Richmond 1993-94
J. Michael Ponder, MD, Franklin 1994-95
Roger A. Hofford, MD, Lynchburg 1995-96
Michelle Whitehurst-Cook, MD, Highland Springs 1996-97
Mitchell B. Miller, MD, Virginia Beach 1997-98
Larry G. Mitchell, MD, Richlands 1998-99
David A. Ellington, MD, Lexington 1999-00
J. Douglas Smith, MD, Harrisonburg 2000-01
Joseph Leming, MD, Colonial Heights 2001-02
Shane J. Kraus, MD, Glen Allen 2002-03
Cynthia C. Romero, MD, Virginia Beach 2003-04
Dena R. Hall, MD, Suffolk 2004-05
Kurtis S. Elward, MD, MPH, Charlottesville 2005-06
Wayne J. Reynolds, DO, Gloucester Point 2006-07
Sterling N. Ransone, Jr. MD, Deltaville 2007-08
E. Mark Watts, MD, Vinton 2008-09
Janice E. Ragland, MD, Herndon 2009-10
Jesus L. Lizarzaburu, MD Grafton 2010-11
Kent E. Willyard, MD, Newport News 2011-12
* Deceased
VAFP CME Calendar

2013

September 7, 2013
Diabetes SAM
Harrisonburg

October 19, 2013
Depression SAM
Charlottesville

November 9, 2013
Coronary Artery Disease SAM
Richmond

2014

January 31 - February 2, 2014
VAFP 2014 Winter Family Medicine Weekend
Wintergreen Resort
Wintergreen, VA

July 10-13, 2014
VAFP Annual Meeting & Exposition
The Homestead Resort
Hot Springs, Virginia

2015

January 30 - February 1, 2015
VAFP 2014 Winter Family Medicine Weekend
Wintergreen Resort
Wintergreen, VA

Visit www.vafp.org for more information.