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VAFP MISSION STATEMENT

The mission of the VAFP is to empower its members to be 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 remain the specialist of choice to guide 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 health care and for family physicians to practice medicine.

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The Virginia Family Physician is published by the Virginia Academy of Family Physicians 1503 Santa Rosa Road Suite 207 Richmond, VA 23229

Edition 64



Created by Publishing Concepts, Inc.

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VAFP PRESIDENT'S MESSAGE

Jerome A. Provenzano, MD



It is with great optimism that I look toward the next several months with the VAFP. It seems only a short while ago I was sworn in as VAFP President by AAFP President-Elect Dr. Sterling Ransone. With the development of vaccines for coronavirus I am hopeful that the citizens of the Commonwealth of Virginia can make a turn toward resumption of normalcy. It is true that things will never be exactly the same as they were prior to the onset of this virus, but slowly we are adjusting to the new normal.

Throughout this outbreak, and the subsequent social and professional upheaval, the Virginia Academy of Family Physicians has remained solid. Due to sound financial planning and the strength of past presidents and previous boards, as well as the consistency and foresight of VAFP Executive Vice President Mary Lindsay White and the small but mighty VAFP staff, the Academy is on stable ground for the future.

The legislative committee, led by Chair, Dr. Jesus Lizarzaburu and General Counsel, Hunter Jamerson, JD, successfully navigated this year's abbreviated virtual legislative session. Dealing with the legislature is challenging in-person but even more so via text and zoom. Significant legislative challenges face our specialty in the future. The perennial battle against inroads to the scope of practice of our profession still exists. Primarily, autonomous practice by nurse practitioners after only two years of supervised training is still a viable possibility. Only through continued advocacy for our specialty by not only our Legislative Committee but by our members in general is needed to protect Family Medicine from less qualified practitioners.

During the past year the VAFP was actively involved in lobbying the insurance industry for realistic reimbursement for office administration of immunizations. Unfortunately, despite prompt and repeated requests for active participation by primary care in the distribution of coronavirus vaccines to our most vulnerable patients, primary care was summarily ignored, and initial distribution of the vaccine was less than optimal. This inefficiency is a prime example why the Virginia Academy and primary care in general needs to have a more active role in future planning for a more efficient distribution of vaccines and in state wide health issues in general. I am hopeful that the upcoming legislative session will allow face-to-face lobbying and resumption of our family physician of the day program. When this program resumes, please consider participating and contact Matt Schulte (mschulte@vafp.org) at the VAFP office for more information.

Once again special thanks to Dr. Sean Reed for chairing our political action committee, FamDocPAC. Please consider contributing to the PAC as this form of advocacy affords Virginia's family physicians a seat at the legislative table.

The strength of our academy and our specialty depends on education and training of our medical students and family medicine residents. This past year's research seminar provided an excellent forum for research, information and collaboration amongst family medicine residents and medical students. Our medical students and residents are our most valuable assets for maintaining the quality of care for our citizens in the Commonwealth. Continued interest in our specialty and recruitment of qualified residents for instate programs is of prime concern. Supporting the VAFP Foundation chaired by Dr. Roger Hofford is an excellent way to continue to attract quality students to Family Medicine and qualified residents to programs in the Commonwealth.

It is not without great effort by Dr. Mitch Miller and the VAFP staff that the Academy continues to offer a high level of quality continuing medical education for a reasonable price. It has truly been an interesting challenge to hold conferences and seminars in the virtual format. Both the past summer and winter virtual meetings have been fairly well attended and received. The summer meeting will be held at the new Marriott Oceanfront Hotel in Virginia Beach. This will be a hybrid meeting of both in person and virtual attendance. I strongly request our membership support this meeting by attending either virtually or in person.

Finally I would like to thank all of the board members, resident and student representatives, ex officio members, AAFP delegates and VAFP staff for their hard work and commitment over the past year. It has been a distinct honor to work with all of you.

Please be safe and I hope to see you in person in Virginia Beach this July.

LEGAL AND LEGISLATIVE UPDATE

Hunter Jamerson, JD, MBA, VAFP General Counsel

COVID-19

Even as Virginia has, perhaps, turned the corner, the COVID-19 pandemic continues to dominate Virginia's politics. VAFP has advocated throughout the spring for broader distribution of vaccines through family medicine offices. It is no coincidence, as distribution of vaccines to family physician offices has increased, infection prevalence has dramatically decreased – confirmation that office-based distribution helps reach vulnerable and reluctant populations.

While prevalence wanes, however, the political impact of COVID-19 remains. The Governor's Executive Orders are beginning to expire, but other measures taken, purportedly to expand access during the pandemic, such as temporary experience waivers for nurse practitioner autonomy remain in place. VAFP remains steadfast in its advocacy that appropriate medical education and training is necessary in order to safely practice medicine in Virginia. This debate will continue in the fall as the Department of Health Professions continues its workforce studies. The issue of nurse practitioner scope of practice will be a significant part of the 2022 General Assembly session.

INTERSESSION

While the General Assembly is not in session, legislative activities continue in the form of Commissions, Inter-Session Committees, and Health Regulatory Boards. VAFP is an active participant in these forums, including the Joint Commission on Health Care, the Health Insurance Reform Commission, the Medicaid Physician Liaison Committee, the Board of Medicine and the Board of Health Professions. These inter-session activities offer the opportunity for more intensive studies and debates of key policy issues. In addition to health workforce studies, VAFP is also focused on prescribing guidance documents, medical and recreational cannabis, and health care reimbursement. One key activity this summer will be further discussion and implementation of directives to combine all Medicaid programming into one managed care program. It is likely the re-contracting with Medicaid MCOs will result.

GOVERNOR'S RACE

The Democratic front-runner for Governor is Terry McAuliffe who is poised to return to the Governor's mansion for a non-contiguous second term. Republicans have nominated former private equity CEO Glen Youngkin, who will try to appeal to business-minded suburban Republicans while also capitalizing on the endorsement of Donald Trump. Often, immediately after a presidential election, Virginia's Governor's race becomes a referendum on the incumbent President's first year in office. If President Biden remains generally popular, Virginia's population demographics favor a return to office for Terry McAuliffe.

While candidate Youngkin has not significantly discussed a health care platform, candidate McAuliffe has indicated his primary health policy goal would be pursuit of a federal Section 1332 waiver in order to access re-insurance resources to support expansion of the health marketplace exchange. The goal of this re-insurance program would be to attain universal healthcare access in Virginia for the 700,000 Virginians who remain uninsured.

GENERAL ASSEMBLY

While the Senate of Virginia is not up for re-election this cycle, the entire House of Delegates must stand for re-election. Democrats hold a 54-46 advantage in the House today, although several seats were won with very narrow margins (the narrowest being 27 votes). Republicans are contesting nearly every seat in the General Assembly. While shifting population demographics tend to favor Democrats maintaining a narrow majority, a low turnout election could certainly result in Republicans taking control of the House of Delegates. Split control of the General Assembly would dramatically reshape health policy in Virginia.

2022 LEGISLATIVE SESSION PREVIEW

VAFP's legislative priorities will continue to take shape through the Fall as Virginia's gubernatorial and General Assembly elections proceed. Regardless of the electoral victors, however, VAFP will again vigorously contest and defend scope of practice and health workforce issues. VAFP will also focus on continuing to support the health of the public in Virginia, this year looking closely at mandatory preventative healthcare screenings. Your input into VAFP's legislative policy is welcome - please contact VAFP Legislative Committee Chair Jesus Lizarzaburu, M.D. or the VAFP staff with your ideas and feedback.

MEMBERS IN THE NEWS

2021 FAMILY MEDICINE LEADS (FML) EMERGING LEADER INSTITUTE SCHOLAR



VAFP Resident Member Helen Evens, MD, Fairfax Family Medicine Residency - Inova, has been selected as a 2021 Family Medicine Leads (FML) Emerging Leader Institute Scholar. Dr. Evans will receive a \$550 scholarship to virtually attend the AAFP National Conference of Family Medicine and Students and participate in the 7th class of the FML Emerging

Leader Institute, July 29-Aug. 1. Upon conclusion of the FML Emerging Leader Institute in-depth workshops in three leadership tracks (Policy & Public Health, Personal & Practice, and Philanthropic & Mission-Driven) and a project management session, the 30 Scholars will work with an assigned family physician mentor to develop and complete a leadership project based on their track.

Family Medicine Leads (FML), the AAFP Foundation Education Signature Program, focuses on the future of the Family Medicine specialty by supporting efforts to fill the workforce pipeline with the best and the brightest as well as developing more and better trained Family Medicine leaders through attendance at the AAFP National Conference of Family Medicine Residents and Medical Students and participation in the FML Emerging Leader Institute. Congratulation Dr. Evans!

SHYAM ODETI, MD, MS, MBA, FAAFP, New Section Chief, Hospital Medicine, Carilion Clinic

Shyam Odeti, MD, MS, MBA, FAAFP, joined Carilion Clinic in Roanoke as Section Chief of Hospital Medicine on May 24, 2021. In this role, he will lead an 87-member hospitalist team across seven affiliated hospitals. Dr. Odeti completed his Family Medicine Residency, and MBA, at East Tennessee State University and his medical degree from Kakatiya Medical College in Warangal, India. Most recently Dr. Odeti led the hospitalist program at Ballad Health as medical



director and served as core faculty for the Family Medicine Residency program at Johnston Memorial Hospital. Dr. Odeti is also the recipient of the VAFP's 2018 James P. Charlton MD Teacher of the Year Award. Congratulations Dr. Odeti!

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2021 CMS CODING GUIDANCE -A WIN FOR PRIMARY CARE

Re-printed with permission from authors Erin M Connor MD, 7SFG TMC Eglin AFB and Heather M. O'Mara, DO, Tripler Family Medicine Residency.

Additional edits and content submitted by David Ellington, MD, VAFP Past President, Former CPT Panel Advisor and Member, and Current Member, CPT Assistant Editorial Board.

The 2021 Center for Medicare & Medicaid Services (CMS) coding changes that went into effect January 1, 2021, are a big win for primary care, as outlined below, and will likely change documentation patterns and possibly practice workflow.

BACKGROUND

For a quick background reference point, let's review coding 101 prior to 2021. International Classification of Diseases (ICD) -10 includes over 200,000 codes published by the World Health Organization to identify diagnoses and describe medical conditions. The American Medical Association (AMA) publishes the Current Procedural Terminology (CPT) book with over 7,800 procedural codes. Evaluation and Management (E/M) CPT codes are reported for billing in the outpatient setting. Using the 1995 or 1997 CMS Documentation Guidelines, common outpatient E/M CPT codes such as 99201-99215 were generated by a combination of items such as: circumstances of the visit (new or established patient), elements obtained in the history and physical, diagnoses (ICD-10 codes), complexity as evidenced by prescriptions or laboratory/radiologic studies ordered, or time spent during the visit to include counseling time.^{1,2}

As an example, to code and be reimbursed for an encounter as a 99213 in 2020, the visit would be with an established patient and require at least two of three of the following: an expanded problem focused history, an expanded problem focused examination, or medical decision making of low complexity. To justify the problem focused vs expanded problem focused vs detailed vs comprehensive visit there was a complex widget counting of history and physical exam elements in addition to medical decision making^{2,, 3} To paint this picture to coders for successful reimbursement, a large documentation burden fell on physicians. To comply with the former documentation standards and requirements, it often seemed that a lot of extra elements were included which created a greater work and time burden on the physicians and other qualified healthcare professionals (QHP).

In 2019 the Medicare Physician Fee Schedule (MPFS) introduced new rules representing some of the most

significant changes to coding in over 20 years. The reported goals were to reduce administrative burden, improve payment accuracy, and update the code set to reflect current day medical practice. No longer was there going to be a complicated bingo card to determine the reimbursement for your efforts. Rather, outpatient coding would be based on time OR medical decision making! (For those of you who are wondering what happened to blended rates, where the same reimbursement was going to be applied to 99202-99204 and 99212-99214, that was also part of the 2019 MPFS but was abandoned before implementation.)²

NEW RULES

The 2021 rules allow for either time-based coding or coding based on medical decision making. Time based coding includes both face to face and non-face to face activities performed by a physician or other qualified health care professional on the day of the encounter. Qualified health care professionals are defined by the AMA as "an individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service". The AMA includes a helpful list of definitions where there are any terminology questions.³

What are some examples of activities that count towards time-based coding? Preparation before seeing the patient (reviewing prior encounters, lab results, radiologic studies), obtaining and reviewing separately obtained history, time spent with the patient, ordering medications, labs, radiology studies, referring and communicating with other health care professionals, documenting in the electronic medical record, counseling of the patient and/or family members, and care coordination. Remember, to code based on time the above activities must be done <u>on the day of the encounter</u> by the qualified medical provider. Time spent by clinical staff doing routine duties does not count.^{2,3,5}

2021 Time Intervals for CPT Codes 99202-99215								
New Patient	Time	Established Patient	Time					
		99211	N/A					
99202	15-29 min.	99212	10-19 min.					
99203	30-44 min.	99213	20-29 min.					
99204	45-59 min.	99214	30-49 min.					
99205	60-74 min.	99215	40-54 min.					

Table 1: Time Based Coding Requirements^{2,4}

Coding based on level of medical decision making (MDM) is a little more nuanced. There are three components to MDM in the 2021 guidelines. The number of problems and complexity the provider addresses during the encounter. The amount and/or complexity of data to be reviewed and analyzed. Types of data includes tests, documents, orders, discussion with external sources. The third category is the risk of complication from the decision at the encounter. The MDM categories are categorized as straightforward, low, moderate, and high.^{3,4,5} The AMA MDM chart approved by CMS outlines the different requirements to code based on MDM and can be accessed at: https://www. ama-assn.org/system/files/2019-06/cpt-revised-mdmgrid.pdf⁵. A summarized version can be seen in Table 2. Two of three elements (problem, data, risk) must be met or exceeded to determine the overall level of service. For example, if an established patient visit is "low" on number of problems, "moderate" for amount of data, and "low" on risk of complications the final level based on MDM is "low" and would be coded as a 99213.6

Level of MDM (Based on 2 of 3 Elements)									
New	Est	Final MDM	Number of Problems	Amount of Data	Risk of Complications				
99202	99212	Straightforward	Minimal	Minimal	Minimal				
99203	99213	Low	Low	Limited	Low				
99204	99214	Moderate	Moderate	Moderate Moderat					
99205	99215	High	High	Extensive	High				

Table 2: Coding based on MDM⁶

You may choose which type of coding, time based or MDM, you are going to use for a given encounter based on which one results in a higher E/M. If using timebased coding, it is recommended you document in the encounter the total time spent and what it was spent on (ie: reviewing recent consult with cardiology, face to face with patient, entering orders, and discussing with case management). For every encounter you should include a medically relevant and appropriate history and physical, as determined by the reporting physician or QHP, to support your diagnoses and medical decision making. The AMA has adjusted the Relative Value Unit (RVU) assigned to the outpatient CPT codes 99202-99215 with higher values assigned starting in 2021. Higher RVUs and less needless documentation - sign me up! Unfortunately, there are concerns that these adjustments might be too good to be true, and RVU reimbursement may be reduced by CMS in the future based on the practice of budget neutrality. However, the 2021 AMA CPT and RUC coding and reimbursement changes represent steps in the right direction towards easing administrative/documentation burdens and better payment for provision of Primary Care services.

Code	2020 RVU	2021 RVU	Percent Increase	Code	2020 RVU	2021 RVU	Percent Increase
99202	0.93	0.93	-	99212	0.48	0.7	46%
99203	1.42	1.6	13%	99213	0.97	1.3	34%
99204	2.43	2.6	7%	99214	1.5	1.92	28%
99205	3.17	3.5	10%	99215	2.11	2.8	33%

Table 3: 2021 RVU Changes

REFERENCES:

- 1. Emelda M. "Difference Between CPT and ICD Codes." DifferenceBetween.net. April 13, 2011. Accessed April 6, 2021 at http://www.differencebetween.net/ science/health/difference-between-cpt-and-icdcodes/.
- 2. "99202-99215: Office/Outpatient E/M Coding in 2021". Accessed April 6, 2021 at https://www. aapc.com/evaluation-management/em-codes-changes-2021.aspx.
- CPT evaluation and management (E/M) office or other outpatient (99202-99215) and prolonged services (99354, 99355, 99356, 99XXX) code and guideline changes. American Medical Association. 2019. Accessed April 7, 2021 https://www.ama-assn. org/system/files/2019-06/cpt-office-prolonged-svscode-changes.pdf.
- 4. Milette, K. Countdown to the E/M Coding Changes. *Fam Pract Manag.* 2020 Sep-Oct;27(5):29-36.
- 5. "Coding for Evaluation and Management Services". Accessed April 7, 2021 at https://www.aafp.org/ family-physician/practice-and-career/getting-paid/ coding/evaluation-management.html.
- 6. New and Established Office Visits Evaluation and Management 2021 presented by the Tripler Army Medical Center Coding Department February 2021.

April 14, 2021 – Via Zoom

- Approved a motion to accept the minutes from the January 27, 2021 VAFP Board of Directors meeting held via Zoom.
- Approved a motion to accept the 2020 VAFP Audit.
- Heard report from VAFP Continuing Medical Education Committee Chair Mitch Miller, MD on the plans and programming of the 2021 VAFP Annual Meeting & Exposition scheduled July 9-11, 2021 at the Virginia Beach Marriott.
- Heard update from VAFP EVP ML White on the group Knowledge Self-Assessment sessions.
- Heard discussion on the 2022 VAFP Annual Meeting location.

- Heard report from VAFP Legislative Committee Chair Jesus Lizarzaburu, MD, and VAFP General Counsel and Legislative Consultant Hunter Jamerson, JD on the 2021 General Assembly and the legislative priorities for the 2022 session.
- Heard discussion on retail pharmacy IT/database issues from VAFP Past President Roger Hofford, MD.
- Heard update on the Practice Enhancement and Quality Committee from VAFP President-Elect and Committee Chair Neeta Goel, MD.
- Heard report from the VAFP Nominating Committee Chair Dr. Goel.
- Heard report on 2021 VAFP Resident and Student Scholarly Symposium from Director Alison Huffstetler, MD,

Second Vice President Denee Moore, MD and Resident, Student and Faculty Committee Co-Chair Amber Fedin, DO.

- Heard updates from Resident Board Members Drs. Paulius Mui (Shenandoah) and Kevin Lavender (Riverside) including the VAFP Resident Lounge and Residency Spotlight monthly newsletter.
- Heard updates from Student Board Members Sarah Beaverson (VCU) and Claire Lockman (Liberty).
- Heard report from Director Tim Yu, MD on the VAFP's conversations with DMAS regarding resident supervision requirements by the MCO plans.
- Heard updates from VAFP Members Serving on AAFP Commissions.



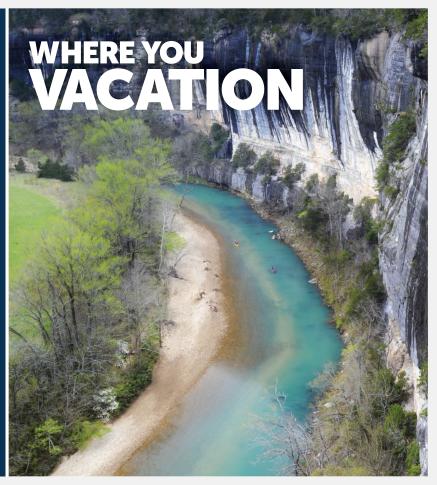
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Resident

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CALL FOR SCHOLARLY ACTIVITY

The Virginia Academy of Family Physicians is seeking submissions for the VAFP Scholarly Symposium to be held on Saturday, November 13, 2021 from 10:00 a.m. – 1:30 p.m. at the Educational Resource Center on the campus of the University of Virginia School of Medicine in Charlottesville, Virginia.

Criteria/Who Can Participate:

Submissions from AAFP members (\$15 fee) and non-members (\$25 fee) who are medical students, residents, and fellows.

Meeting Format:

The 2021 Scholarly Symposium participants can either attend in-person or virtually. All participants will pre-record their presentations – oral presentations limited to 5 minutes and poster presentations limited to 2 minutes. The preliminary schedule of events will be based on the number of submissions received/selected but is anticipated to be based on the format below.

Preliminary Schedule:

10:00 a.m. – 11:30 a.m. – Presentation of Research

11:30 a.m. – 12:30 p.m. – Networking Lunch and Guest Speaker

12:30 p.m. – 1:30 p.m. – Presentation of Awards

Guidelines:

Scholarly activity may be presented in poster format or as an oral presentation

• Type of scholarly activity may be clinical or population health research, medical education research, literature review, case reports, QI/PI projects, clinical successes, patient stories, or educational projects.

e Student borner

- Topic should be relevant to family medicine/primary care.
- Submissions must be of original work not yet published or presented at regional or national meetings (except institutional symposiums).
- Submission may be a work in progress or completed.
- Collaborative work is welcome.
- Concurrent (2021) submissions to other conferences such as the North American Primary Care Research Group (NAPCRG) and Society of Teachers of Family Medicine (STFM) are encouraged.
- Medical student projects previously presented at medical schools are accepted/encouraged.

Format of Submission:

The format may be an oral presentation, electronic poster or printed poster viewed in a gallery setting on boards. Submissions from each category by registrant type (medical students, residents, and fellows) will be included. The pre-recorded presentations (oral -5 minutes and poster -2 minutes) will be followed by a question-and-answer session that will be "live" either in-person or virtually by the presenter.

Feedback on Submitted Research:

All projects will be reviewed and provided written feedback by a minimum of two judges. Review will focus on the following:

- Significance of findings for practicing family physicians
- Innovation of scholarly activity
- Quality of presentation
- Quality of methods used to generate findings

For presentations and posters in which the above criteria do not apply, reviewers will seek to evaluate the extent to which the submitted presentation is of interest to family physicians.

How to Submit Your Project:

Complete the application form at the following link: https://www.surveymonkey. com/r/Scholarly2021

If you have multiple submissions, one application form should be completed for each submission.

Submission Deadlines:

Submit application including abstract (250 words or less) no later than September 7, 2021.

Submit audio files, electronic posters and/or oral presentations no later than November 1, 2021.

Questions: Please call Cheryl Modesto at 804-968-5200 or e-mail cmodesto@vafp.org.

AAFP NATIONAL CONFERENCE FAMILY MEDICINE RESIDENTS & MEDICAL STUDENTS

Online - July 29-31, 2021



At this year's National Conference of Family Medicine Residents and Medical Students from the American Academy of Family Physicians (AAFP), you can encounter the specialty up close and personal—from a convenient and new virtual platform. Thanks to innovative technology, this can't-miss event will continue to offer attendees educational workshops, inspiring main stage sessions, access to family medicine residency programs, and more.

Please visit - https://www.aafp.org/events/national-conference for more information and to register!

CHOOSE VIRGINIA SCHOLARSHIPS



"Choose Virginia" Scholarships for Graduating Medical Students and Family Medicine Residents The Virginia Academy of Family Physicians (VAFP) Foundation is delighted to offer a medical student scholarship and a resident scholarship 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 few 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 \$1,500 scholarship.



Knowing if you have HPV especially the most dangerous strains, HPV types 16 and 18 can help protect you from developing cervical cancer.

If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv.

This resource was created with support from Roche Diagnostics Corporation.

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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 family medicine in Virginia as a resident and as a family physician.

In addition, we are offering one \$2,000 scholarship for a graduating PGY-3 Virginia family medicine resident who wishes to practice in an underserved area of Virginia.

The requirements for this scholarship are as follows:

1) Graduating as a PGY-3 Virginia family medicine resident

2) Have an up-to-date Virginia medical license

3) Practicing family medicine in an underserved medical area after graduation as designated by United States Human Resource Service Administration (HRSA) and/or Virginia Department of Health. A letter verifying this is required.
4) Must submit a 250-500-word letter explaining why they 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 June 30.

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CALL FOR NOMINATIONS – VAFP BOARD RESIDENT AND STUDENT DIRECTORS FOR 2021-2022

The Virginia Academy of Family Physicians (VAFP) is accepting nominations for the 2021-2022 elected Resident and Student Director positions on the VAFP Board of Directors. The VAFP Board of Directors is the governing body of the VAFP and is comprised of physicians across the Commonwealth from many different practice types and geographic

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Duties/Responsibilities

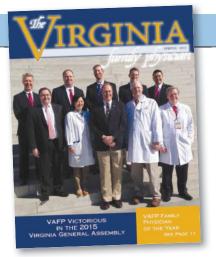
- Be a member of the VAFP.
- Review meeting agenda and supporting materials prior to each Board meeting.
- Intent to attend VAFP Board of Directors Meetings. (4 per year, see link for dates)
- Attend the AAFP National Conference of Family Medicine Residents and Medical Students scheduled July 28-30, 2022, Kansas City, MO in Kansas City, Missouri and serve as the Virginia Delegate.
- Represent the views and interests of residents/students within the Commonwealth.
- Provide brief oral and/or written report at each Board meeting on resident/medical student activities within the Commonwealth.
- Support from program director/medical school for participation.
- Follow-up communications to fellow residents/students regarding any Board actions that impact students.

For more information and/or to submit your nomination details, please visit the links below:

Residents – http://vafp.org/ resident-director-2021-22

Students - http://vafp.org/ student-director-2021-22

Questions? Please contact Matt Schulte (mschulte@vafp.org – 804-968-5200).



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Each month, the VAFP will feature unique happenings from the Family Medicine Residency Programs across the Commonwealth. The VAFP hopes these SpotLights will encourage residents to learn from each other and show our student members how amazing it is to be a Family Medicine Resident in Virginia!

EDITION 2021 VOLUME 2

Editor – Paulius Mui, MD – PGY1 Shenandoah Co-Editor – Mary Lindsay White, VAFP EVP



Katya De La Torre, DO, PGY-1 Riverside Family Medicine Residency

Group Lifestyle Weight-Loss Class

Offered to all patients at Riverside Brentwood clinic free of charge. Classes are held on Tuesdays 5-6 pm biweekly in the Brentwood classroom and now offered via Zoom.

How patients are identified – Patients who are interested in losing weight, identifying ways to improve their activity level, and learning about general health topics are referred to the class at medical appointments via Epic. Patients who require extra time and have been identified to be in the determination or action stage in the stages of change for weight loss can be referred to the lifestyle clinic. Patients who qualify for this are those who have a BMI \geq 40 or BMI \geq 30 with at least one associated comorbidity, such as hypertension, diabetes, CAD.

Group weight loss clinic set-up – Once patients are referred to the weight-loss group clinic, they are added to an email distribution list that receives helpful information by the clinic's lifestyle coach every Monday before the classes are held. Email includes the zoom link, topic to be discussed, and type of exercises that will be done in the next day's class.

When patients present to the clinic, their weight is recorded by the lifestyle coach (during COVID times, patients have been sending weight via email).

The class is divided into 2 resident lead portions. First 30 minutes are spent on an exercise routine prepared by a resident. This has been anything from cardio to kickboxing to chair yoga; residents are asked to also provide modifications for patients that have limitations.

The second 25 minutes are used for residents to present a previously chosen topic of interest to the patients. Topics also range in variety regarding nutrition, exercise, or action modification. These topics are chosen at the beginning of the year by the residents and staff and then presented to patients who vote on the topics of most interest to them. Previous topics have included breakdown of nutritional components including things like fiber or carbs, types of diet (e.g. keto or DASH), types of exercise (e.g. cardio or resistance training), ideas for food prep, how to make healthy choices when eating out, etc. Patients are usually sent topic-based "homework" to complete prior to the next meeting. The first Tuesday of the month is used for presentation of the topic while the following Tuesday is used for discussion between patients and physicians of the topic previously presented and how the "homework" went. This allows idea sharing between all.

The last 5 min are used for announcements and the lifestyle coach gives a shout out to the patients who have had the weight loss in the last month.

A note is written on each patient (using a pre-set template) where the patient's new weight, topic discussed, and type of exercise done is recorded. All residents participating are annotated in these notes to document participation.



Vivian W. Lam, MD, PGY-1 Fairfax Family Practice

Residents from Fairfax Family Practice's Global Health and

Community Health track have finished their initial year in their partnership with Neighborhood Health: a federally gualified health center that serves more than 29,000 patients across Alexandria, Arlington, and Fairfax County. Established in 1994, Neighborhood Health started as a clinic run out of an apartment building. It has since grown into a non-profit organization aimed to expand health access in Northern Virginia, and bridges care to a different population than that seen at FFP's primary clinic. The experience consisted of weekly rotations at the clinic to help residents gain exposure to caring for a greater variety of patients in Northern VA and learn about community support services available at FQHCs. For more information about Neighborhood Health visit https:// neighborhoodhealthva.org/

MDs Making Tees

MDs Making Tees is a clothing brand started by two family medicine physicians, Dr. Zain Sultan and Dr. John Andrea, who believe there's much more to wellness than doctors' visits and writing prescriptions.

Embracing creativity and humor, MDs Making Tees encourages healthy lifestyle choices. The apparel's messages help people find the fun in disease prevention — starting with a campaign to encourage vaccination against Covid-19.

A portion of proceeds from each purchase goes to charities that assist vulnerable populations affected most by the pandemic.

Visit this link for more information https://vaccinated.mdsmakingtees.com/

EDITION 2021 VOLUME 3

Editor – Paulius Mui, MD – PGY1 Shenandoah Co-Editor – Mary Lindsay White, VAFP EVP

Sarah Seifu, MD (she/her) PGY-2, Department of Family Medicine University of Virginia

The Diversity and Inclusion Committee at the University of Virginia Family Medicine Residency Program initiated a department-wide discussion on race following the nation-wide protests that began in May 2020, which were a direct response to repeated, racially-motivated forms of violence. Faculty, residents, and medical students involved in the Student National Medical Association (SNMA) held a town hall to debrief about social and political unrest and to discuss action items.

Since then, the resident subcommittee (Aviva Friedman, MD: Nadia Saif, MD, MPH: Sarah Seifu, MD) has continued this important discussion in several ways. They created an Anti-Racism book club, which is open to all faculty, residents, and clinical staff. The subcommittee wrote and edited anti-racism messaging for posters displayed throughout our clinic halls. Our department has also devoted a monthly session on anti-racism into our weekly didactics. These sessions focus on addressing healthcare inequities, learning the history of racism in medicine, and practicing how to recognize and confront microaggressions. We hope to keep the conversation going by increasing our allyship and fostering a safe space to listen, learn, and support each other.

Visit this link: https://docs.google. com/spreadsheets/d/17CD5kwbjtdH xBaQoboFcCjqCd531CmOmgFbISlbu GK8/edit#gid=789759527 for a living document on Google Drive with books, videos, articles, social media accounts/ organizations to follow and donate to, and other anti-racism resources.





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Continued on page 18



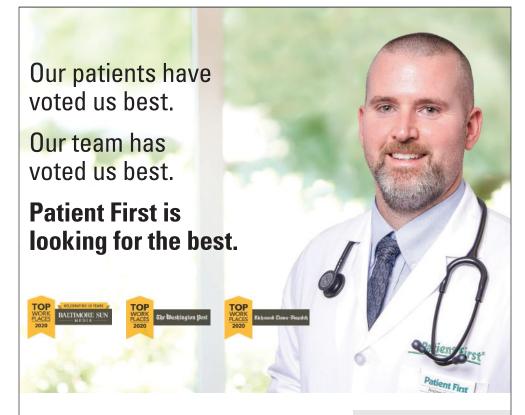
Continued from page 17



Tasha Gaige, MD Inova Fair Oaks Hospital Interview by Paulius Mui, MD

Wellness Q&A with family physician Dr. Tasha Gaige Tell us about your background and career path in family medicine.

I went to medical school in Poland with most of my clinical work done in the UK and US. I completed my family medicine residency at Wheeling Hospital in Wheeling, WV. After residency I went to work at MedExpress Urgent Care for about 2 years, then transitioned to work



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as a Hospitalist when I moved to Virginia where I have been working since 2019.

How did you get interested in wellness?

I saw an email one day from AAFP for their Leading Physician Wellbeing program (https://www.aafp. org/family-physician/practice-andcareer/managing-your-career/leadingphysician-well-being.html) and was intrigued. Residency is/was such a stressful time for everyone, myself included. After residency I made sure no matter where my career went, that I would make time for family and have balance in my life. Yet no matter where I go or what kind of work I do there is still burnout that is rampant everywhere in the healthcare industry. I was lucky enough to be accepted to the LPW program and hope to use the knowledge gained to support my colleagues in medicine.

How does LPW work and what do you hope to learn?

The AAFP's Leading Physician Wellbeing program is a 10 month program that runs January through October. 2021 is their first year which is very exciting to be a part of. They have put together an amazing team of physician educators. It's done virtually with a mix of webinars and various other didactics. It focuses on leadership skills, education on physician burnout, and improvement projects. One project is personal improvement and the other is system wide improvement. I'm most looking forward to becoming more knowledgeable regarding ways we can improve the overall environment of healthcare so everyone thrives.

What kind of wellness practice can residents incorporate into their routine?

Check out my 5 minute audio recording (http://vafp.org/wp-content/ uploads/2021/05/TG-Cognitive-Reframing-2021.mp3) about cognitive reframing. It is one of many tools that can help people add some positivity to their day. Essentially it is putting a pause on the narrative going on in your own

head and intentionally altering it to be different. As an example, when someone has kept interrupting and slowing down your work day with all their questions, you can pause the annoved frustrated voice in your head that is wishing you could just tell them to go away. Then you reframe it in whatever way you want. You can make it humorous or uplifting. Like, "they keep coming to me because I am the most fun person in the office and they aren't afraid to talk to me." That way, instead of leaving work grumbling about how that person made your day harder and how exhausting they were, you leave thinking "I feel really good about myself, because I'm their go-to person. I bet I helped them a lot."

What's the best advice you've received related to wellness?

One of my favorite comments I heard from a presenter at AAFP's annual Physician Health and Wellbeing Conference was "don't let your wellness project be the reason you burned out." So many of us want to do great things and work hard, but it's so easy to get sucked into giving more and more until you feel like you have nothing left. It's so important to know when to say "no." Learning how to advocate for your own wellness is crucial to having a long and fulfilling career. It doesn't make you any less of a doctor. Self care is not selfish.

The Virginia Academy of Family Physicians is pleased to offer all graduating family medicine residents a complimentary registration fee (\$285 value) to attend the 2021 VAFP Annual Meeting & Exposition scheduled July 9-11, 2021 at Marriott Virginia Beach Oceanfront Hotel in Virginia Beach, Virginia.

Please visit www.vafp.org for more information

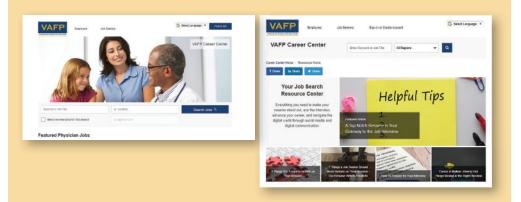
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CME CALENDAR

2021

2021 Annual Meeting & Exposition July 8-11 Marriott Virginia Beach Oceanfront



Asthma KSA Saturday, July 10 1:30 p.m. - 4:30 p.m. Virginia Beach, Virginia Will be held in conjunction with the VAFP 2021 Annual Meeting & Exposition live in Virginia Beach and virtually.

Health Counseling and Preventive Care KSA - New Topic!

Thursday, September 16 6:00 p.m. - 9:00 p.m. Virtual via Zoom - computer and internet access is required. This is a new topic combining the previous Preventive Medicine and Health Behaviors KSA topics. You will be eligible to take it if you took either of the previous titles in your cycle.

Palliative Care KSA

Saturday, November 6 8:30 a.m. - 12:00 noon Virtual via Zoom - computer and internet access is required.

Health Counseling and Preventive Care KSA

Saturday, November 6 1:00 p.m. - 4:30 p.m. Virtual via Zoom - computer and internet access is required. Scholarly Symposium Saturday, November 13 Charlottesville, Virginia

2022

2022 Winter Family Medicine Weekend January 27-30, 2022 Wintergreen Resort



INTERESTED IN QUALITY AND PRACTICE ENHANCEMENT?

VAFP Incoming President Neeta Goel, MD is the Chair of the VAFP's Committee on Quality and Practice Enhancement. Dr. Goel is excited to work with VAFP members that have an interest in this strategic focus area's goal which is to continue to promote, encourage, and educate our members on effective models of care and care delivery.

The VAFP Quality and Practice Committee will focus its work to support the VAFP Legislative Committee and Board of Directors in the areas of:

- Health care delivery
- Performance measurement
- Practice redesign/quality improvement
- Health information technology
- Practice management
- Physician payment
- Practice environments

If you are interested in serving as a member of this committee or would like additional information, please e-mail VAFP Executive Vice President, Mary Lindsay White (mlwhite@vafp.org).

VAFP MEMBERSHIP BENEFITS

The VAFP is pleased to provide as a membership benefit a free subscription to Daily POEMs from Essential Evidence Plus. Daily POEMs (Patient Oriented Evidence that Matters) alerts and 3,000+ archived POEMs help you stay abreast of the latest and most relevant medical literature. Delivered directly to you by e-mail every Monday through Friday, Daily POEMs identify the most valid, relevant research that may change the way you practice. Monthly, the complete set is compiled and sent for additional summary review. Ongoing since 1996, their editors now review more



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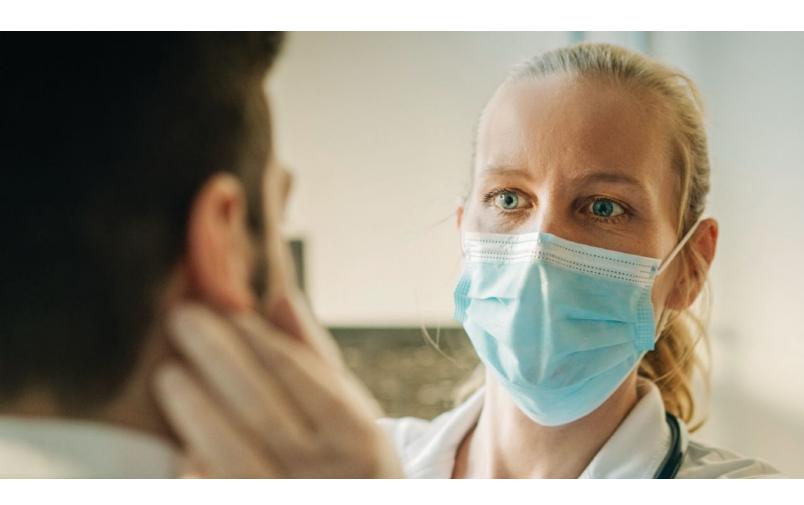


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