Mark Your Calendars!

VAFP 2017 Annual Meeting & Exposition
July 20-23, 2017
Lansdowne Resort – Leesburg, Virginia
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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 well-being of the citizens of Virginia, and are guided by the principle that the family physician is the specialist of choice for lifelong health care.

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.
“IF YOU’RE NOT AT THE TABLE YOU MAY END UP ON THE MENU”

This is a phrase that I’ve come to fully understand over the past five years while serving on the VAFP Board and your Academy has taken it to heart.

I don’t consider myself political nor do I truly comprehend the nature of politics. I however have become a “believer” in the power of political advocacy. Over the past five years I have witnessed the development and significant influence of VAFP advocacy for the citizens and the Family Physicians of the Commonwealth.

Over the past five years, due in large part to our Legislative Consultant, Hunter Jamerson, JD, MBA, the VAFP has been successful in defeating multiple “scope of practice” bills and working to craft reasonable Physician Monitoring (PMP) and Narcotics laws. Of note is the defeat of a bill just a few years ago that would have made it a felony if the physician failed to sign a death certificate within 48 hours. VAFP legislative advocacy is our best protection against “bad” legislation.

The 2017 Virginia General Assembly legislative session appears to be relatively calm for our Academy when compared to recent years. This is not to say that our Legislative Committee has not been busy. Perhaps what sets this year apart is the level of “proactive” work. In the Fall, another midlevel attempt at independent practice and supported by the Virginia Hospital Association was thwarted just prior to being submitted as a bill.

There were many bills reviewed by the VAFP Legislative Committee in 2017. Of significance was legislation to increase narcotic oversight (and further limit prescribing), allow chiropractors to perform CDL exams, an ER Care Coordination program and allow independent practice to “Doctors of Medical Science.” If you have never heard of the last one, you’re not alone.

As of the latter half of the 2017 legislative session, narcotic oversight has been moved to the more appropriate Board of Medicine. Chiropractors will be allowed to perform CDL exams as allowed by the Federal Government and currently by 47 other states, but limited only to this level of screening. The state ER Care Coordination legislation will allow for notification of our patient’s ER utilization. The project will be developed by the state and funded by non-physician dollars. In addition, this program includes improving integration of the PMP into our EHR’s. As for the “Doctor of Medical Science,” which essentially allows physician assistants to obtain a two year “online” program and then be allowed to practice independently, this legislation has been moved into “study,” but will likely return next year.

I personally feel that none of the good outcomes listed above would have occurred without the hard work of our VAFP Legislative Committee and Legislative Consultant. Keeping this in mind, please get to know your local legislators, be pro-active and support the VAFP Political Action Committee FamDocPAC (www.famdocpac.org).

On a less serious but just as important note, the VAFP Winter Family Medicine CME Weekend was another huge success. Just a few of the things that I learned included the benefits of GLP 1 Receptor Agonists, valuable medical “apps,” decreasing weight will improve “NASH” and I was excited to hear that fat, salt and caffeine are not necessarily bad for you. In keeping with this year’s goals, workshops on MACRA and Physician Well Being were held and well received. I am grateful for the terrific speakers, many of which are VAFP members.

In addition to valuable CME, our members and families enjoyed the Friday night social and various winter sports at Wintergreen. I was especially humbled by the incredible attendance and participation by medical students and residents this year and getting to know the “future” of Family Medicine in Virginia.

I am now looking forward to our Annual Meeting this summer at Lansdowne Resort in Northern Virginia. Lansdowne offers much for families, golfers, wine lovers and history buffs and is a short distance from our many regional members. Please mark this on your calendars and I look forward to seeing you there.

Again, I am grateful for the opportunity to serve you.

Thank You,
Lindsey Vaughn MD FAAFP
VAFP President
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general & bariatric surgery

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Jeffrey Riblet, MD, FACS
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Anthony Terracina, MD, FACS
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Pete Williams, MD, FACS
general & robotic surgery

Yassar Youssef, MD, FACS
general & robotic surgery
YOUR MONEY OR YOUR DATA

Through computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care.

President George W. Bush
2004 State of the Union Address

Since President Bush made his prediction the federal government has spent $40 billion in incentive payments resulting in 96%+ of all non-federal acute care hospitals converting to EHR technology. Approximately 83% of office-based physicians have implemented EHR systems.

Along with this technology comes vulnerability and risk. In 2015 alone, breaches of protected health information affected 13+ million individuals. The threat to EHR posed by malevolent software (“malware”) and a subspecies known as “ransomware” are only now being recognized. These pirates have evolved so that they actively encrypt underlying data, making recovery impossible without a unique decryption key. That key, available for a price, is stored on a “command and control” server somewhere on the internet. The decryption keys often are designed to self-destruct after a fixed amount of time.

In January-March 2016, ransomware accounted for $209 million in revenue. It has become the preferred low risk/high return for internet criminals. A 2015 Trustwave Global Security Report estimates a 1,425% return on investment for a single ransomware campaign. Data for the period January-June 2016, attempted ransomware intrusions have increased by 10-fold to more than 30,000 attempts per day on some systems.

I wish I could offer an effective solution. Effective back-ups – those that allow for easy data restoration with little or no operational disruption once the infection itself is removed – is among the best available. All users must be educated about the dangers presented by phishing attacks in general and ransomware in particular.

Much of this FYI article was taken from an excellent report titled “Ransomware and Modern Health Information Technology,” by Leonardo Tamburello, published in Connections, Vol. 21, Issue 1 (January 2017).

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

K. Marshall Cook, Esq.
VAFP General Counsel
p. (804) 784-1900
f. (804) 784-1903
e. marshall@kmarshallcook.com
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Kennedy Krieger Institute
UNLOCKING POTENTIAL
KennedyKrieger.org/4Hope
• Approved minutes from the October 8, 2016 VAFP Board of Directors meeting held at Kingsmill Resort in Williamsburg, VA.

• Approved the 2017 VAFP budget.


• Heard report from VAFP CME Chair, Mitch Miller, MD, on the 2017 VAFP Winter Family Medicine Weekend and the VAFP Annual Meeting scheduled July 20-23, 2017 at Lansdowne Resort in Leesburg, VA.

• Heard report from VAFP Legislative Committee Chair Jesus Lizarzaburu, MD and VAFP Legislative Consultant Hunter Jamerson, JD, MBA on the 2017 VA General Assembly.

• Heard report from VAFP FamDocPAC Chair Sean Reed, MD.

• Heard report from VAFP Resident, Student and Faculty Committee Chair Emmeline Gasink, MD on the meetings of the residents and students during the Winter Family Medicine Weekend.

• Heard report from VAFP Practice Redesign & Quality Committee Chair Tony Kuzel, MD on the Heart of Virginia Healthcare initiative.

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FamDocPAC

The Political Action Committee of Virginia’s Family Physicians

“FamDocPAC puts family doctors at the table when health care decisions are made.”

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.

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

FamDocPAC
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A Special Thank You to The Physicians That Served During the 2017 Virginia General Assembly as Family Physician of the Day!

BEN DAVIS, MD
DAVID DAVIS, MD
SHARON DIAMOND-MYRSTEN, MD
CHARLIE FRAZIER, MD
GREGORY GELBURD, MD
WILLIAM JONES, MD
AUGUSTINE LEWIS, MD
JESUS LIZARZABURU, MD
DANIEL MCCARTER, MD

SUSAN MILLER, MD
SUSAN OSBORNE, DO
CATHY PATE, MD
CHARLES PHILLIPS, MD
MARK RYAN, MD
DOUGLAS SMITH, MD
JOHN WIERZBICKI, MD
VELYN WU, MD
LEGISLATION:

HB 2161/SB 1179 Opioids; workgroup to establish guidelines for prescribing.
- **Patron(s):** Del. Pillion/Sen. Chafin

- **Summary:** Requires the Secretary of Health and Human Resources to convene a workgroup that shall include representatives of the Departments of Behavioral Health and Developmental Services, Health, and Health Professions as well as representatives of the State Council of Higher Education for Virginia and each of the Commonwealth’s medical schools, dental schools, schools of pharmacy, physician assistant education programs, and nursing education programs to develop educational standards and curricula for training health care providers, including physicians, dentists, optometrists, pharmacists, physician assistants, and nurses, in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. The workgroup shall report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017.

- **Status:** Approved by the Governor.

HB 1750 Prescribing of Naloxone; patient-specific order not required.
- **Patron:** O’Bannon

- **Summary:** Provides that a pharmacist may dispense naloxone in the absence of a patient-specific prescription pursuant to a standing order issued by the Commissioner of Health authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

- **Status:** Approved by Governor.

HB 2163/SB 1178 Buprenorphine without naloxone; prescription limitation.
- **Patron(s):** Del. Pillion/Sen. Chafin

- **Summary:** Provides that prescriptions for products containing buprenorphine without naloxone shall be issued only (i) for patients who are pregnant, (ii) when converting a patient from methadone to buprenorphine containing naloxone for a period not to exceed seven days, or (iii) as permitted by regulations of the Board of Medicine or the Board of Nursing. The bill contains an emergency clause and has an expiration date of July 1, 2022.

- **Status:** Awaiting Approval from the Governor

HB 2167 Opioids and buprenorphine; Boards of Dentistry and Medicine to adopt regulations for prescribing.
- **Patron(s):** Del. Pillion

- **Summary:** Directs the Boards of Dentistry and Medicine to adopt regulations for the prescribing of opioids and products containing buprenorphine. The bill requires the Prescription Monitoring Program at the Department of Health Professions to provide an annual report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines in the Commonwealth.

- **Status:** Approved by the Governor. VAFP was successful in lobbying to avoid codification of opioid prescribing standards. The Board of Medicine has taken emergency regulatory action.

HB 2209/SB 1561 Emergency Department Care Coordination Program; established.
- **Patron(s):** Del. O’Bannon/Sen. Dunnavant

- **Summary:** Establishes the Emergency Department Care Coordination Program in the Department of Health to provide a single, statewide technology solution that connects all hospital emergency departments in the Commonwealth to facilitate real-time communication and collaboration between physicians, other health care providers, and other clinical and care management personnel for patients receiving services in hospital emergency departments, for the purpose of improving the quality of patient care services.

- **Status:** Approved by the Governor. VAFP succeeded in advancing this legislation to improve care coordination and to ensure family medicine providers receive necessary information about patients’ ER utilization.

HB 1688 Chiropractors; commercial drivers license evaluations
- **Patron:** Villanueva

- **Summary:** Provides that the practice of chiropractic medicine shall include performing the physical examination of an applicant for a commercial driver’s license or commercial learner’s permit if the practitioner has (i) applied for and received a certificate as a medical examiner from the Federal Motor Carrier Safety Administration in accordance with 49 C.F.R. Part 390,
Subpart D and (ii) registered with the National Registry of Certified Medical Examiners. The bill also provides that it shall be unprofessional conduct for any person to perform the services of a medical examiner as defined in 49 C.F.R. § 390.5 if, at the time such services are performed, the person performing such services is not listed on the National Registry of Certified Medical Examiners or fails to meet the requirements for continuing to be listed on the National Registry of Certified Medical Examiners.

- **Status:** Approved by the Governor. VAFP succeeded in limiting the scope of this bill to a narrowly tailored provision for commercial driver license exams that is consistent with 41 other states and federal law.

SB 1230/HB 2165 Opiate prescriptions; electronic prescriptions.
- **Patron(s):** Sen. Dunnavant and Del. Pillion

- **Summary:** Requires a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020. A workgroup will be convened to identify resources needed to implement this e-prescribing requirement.

- **Status:** Approved by the Governor.

SB 1232 PMP Check Requirements.
- **Patron(s):** Sen. Dunnavant

- **Summary:** Requires a prescriber registered with the Prescription Monitoring Program to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days. The bill extends the sunset for this requirement from July 1, 2019, to July 1, 2022.

- **Status:** Approved by the Governor with an effective date of 7/1/17

SB 1327 Doctors; licensure of medical science.
- **Patron(s):** Sen. Carrico

- **Summary:** Establishes criteria for license as a doctor of medical science and establishes the Advisory Board on Doctors of Medical Science. This legislation would allow physician assistants a pathway to independent practice on par with doctors of medicine and osteopathy.

- **Status:** VAFP succeeded in defeating this legislation this year. The concept has been referred for study during the interim. It is likely this bill will be re-filed next session.

**BUDGET AMENDMENTS:**

Item 300 #3c - Emergency Department Care Coordination System
- **Summary:** This amendment adds $370,000 from the general fund and $3.3 million from nongeneral funds the second year to develop and implement a single, statewide technology solution that connects all the emergency departments in the Commonwealth to enable real time communication and collaboration between physicians, providers and other clinical or care management personnel for patients receiving services in hospital emergency departments for the purpose of improving the quality of patient care services, and lowering costs.

The general fund for implementing this program would be matched with $3.3 million in federal Health Information Technology for Economic and Clinical Health (HITECH) Act funds. Language requires the Department of Medical Assistance Services to apply for up to $225,000 in federal HITECH Act funds. Language requires the Department of Health Professionals to report on increased use of the PMP by prescribers in the demonstration program by July 1, 2018. Language makes the program contingent on receipt of federal HITECH funds.

Item 288 #1c – Physician Loan Repayment Fund
- **Summary:** This amendment adds $300,000 from the general fund the second year to restore funding for the Virginia State Loan Repayment Program that was eliminated in the Governor’s FY 2017 Savings Plan and House Bill 1500, as introduced. Funding for the program is matched by the federal government to provide student loan repayment on behalf of qualified medical, dental, behavioral health and pharmaceutical (pharmacists) professionals who practice at an eligible site in one of the federally designated Health Professional Shortage Areas in Virginia. There are currently 16 individuals on the waiting list for this program.
2017 Winter Family Medicine Weekend

This year’s VAFP Winter Family Medicine Weekend had a record breaking attendance, an excellent continuing medical education program, camaraderie among family physicians and other healthcare professionals and perfect skiing conditions!!

Meeting comments highlighted the outstanding CME program and fun activities at Wintergreen Resort!!

- Excellent program
- Great value for the money
- WOW! Thanks for a great weekend, really superb speakers and a great time for the family
- Excellent location and CME
- Great conference and useful information and as far as overall content this was the best
- Outstanding setting my family has already asked me to come back next year!
- Excellent conference, Everything was relevant
- First time here, beautiful location. Great speakers and content
- Thanks - it was a great conference with lots of useful and practical information. Loved it!
- Great as usual! See you next year!
A SPECIAL THANKS TO EXHIBITORS

Special thanks to the exhibiting organizations.

AbbVie
Amgen
Astellas
AstraZeneca
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Blue Ridge Medical Center
Boehringer Ingleheim
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HCA - Hospital Corporation of America
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Lunsford Insurance
Mag Mutual Insurance
MedExpress
Merck Inc, GHH
Merck Vaccines
Merck Women’s Health

Mountain States Health Alliance
Novo Nordisk
Novo Nordisk - Saxenda
Patient First
Pfizer
Pfizer Vaccines
Privia Health
Professionals Advocate Insurance
Riverside Medical Group
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Sanofi Pasteur Vaccines
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Smiles for Children
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At Johnston Memorial Hospital, we strive to provide an environment in which physicians and families will grow and thrive. You’ll be surrounded by other regionally-known physicians and a supportive management team as well as an expert and caring staff of nurses and technicians. State-of-the-art technology that you need for success in your practice is all available. You and your family will enjoy a high standard of living in this community, surrounded by the beautiful mountains, the lush scenery, the friendly neighborhoods, and the rich culture and history of Abingdon.

Nestled in the Virginia Highlands, Abingdon is within driving distance of Roanoke, Asheville, Knoxville, and Nashville and is home to an excellent school system and a wealth of social, community, and religious organizations. This small town is known for bigger-city amenities. If you’re seeking the perfect balance of personal and professional growth, you won’t find a better home than Johnston Memorial Hospital.

Johnston Memorial Hospital and Mountain States Medical Group (MSMG/HIMA) located in Historic Abingdon, Virginia, currently have Full Time, Day Shift (7 am to 7pm) and Nocturnist (7pm to 7am), 7 days on - 7 days off, Hospitalist opportunities for BE/BC, FM or Internal Medicine Residency Trained Hospitalist Physicians to join their group.

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The National Registry of Certified Medical Examiners

The National Registry of Certified Medical Examiners (National Registry) is a Federal program that establishes requirements for healthcare professionals that perform physical qualification examinations for truck and bus drivers. To become a certified medical examiner (ME) and be listed on the National Registry, healthcare professionals must complete training and testing on the Federal Motor Carrier Safety Administration’s (FMCSA) physical qualifications standards and guidelines.

Background Information

• The National Registry:
  o Ensures that medical examiners sufficiently understand how FMCSA medical regulations and related guidance apply to CMV drivers.
  o Was created to enhance CMV driver health and reduce highway crashes. Information from NTSB crash investigations indicates that improper medical certification of CMV drivers with serious disqualifying medical conditions has directly contributed to fatal and injury crashes.

• Important Dates
  o As of May 21, 2014, all interstate CMV drivers must have their physical examination performed by a certified medical examiner listed on the National Registry.

Impact on Medical Examiners

• Medical examiners that currently perform or wish to perform physical examinations for interstate CMV drivers must complete training about FMCSA’s physical qualifications regulations and advisory criteria, and pass a certification test to be listed on the National Registry.

• Medical examiners that pass the certification test will receive a certificate as proof of successful completion of the certification test.

• Certified medical examiners will be listed in an online registry.

• As of May 21, 2014, only certified medical examiners are allowed to perform CMV driver physical examinations. Driver certificates issued after May 21, 2014 will only be considered valid by FMCSA if issued by medical examiners listed on the National Registry.

• Once certified, medical examiners must comply with training, testing, and FMCSA administrative requirements to maintain a listing on the National Registry.

• Medical examiners must take refresher training every 5 years and take the certification test every 10 years to maintain their certification.
Obtaining and Maintaining Medical Examiner Certification

Becoming a Certified Medical Examiner
To become a certified medical examiner you must:

• Be licensed, certified, or registered to perform physical examinations in accordance with applicable State laws and regulations.
• Register through the National Registry System and receive a unique identifier.
• Complete required training.
• Pass the Medical Examiner Certification Test.

Administrative Requirements for Medical Examiners
To maintain your certification you must:

• Submit Form MCSA-5850 for each driver examined electronically every month via the National Registry website. If no exams were performed during the month, that must also be reported.
• Submit to periodic monitoring and audits.
• Submit any changes in the application information to FMCSA within 30 days of the change.
• Report to FMCSA any information related to any termination, suspension, or withdrawal of your license, registration, or certificate under State law.
• Maintain documentation of State licensing, registration, or certification and completion of all required training.
• Retain original completed Medical Examination Reports for all drivers examined and a copy or electronic version of the driver’s medical examiner’s certificate for at least 3 years from the date of the examination.
• Provide copies of Medical Examination Reports and medical examiner’s certificates to FMCSA upon request.
• Follow all FMCSA administrative requirements.
• Maintain certification by completing periodic training every 5 years and recertify by passing the ME certification exam every 10 years.

For more information, visit the National Registry website at https://nationalregistry.fmcsa.dot.gov
**VAFP CAREER CENTER**

The career hub for physician employment opportunities in Virginia.

The Virginia Academy of Family Physicians Career Center is the premier resource for you to explore employment opportunities in Virginia.

**Manage Your Career**

Search and apply to multiple family medicine positions that are all located in Virginia. Upload your resume anonymously and allow employers to contact you through the Career Center’s messaging system.

Set up job alerts specifying your skills, interests, and preferred location(s) to receive email notifications when a job is posted that matches your criteria.

www.careercenter.vafp.org

**Employment Contract Negotiation**

The VAFP and K. Marshall Cook, Esq. have partnered to provide a legal resource for physician employment contract review. Mr. Cook has developed a flat fee pricing structure for negotiating employment contracts in the Commonwealth of Virginia. For additional information on this resource, please visit www.vafp.org and search under the Residents and Students’ menu.

If you have questions, please contact the VAFP Headquarters office at 1-800-THE-VAFP.

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**Correctional healthcare is an opportunity to leverage your talent and become the leader you were meant to be. At Armor, your medical input is expected and respected. Your ideas do not get lost within layers of healthcare management. You get to know your patients, and you realize that time doesn’t heal all wounds, but that your medical expertise can go a long way. Here at Armor Correctional Health Services, we treat our patients the way they deserve to be treated. Join Team Armor in Virginia today!**

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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 seven 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?
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Carilion Clinic, a physician-led, integrated health system based in Roanoke, Va., has an excellent employment opportunity for a geriatrics specialist to join our section due to a physician retiring. Candidate will provide patient care in several nursing facilities, as well as Carilion Clinic’s Center for Healthy Aging (CCCHA). The CCCHA is in very close proximity to Carilion Roanoke Memorial Hospital, a 703-bed teaching/tertiary care referral center and one of the largest and busiest Level 1 trauma centers in Virginia. Our group uses a “closed model” clinical practice where physicians serve as both attending physician and medical director for SNF and/or LTC facilities in the Roanoke, New River Valley and Rocky Mount, Va., communities.

Responsibilities include:

» Collaboration with nurse practitioners and physician assistants within SNF/LTC facilities

» One-to-two half-days per week as attending physician for a geriatric assessment/memory disorder specialty care clinic

» Serve as clinical faculty for medical students (Virginia Tech Carilion School of Medicine and Virginia College of Osteopathic Medicine); Carilion Clinic family medicine and internal medicine residents; and Carilion Clinic geriatric fellows

» Modification of the core job description to accommodate research pursuits or other unique qualifications will be considered on a case-by-case basis

» Call responsibilities: phone (home) call for admissions or telephone coverage (approximately one weekend/month and 1-2 weeknights/month)

Western Virginia offers a mild, four-season climate, affordable living, outdoor recreational activities and cultural and professional opportunities. It is home to nationally and internationally acclaimed colleges and universities.

For additional information please contact Amy Silcox, physician recruiter, Carilion Clinic, 800-856-5206 or amsilcox@carilionclinic.org.

CarilionClinic.org/careers
The Virginia Academy of Family Physicians invites you to nominate a VAFP member for one of the Academy's Prestigious Service Awards. These awards were established to recognize members who have distinguished themselves either as an extraordinary teacher, volunteer or exemplary Virginia Family Physician.

**JAMES P. CHARLTON, MD**  
**TEACHER OF THE YEAR AWARD**

In memory of James P. Charlton, MD, a VAFP Past President, the VAFP awards annually the James P. Charlton, MD Award for excellence in teaching in family medicine. Nominees may include teachers of family medicine who participate in teaching at the medical school level, residency faculty level or community preceptorship level. Award recipients will receive a commemorative certificate during the 2017 VAFP Annual Meeting, land travel expenses, one night's lodging, complimentary meeting registration and a $100 honorarium.

**F. ELLIOTT OGDEN, M.D.**  
**VOLUNTEER OF THE YEAR AWARD**

"The voluntary gift of one’s time on behalf of our profession is one of the greatest gifts one can make.”  
In honor of former VAFP President F. Elliott Oglesby, MD, the Virginia Academy of Family Physicians’ Board of Directors has established the “F. Elliott Oglesby, MD Volunteer of the Year Award.” The award is designed to recognize annually a Virginia Family Physicians whose service to his or her profession and/or community exemplifies the true nature of volunteerism. Award recipients will receive a commemorative certificate during the 2017 VAFP Annual Meeting, land travel expenses, one night’s lodging, complimentary meeting registration and a $100 honorarium. In addition, the award recipient will be provided a $1,000 grant to donate in his or her name to the organization of their choice.

**VIRGINIA FAMILY PHYSICIAN OF THE YEAR AWARD**

Nominees should:
- Provide his/her community with compassionate, comprehensive and caring medical service on a continuing basis.
- Be directly and effectively involved in community affairs and activities that enhance the quality of life of his/her home area.
- Provide a credible role model as a healer and human being to his/her community, and as a professional in the science and art of medicine to colleagues, other health professionals and especially, to young physicians in training and to medical students.
- Be in good standing in his/her medical community.
- Be a member of the VAFP.

Award recipients will receive a commemorative certificate during the 2017 VAFP Annual Meeting, land travel expenses, one night’s lodging, complimentary meeting registration and a $100 honorarium.

Please submit your nomination(s) no later than May, 30, 2017
Please visit www.vafp.org/awards or call 1-800-THE-VAFP for more information.
2017
Saturday, April 29, 2017
Pain Management KSA/CSA
Roanoke

Saturday, May 6, 2017
Diabetes KSA/CSA
Norfolk

July 20-23, 2017
VAFP Annual Meeting & Exposition
Lansdowne Resort – Leesburg

Saturday, September 30, 2017
Medical Genomics KSA (morning session)
Note: There is not a CSA available for this topic.
Charlottesville

Saturday, September 30, 2017
Part IV Performance in Practice Module: Critical Thinking for Quality Improvement in Clinical Care (afternoon session)
Charlottesville

Saturday, October 28, 2017
Depression KSA/CSA
Lynchburg

Saturday, November 11, 2017
Cerebrovascular Disease KSA/CSA (morning session)
Richmond

Saturday, November 11, 2017
Depression KSA/CSA (afternoon session)
Richmond

2018
January 25-28, 2018
VAFP 2018 Winter Family Medicine Weekend
Wintergreen Resort – Wintergreen

Visit www.vafp.org for more information.

If caring for patients is the reason you became a doctor, join the 680+ physicians of Carilion Clinic who share your philosophy. A nationally recognized innovator in health care, Carilion is changing the way medicine is practiced. Our medical-home approach to primary care lets you focus your energy on the highest risk patients, while the electronic medical record enables seamless coordination with Carilion specialists in over 70 fields. And with online access to their medical records, patients can become more involved in their care, too. With tools that make you more efficient and an environment that values better care, Carilion gives you the freedom to focus on your patients’ well-being — without overlooking your own.

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 and internal medicine outpatient opportunities are available in the following western and central Virginia communities:

Bedford* Blacksburg
Dayton* Dublin*
Giles* Lexington*
Radford Roanoke
Smith Mountain Lake* Staunton*
Float (multiple sites) Occupational Medicine
Urgent Care (Roanoke and Raphine)

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

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IT ALL HAPPENS

2017 AAFP NATIONAL CME COURSE
Washington, DC live course on emergency and urgent care

Register for the AAFP’s Family Medicine Update live course at aafp.org/dc-course, June 20-24 in Washington, DC (Reston, VA).

• Gain clinical knowledge you can directly apply to your practice. At the end of this course, you will be able to:
• Demonstrate an understanding of common clinical problems seen in family medicine.
• Construct evidence-based strategies to diagnose and treat common conditions in practice.
• Prepare plans to address emerging public health topics that patients may present or be concerned with in practice.
• State current guidelines, USPSTF, AAFP, etc., and screening recommendations for selected clinical problems.

Earn up to 30.5 AAFP Prescribed credits (includes optional session participation)
AAFP members: $1,195/Nonmembers: $1,575

Procedural skills workshops (fees apply)
Participate in optional clinical procedural workshops on Joint Injection and Ultrasound to enhance your learning and hands-on experience.

Save when you register by May 22.
Register now at aafp.org/dc-course or call (800) 274-2237.
The Virginia Academy of Family Physicians (VAFP) Foundation is delighted to offer a medical student scholarship and a resident scholarship in 2017 for assistance with education loan repayment. Many medical students and family medicine residents in Virginia have expressed an interest in staying in Virginia after their graduation to complete a family medicine residency or to practice in a medically underserved area. Over the past two years the VAFP Foundation has received donations to support this effort to keep our own.

This year the Foundation will offer one graduating Virginia medical student a $1,000 scholarship. The successful candidate will meet the following criteria:

1) Graduating Virginia medical student in good academic standing
2) Entering a Virginia family medicine residency program. A letter from the program director is required.
3) Will have completed the PGY-1 year successfully and be entering into the PGY-2 year at that program. A letter from the program director is required in order to receive the scholarship check for loan repayment at that time.
4) Must submit a 250-500-word letter explaining why he/she wants to practice in an underserved area of Virginia
5) Practicing at the underserved site for one year. Documentation is necessary to receive the scholarship check for loan repayment after one year of practice in an underserved area.

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4) Must submit a 250-500-word letter explaining why he/she wants to practice in an underserved area of Virginia
5) Practicing at the underserved site for one year. Documentation is necessary to receive the scholarship check for loan repayment after one year of practice in an underserved area.

Application letters may be sent to Mrs. Mary Lindsay White at mlwhite@vafp.org or to Dr. Roger Hofford at rahofford@carilionclinic.org. The deadline for application letters is May 31, 2017.

If anyone is interested in making tax deductible donation in support or expansion of this effort, or is interested in learning more about the VAFP Foundation, please visit our website at www.vafpf.org.

On behalf of the VAFP Foundation Board of Directors, I would like to thank those individuals and organizations who have donated to the VAFP Foundation.

Roger A. Hofford, M.D. FAAFP, CPE
Chair, VAFP Foundation

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**“Choose Virginia” Scholarships for Graduating Medical Students and Family Medicine Residents**

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New Regulations governing Opioid Prescribing for Pain and Prescribing of Buprenorphine

Regulations governing Opioid Prescribing for Pain and Prescribing of Buprenorphine are being promulgated by the Board of Medicine as emergency regulations to address the opioid abuse crisis in Virginia. The Governor approved the regulations effective March 15, 2017. After reviewing the regulations, your prescribing and recordkeeping practices also should be reviewed in the context of the new rules. As always, you should seek the advice of an experienced healthcare attorney with your questions.

Thank you for your attention to these significant regulatory changes and for your commitment to proper prescribing practices.

**Please note this is only an excerpt of the regulations. Please review the regulations in their entirety at http://townhall.virginia.gov/L/ViewXML.cfm?textid=11391**

EVALUATION OF THE ACUTE PAIN PATIENT

A. Non-pharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

B. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in

TREATMENT OF ACUTE PAIN WITH OPIOIDS

A. Initiation of opioid treatment for patients with acute pain shall be with short-acting opioids.

1. A prescriber providing treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME/day.

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant benzodiazepine is present.

C. Due to a higher risk of fatal overdose when opioids are prescribed with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.

Medical records for acute pain - The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

EVALUATION OF THE CHRONIC PAIN PATIENT

A. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;
2. Current and past treatments for pain;
3. Underlying or coexisting diseases or conditions;
4. The effect of the pain on physical and psychological function, quality of life and activities of daily living;
5. Psychiatric, addiction and substance abuse history of the patient and any family history of addiction or substance abuse;
6. A urine drug screen or serum medication level;
7. A query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;
8. An assessment of the patient's history and risk of substance abuse; and
9. A request for prior applicable records.

continued on page 26
B. Prior to initiating opioid treatment for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

TREATMENT OF CHRONIC PAIN WITH OPIOIDS

A. Non-pharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. In initiating and treating with an opioid, the practitioner shall:
   1. Carefully consider and document in the medical record the reasons to exceed 50 MME/day;
   2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses and refer to or consult with a pain management specialist.
   3. Prescribe naloxone for any patient when risk factors of prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant benzodiazepine is present; and
   4. Document the rationale to continue opioid therapy every three months.

C. Buprenorphine may be prescribed or administered for chronic pain in formulation and dosages that are FDA-approved for that purpose.

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medications if prescribed.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate healthcare provider, or refer the patient for evaluation and treatment if indicated.

TREATMENT PLAN FOR CHRONIC PAIN

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including but not limited to pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall document in the medical records the presence or absence of any indicators for medication misuse, abuse or diversion and shall take appropriate action.

INFORMED CONSENT AND AGREEMENT FOR TREATMENT FOR CHRONIC PAIN

A. The practitioner shall document in the medical record informed consent, to include risks, benefits and alternative approaches, prior to the initiation of opioids for chronic pain.
B. There shall be a written treatment agreement, signed by the patient, in the medical record that addresses the parameters of treatment, including those behaviors which will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include, but not be limited to, notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:
   1. Obtain urine drug screens or serum medication levels, when requested; and
   2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

OPIOID THERAPY FOR CHRONIC PAIN

A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain and the patient’s state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from such prescribing. If the patient’s progress is unsatisfactory, the practitioner shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. Practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate healthcare provider, or refer the patient for evaluation for treatment if indicated.

ADDITIONAL CONSULTATIONS

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a prescriber makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

Medical records for chronic pain - The prescriber shall keep current, accurate and complete records in an accessible manner readily available for review to include:

1. The medical history and physical examination;
2. Past medical history;
3. Applicable records from prior treatment providers and/or any documentation of attempts to obtain;
4. Diagnostic, therapeutic and laboratory results;
5. Evaluations and consultations;
6. Treatment goals;
7. Discussion of risks and benefits;
8. Informed consent and agreement for treatment;
9. Treatments;
10. Medications (including date, type, dosage and quantity prescribed and refills);
11. Patient instructions; and
12. Periodic reviews.

GENERAL PROVISIONS PERTAINING TO PRESCRIBING OF BUPRENORPHINE FOR ADDICTION TREATMENT

A. Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a SAMHSA waiver and the appropriate Drug Enforcement Administration registration.

B. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

C. Physician assistants and nurse practitioners, who have obtained a SAMHSA waiver, shall only prescribe buprenorphine for opioid addiction pursuant to a practice agreement with a waivered doctor of medicine or doctor of osteopathic medicine.

D. Practitioners engaged in medication-assisted treatment shall either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance abuse counseling. The practitioner shall document provision of counseling or referral into the medical record.

PATIENT ASSESSMENT AND TREATMENT PLANNING FOR ADDICTION TREATMENT

A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance abuse history, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age and ability, a check of the Prescription Monitoring Program, and, when clinically indicated, infectious disease testing for HIV, Hepatitis B, Hepatitis C and TB.

B. The treatment plan shall include the practitioner’s rationale for selecting medication assisted treatment, patient education, written informed consent, how counseling will be accomplished, and a signed treatment agreement that outlines the responsibilities of the patient and the prescriber.
Hopefully after reviewing the Fall VAFP article everyone has viewed their Quality and Resource Use Report (QRUR). The QRUR is an annual report created by CMS that shows the relative quality and cost of care provided by a practice relative to its peers. Both cost and quality measures are risk adjusted according to the complexity of patient population. An example of a QRUR report is shown below.

Hierarchal Condition Category (HCC) coding was developed in 2004 by CMS as a risk adjustment payment model for Medicare Advantage Plans. HCC coding measures disease burden and is a better predictor of future costs and readmissions. Currently there are 70 HCC categories. For those familiar with inpatient coding, HCC is similar to “Cased Mixed Index” (CMI).

Based on HCC codes used throughout a calendar year, a numeric Risk Adjustment Factor (RAF) is developed. The RAF also includes demographic data and reflects the health status of a patient. An average RAF score is “1.0.” A RAF score < 1.0 means that the patient will require fewer resources (costs) while a RAF score > 1.0 will require greater resources (costs). Consequentially, reimbursement will be affected in a similar fashion.
The following is an example of HCC coding for diabetes. Note the significant increase in RAF score for complicated diabetes. Common examples include Micro-albuminuria, Chronic Kidney Disease, Neuropathy and associated Hyperlipidemia.

Below is an example of the difference between poor and good HCC coding and how it affects Medicare payment for the same patient.

**MACRA / MIPS**

You may be asking by now why be concerned by HCC coding and RAF scores if you don’t participate in a Medicare Advantage program. The QRUR shows cost and quality performance using the Value Based Payment Modifier (VBPM) which will make up a portion of payment under “Merit Based Incentive Payment System” (MIPS). A majority of Virginia’s Family Physicians will participate in MIPS and their payment will be impacted by the resource use of their patients. Appropriate and thorough HCC coding will allow for risk and cost adjustment and reflect the level of disease of our patients.

Additional information may be obtained from Family Practice Management, Sept./Oct. 2016. I would also like to thank Dr. Rick Bikowski for providing many of the resources for this article.
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The Myrtle Beach area is a wonderful place to live with its warm weather, beautiful wide sandy beaches, and laid back southern atmosphere. The area also offers diverse cultural and educational interests, entertainment venues, an array of restaurants, over 100 golf courses, excellent schools, and an impressive university influence. These are just a few of the reasons that make living and working here so great!
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