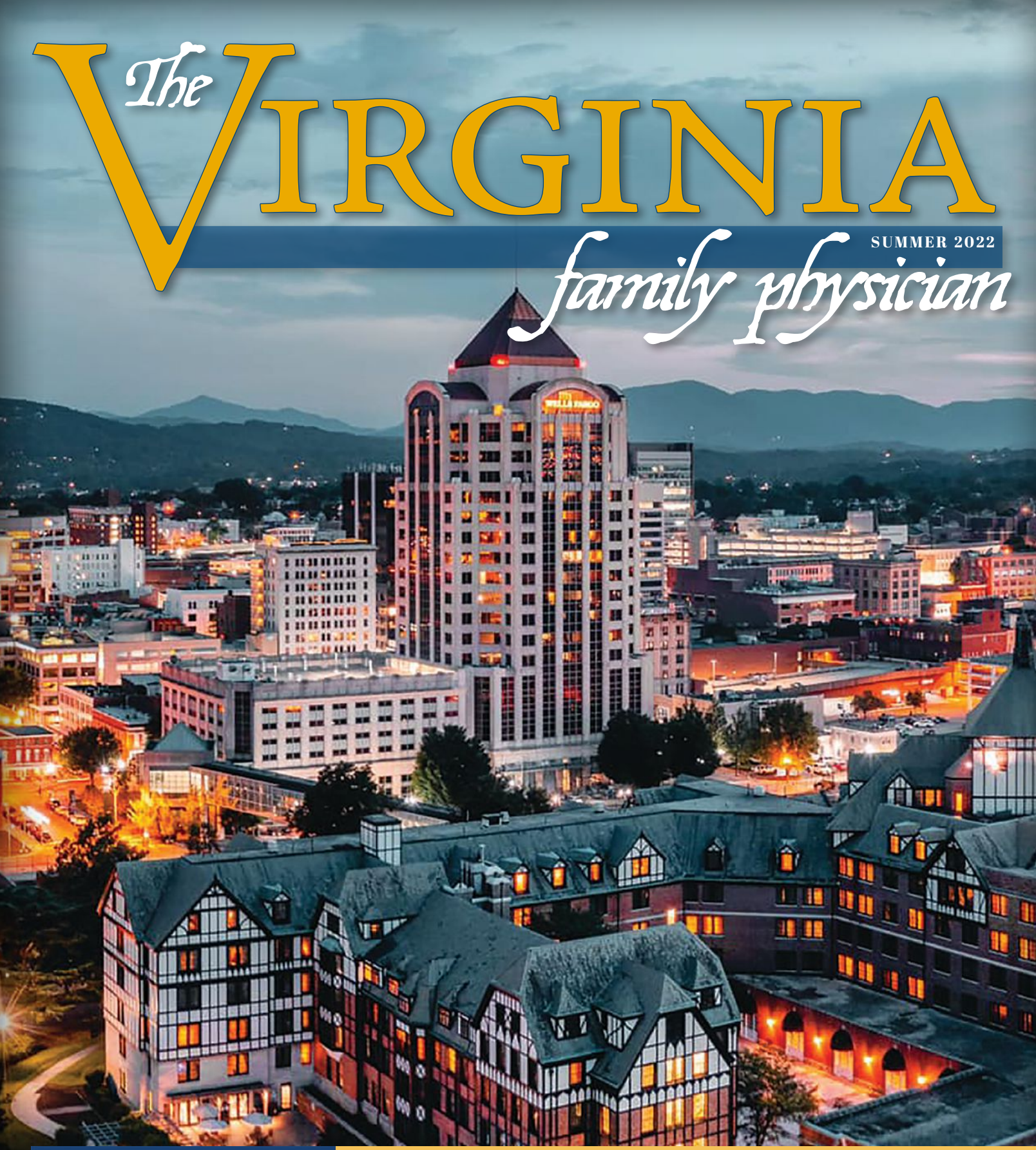
The Virginia family physician

SUMMER 2022



VAFP

VIRGINIA'S FAMILY PHYSICIANS

Register Today

VAFP 2022 Annual Meeting & Exposition

August 4-7, 2022

The Hotel Roanoke – Roanoke, VA

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Getting the right pieces in place is the foundation of every strong defense. At Professionals Advocate, our aggressive and unyielding approach to defending good health care has made us one of the leading professional liability insurers in the region. Our dedicated claims management team utilizes only top defense attorneys. When we're defending your reputation and your practice, our strategy is simple: we don't back down.

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Register Now!
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August 4-7, 2022
The Hotel Roanoke
Roanoke, Virginia

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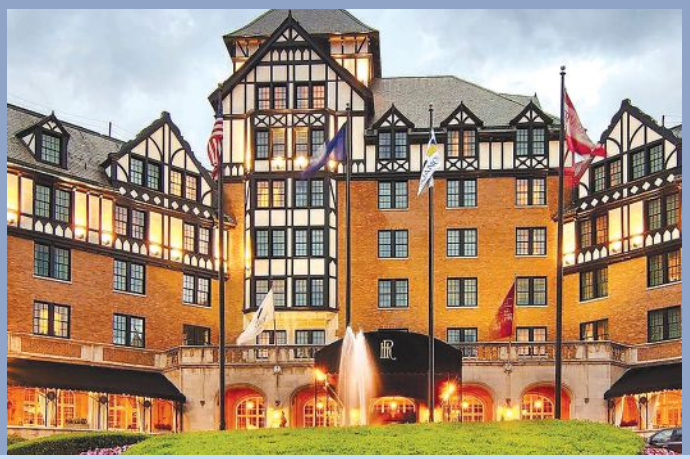

SUMMER·2022
The Virginia family physician

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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VAFP President's Message

Neeta Goel, M. D.

Dear Colleagues,

I hope you have had a beautiful start to the summer - a season that brings sunshine, happiness, and fun times with family and friends! Amid the ongoing pandemic and many other challenges faced by the family physicians, I truly hope that you can take some time to relax and focus on your well-being this summer. Thinking about well-being, have you heard about PeerRxMed, an online platform for physicians to connect with each other to offer support and encouragement? PeerRx was developed by Dr. Mark Greenawald, VAFP's Past President, who is passionate about helping physicians improve their personal and professional growth and wellness. Dr. Greenawald generously shares his time and expertise through writing, coaching, and facilitating workshops on physician well-being and recently led a VAFP Well-Being Task Force to develop recommendations for promoting the well-being of our physician colleagues. We are thankful to Dr. Greenawald for his contributions that assist family physicians achieve a happier state of mind, especially in the wake of the pandemic.

Over the last few months, I have had a chance to attend a few events hosted by the American Academy of Family Physicians (AAFP). In April, I joined the AAFP's Annual Chapter Leadership Forum (ACLF) and the National Conference of Constituency Leaders (NCCL) in-person meeting in Kansas City. More than 400 family physicians from across the country, including many of our Commonwealth colleagues, shared their experiences about current issues critical to family physicians and our patients. The topics included payment reforms, the scope of practice of non-physician healthcare professionals, ways to reduce the administrative burden on family physicians, the impact of the shrinking healthcare workforce, mental health crisis, diversity and inclusion concerns, and physician burnout. In May, the AAFP State Legislative Conference in Washington DC brought together many family physicians passionate about similar topics, which the AAFP leadership helped bring to the legislators on Capitol Hill. We are fortunate that some of these issues have been the priority of the AAFP President, Dr. Sterling Ransone, who continues to be a fierce advocate of family physicians and their patients across the nation.

Even though it may sometimes feel like a lot, working together, we can bring positive and meaningful changes to the healthcare system to achieve optimal health outcomes for all Virginians and, by doing so, find joy in our profession. Your Academy is here to help! My heartfelt thanks to you for trusting your Academy to cultivate a Commonwealth of Virginia desirable to family physicians from all walks of life. I wish you and your family the most amazing summer this year and look forward to seeing you soon for the 2022 VAFP Annual Meeting in Roanoke, VA.

With tremendous respect and gratitude,

Neeta Goel, M.D.

Have You Ever Considered Becoming a Preceptor?

Preceptors help students:

- Translate theoretical learning to actual understanding of what clinical practice looks like
- Gain a further understanding of what their future can hold
- Realize the many rewards of becoming a trusted family physician

Precepting helps you:

- Stay current with knowledge and best practice
- Connects you to the next generation of physicians
- Allows you to develop leadership skills
- Energizes you in your own work
- And even counts as CME!

Contact the VAFP to learn more about becoming a preceptor for medical students in the Commonwealth!

SCREEN FOR HIV

Ending the HIV Epidemic Starts With Routine HIV Screening.

The Centers for Disease Control and Prevention (CDC) recommends that everyone between the ages of 13 and 64 get tested for HIV at least once and that those with ongoing risk be screened at least annually. Yet 1 out of every 8 people in the United States are unaware of their HIV status.

You can play a critical role in ending the HIV epidemic by offering HIV screening to all your patients. Routine HIV screening helps to:

- Reduce HIV transmission by empowering your patients to know their status.
- Improve your patients' health outcomes by linking them to prevention or care services.
- Eliminate stigma associated with HIV testing by making it the standard of care.

Access new CDC resources on integrating routine HIV screening into your practice at: cdc.gov/ScreenForHIV.

CDC

LET'S STOP HIV TOGETHER™ Ending the HIV Epidemic

VAFP Leaders Attend the AAFP's Annual Chapter Leadership Forum and National Conference of Constituency Leaders

Over 400 family physicians met in Kansas City April 27-30 for the AAFP's Annual Chapter Leadership Forum (ACLF) and the National Conference of Constituency Leaders (NCCL). Members from across the Commonwealth represented the VAFP at ACLF and NCCL. This was the first time the events have been in person since 2019!

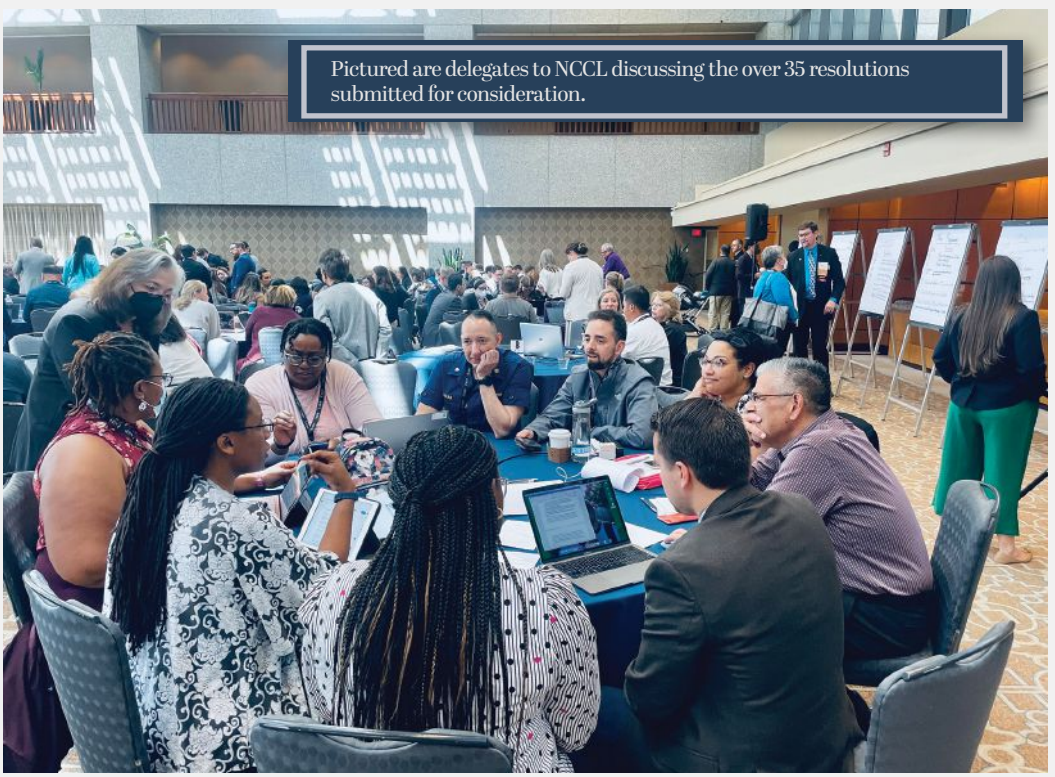
VAFP President Neeta Goel, MD, VAFP President-Elect Dave Gregory, MD, VAFP First Vice President Denee Moore, MD and VAFP Second Vice President Tim Yu, MD attended ACLF. ACLF is the AAFP's leadership development program for chapter-elected leaders, aspiring chapter leaders, and chapter staff. Among other roles, ACLF functions as an orientation for emerging leaders who serve on chapter boards, as well as professional development for new and seasoned chapter staff. Drawing hundreds of chapter leaders each year, ACLF features targeted breakout sessions on chapter governance, advocacy, communication and much more.

VAFP members Kate DiPasquale Seeling, MD (Woman), Susan Osborne, DO (LGBTQ+), Rich Uribe, MD (Minority) and Tabatha Davis, MD (New Physician) attended NCCL to represent the VAFP. NCCL is the AAFP's leadership and policy development event for underrepresented constituencies. NCCL serves as a platform for different perspectives and concerns of AAFP members to help bring about change. The five constituencies with representation include: Women, Minorities, New Physicians (in the first seven years of practice following residency), International Medical Graduates (IMG), from schools outside the U.S., Canada, and Puerto Rico and Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+) physicians or physician allies. At NCCL, physicians develop skills to advocate for issues that are relevant to specific constituencies, practices, the specialty, and patients.

On April 27th, the attendees of NCCL and ACLF were welcomed back to Kansas City at the Meet and Greet reception event. On April 28th, an opening session and plenary with AAFP's senior leadership provided updates on the Academy and addressed current issues of critical importance. Following the plenary, the NCCL constituency delegates divided out into working groups and drafted resolutions to forward to the reference committees including advocacy, education, health of the public and science, organization and finance, and practice enhancement. The evening of April 28th attendees from the VAFP joined leaders from the Uniformed Services, North Carolina, and Georgia chapters for dinner for a combined group of nearly 60 family physicians and staff.

Delegates to NCCL worked through the business of the meeting discussing 39 resolutions that were presented to the reference committees on Advocacy, Education, Health of the Public & Science, Organization & Finance and Practice Enhancement. Resolutions from NCCL delegates focused on a wide variety of topics including administrative burden (credentialling, prior auth, coordination of care), DEI issues, transgender care, social determinants of health, workforce and pipeline issues, payment reform and much more.

Resolutions that are adopted are forwarded to the Board of Directors and assigned to appropriate AAFP



Pictured are delegates to NCCL discussing the over 35 resolutions submitted for consideration.

Tim Yu, MD and Rich Uribe, MD take a "selfie" during the resolution discussions at NCCL.

VAFP leaders pictured left to right are: Denee Moore, MD, Susan Osborne, DO, Neeta Goel, MD, Tabatha Davis, MD, Dave Gregory, MD and Kate DiPasquale Seeling, MD.

commissions. Any resolution that is directly forwarded to the AAFP Congress of Delegates will be reviewed first by the Commission on Membership and Member Services.

Prior to the closing of the NCCL, voting commenced for the 2023 co-conveners, alternate delegates and delegates to the American Medical Association-Yong Physicians Section (AMA-YPS). The 2023 NCCL is scheduled for May 9th -11th in Kansas City, MO. If you have an interest in attending, please e-mail mlwhite@vafp.org so we can include your name for consideration. For more information on AAFP NCCL, please visit https://www.aafp.org/events/aclf-nccl/nccl.html

VAFP Past President and AAFP President Sterling Ransone pictured with AAFP leaders. Pictured from left to right are: Russell Kohl, MD, AAFP Speaker, Sterling Ransone, MD, AAFP President, Tochi Iroku-Malize, MD, AAFP President-Elect, Ada Stewart, MD, AAFP Board Chair and Shawn Martin, AAFP CEO.

- Approved the minutes from the January 29, 2022, VAFP Board of Directors meeting held at Wintergreen Resort.
- Approved a motion to accept the 2021 VAFP audit as presented.
- Heard report from VAFP Continuing Medical Education Committee Chair, Mitch Miller, MD on the plans and programming for the 2022 VAFP Annual Meeting & Exposition scheduled August 4-7 at the Hotel Roanoke.
- Heard update from VAFP EVP ML White on the group KSA offerings in 2022.
- Heard report from VAFP Legislative Committee Chair Jesus Lizarzaburu, MD and VAFP Legislative Consultant Hunter Jamerson, JD, on the 2022 General Assembly regular and special sessions.

- Heard report from VAFP President and Chair of the Practice Enhancement and Quality Committee Neeta Goel, MD on the newly mandated private insurance plan coverage of screening colonoscopies. (see page 17 for additional information)
- Heard report from VAFP Nominating Committee Chair Dave Gregory, MD on the 2022-23 slate of officers and directors.
- Heard report from Resident, Student and Faculty Committee Chair Denee Moore, MD on the agenda item request for a discussion on preceptor recruitment for family medicine clerkships.
- Heard updates from Resident Board members Drs. Michaela Varys (St. Francis) and Camila Maybee (Fairfax) on the Resident Exchange, Resident Mentor and Resident Lounge initiatives.
- Heard updates from Student Board members Erika Coleman (VTC) and Allison Smith (Liberty) on a planned ultrasound session for students in conjunction with the Scholarly Symposium and Winter 2023 meeting and a sharing of ideas among medical schools initiative.
- Heard report from Dr. Goel on the Wellness Task Force Chaired by VAFP Past President Mark Greenawald, MD.
- Heard an update from Dr. Gregory on the creation of a Health of the Public and Science Ad Hoc Committee.
- Heard update from AAFP President Sterling Ransone related to the new AAFP commission structure, the newly created DEI Commission and FMX which is scheduled for September 20-23 in Washington DC.
- Discussed the proposed VAFP bylaws changes with approval to send to the membership for comment.
- Heard updates from VAFP members serving on AAFP Commissions Drs. Goel and Moore on the Commission on Health of the Public and Science and VAFP Director Bobbie Sperry, MD on the Commission on State and Federal Policy.

VMAP

Virginia Mental Health Access Program

The Virginia Mental Health Access Program (VMAP) is a statewide initiative that helps health care providers take better care of children and adolescents with mental health conditions through provider education and increasing access to child psychiatrists, psychologists, social workers, and care navigators.

VMAP is here for family medicine physicians and their patients!

Services available in your region

In your region VMAP offers you several resources for **FREE**:

- Access to **on-call child and adolescent psychiatrists, psychologists, and social workers** available to consult with you 40 hours a week.
- **Care navigation** for your patients who need additional resources and referrals outside of the primary care setting.
- Year-round **education and training opportunities** on managing pediatric mental health for providers.

How can I get started with VMAP?

www.VMAP.org – Register and learn more about upcoming educational programs

Call us during business hours* at **(888) 371-VMAP(8627)** or request a consult at **bit.ly/VMAP-Consult**

Our Call Center staff will need the following information:

- Provider details and call back number
- Child information — name, DOB, insurance type, zip code
- Reason for the call and relevant background information
- Patients must be 21 years or younger

**Consult Line Hours:*
Monday - Friday, 9:00a.m. - 5:00p.m.

How much will this cost my practice?

VMAP is a federally and state funded mental health access program for PCPs that is available to you at **NO COST**.

www.vmap.org • info@vmap.org

Follow us: @VMAPVA

Join the VAFP in Beautiful Downtown Roanoke for the 2022 Annual Meeting!

Don't miss out on outstanding CME designed for family physicians by family physicians!!

VAFP 2022 Annual Meeting & Exposition
August 4-7, 2022
The Hotel Roanoke
Roanoke, Virginia

Fun for the Entire Family!

The VAFP is excited to meet in Roanoke this summer for the VAFP 2022 Annual Meeting & Exposition! There are amazing outdoor amenities and cultural offerings in Virginia's Blue Ridge. The region offers the opportunity to drive the Blue Ridge Parkway, hike the Appalachian Trail, learn about historic steam locomotives at the Virginia Museum of Transportation, explore the water at Smith Mountain Lake, drink award-winning craft beer, and much more!

VAFP Night at the Ballgame!

Have fun with other meeting attendees at the VAFP Night at the Ballgame. First pitch is at 6:05 p.m. at the Haley Toyota Field Salem Memorial Ballpark, one of the larger ballparks in the Carolina League. It has a gorgeous view of the Blue Ridge Mountains in the distance over the right field wall which makes it one of the best views in Minor League Baseball and gives you a ballgame with a view!

Hotel Reservations

The cut-off date for room reservations is July 10. If you would like to call to make your reservations, please call 1-866-594-4722. The hours for the call center are Monday-Friday, 8 AM – 5 PM. Please mention that you are with the Virginia Academy of Family Physicians. If you would like to arrive earlier than the meeting dates or stay later, please call to make your reservations.

Room Rates - $184
Rates do not include local and state taxes

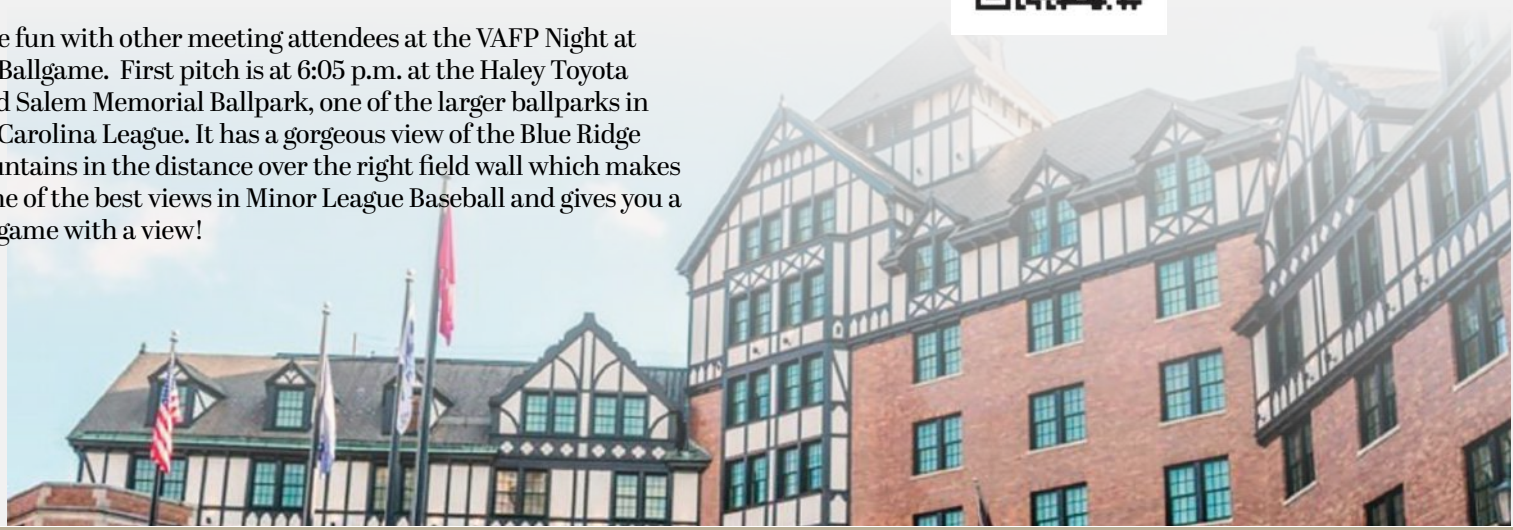
Overnight Self-Parking: $11.00
Daily Self-Parking: $1.00-$8.00

Guestroom Cancellation - Cancellations must be received at least 72 Hours Prior to Arrival. If the reservation is not cancelled by this time, one night room and tax deposit is forfeited.

Things To Do in Roanoke!

So Many Restaurants

Use this QR code to access the conference registration and hotel reservation link!



Notice of Recommended Bylaws Changes

Virginia Academy of Family Physicians

Dear VAFP Member:

The VAFP Executive Committee and upon review by the Board of Directors recommends that the VAFP bylaws be updated. Most of the updates are minor modifications to language used and are changes that allow the business of the Academy to be accomplished in these times of virtual meetings and electronic communications.

One change to highlight is in Chapter II – currently titled Mission Statement, Vision Statement and Powers. The Executive Committee, in accordance with the AAFP's bylaws, recommends that the Mission and Vision statements be extracted from the bylaws and replaced with a Statement of Purpose. (see below) This allows the Board to more easily update the Mission and Vision statements going forward.

CHAPTER II

Statement of Purpose~~Mission Statement, Vision Statement~~ and Powers

SEC. 1. **VAFP Statement of Purpose.** The Virginia Academy of Family Physicians is a non-profit medical association that represents family physicians, family medicine residents and medical students in the Commonwealth of Virginia through education, professional development, advocacy and leadership.~~**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.~~

~~SEC. 2. **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 wellbeing of the citizens of Virginia, and are guided by the principle that the family physician remains the specialist of choice to guide lifelong health care.~~

According to the current bylaws, CHAPTER XIII - Amendment of Bylaws - *Any member may propose bylaws or amendments of bylaws. Such proposals shall be submitted to the Executive Vice President at least one hundred (100) days prior to the Annual Business Meeting, and notice shall be given by the Executive Vice President to all Academy members at least thirty (30) days prior to such meeting. Timely notice in the official publication of the Academy that bylaw changes are to be considered shall constitute due notice thereof to the members. Affirmative vote of a majority of members present and voting at the Annual Business Meeting shall constitute adoption.*

Please consider this the timely notice of bylaws changes to the membership. You may access all of the recommended changes via the QR code below. As per our present bylaws, these changes will be voted on during the Annual Business Meeting at the upcoming Annual Meeting in Roanoke (which we hope you are planning to attend!).

If you have comments or questions on the recommended changes, please contact the VAFP Executive Vice President, Mary Lindsay White at mlwhite@vafp.org or call 804-968-5200.

Warm regards,

Neeta Goel, MD, President

Dave Gregory, MD, President-Elect

Click Here to Access Recommended Bylaws Changes

Virginia Academy of Family Physicians 2022 Scholarly Symposium

Saturday, October 8, 2022
Virtual
10:00 a.m. – 12:30 p.m.

CALL FOR SCHOLARLY ACTIVITY

The Virginia Academy of Family Physicians is seeking submissions for the VAFP Scholarly Symposium to be held on Saturday, October 8, 2022, from 10:00 a.m. – 12:30 p.m. virtual via Zoom.

Criteria/Who Can Participate:
Submissions from medical students, residents, and fellows. $15 fee.

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.
- 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 (2022) 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.

Meeting Format:
All participants will pre-record their presentations - oral presentations limited to 5 minutes and poster presentations limited to 2-3 minutes. The preliminary schedule of events will be based on the number of submissions received/selected.

Submissions from each category by registrant type (medical students, residents, and fellows) will be included. The pre-recorded presentations (oral – 5 minutes and poster – 2-3 minutes) will be followed by a question-and-answer session facilitated by the moderator.

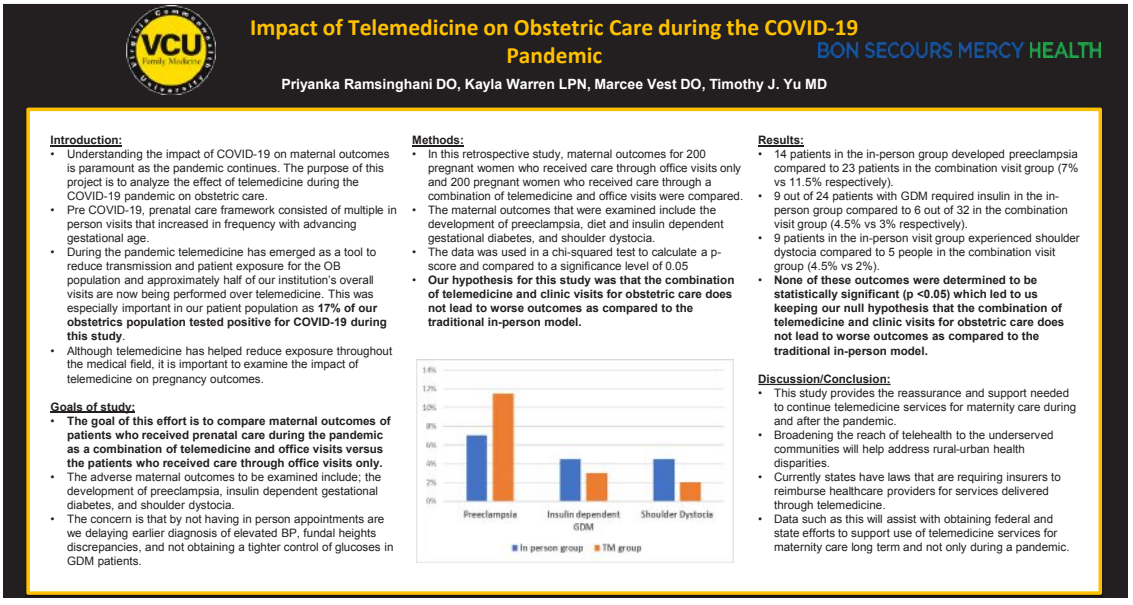
Feedback on Submitted Research:
All projects will be reviewed and provided written feedback by a minimum of two judges. Review will focus on the following:

- Quality of research/QI methodology and appropriate use
- Validity of conclusions or anticipated results
- Clarity and cohesive message during presentation
- Relevance of and/or impact on family medicine
- Innovation of research or quality improvement
- Organization/understandability of poster/presentation

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 via this link https://www.surveymonkey.com/r/2022Scholar
or scan this QR code

If you have multiple submissions, one application form should be completed for each submission. You are only required to pay the $15 fee once regardless of the number of submissions.
Submission Deadlines:
Submit application including abstract (250 words or less) no later than September 19, 2022.
Submit your prerecorded voice over PowerPoint file(s) no later than September 26, 2022.
Questions: Please call Cheryl Modesto at 804-968-5200 or e-mail cmodesto@vafp.org.



AAFP National Conference Family Medicine Residents & Medical Students

Whether it be a home, a prosperous career, or a brighter future, building something great takes sturdy connections and a strong foundation. You're at a point in your life where you can build in any direction you want, anything you envision. What you do now sets you up for success early and throughout your entire career.

Scan to learn more and 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.

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.

Continued on page 14

Continued from page 13

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 rhoffordl@cox.net. The deadline for application letters is June 30.

Call for Nominations – 2022-2023 VAFP Board Resident and Student Directors

The Virginia Academy of Family Physicians (VAFP) is accepting nominations for the 2022-2023 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 regions. The elected Resident and Student Directors are voting members of the Board, funded to attend required meetings, and serve a one-year term beginning in November 2022.

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 27 - 29, 2023, 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

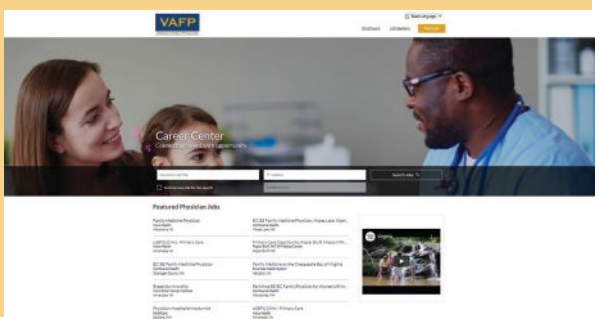
Students

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

Career Center Choose Virginia

POST YOUR RESUME AT CAREERCENTER.VAFP.ORG

The premier resource for you to explore employment opportunities in Virginia. If you have any questions, please do not hesitate to contact the VAFP at 804-968-5200 or email Matt Schulte at mschulte@vafp.org



Complimentary Registration for Graduating Family Medicine Residents – Register Now!

The Virginia Academy of Family Physicians is pleased to offer all graduating family medicine residents a complimentary registration fee ($285 value) to attend the 2022 VAFP Annual Meeting & Exposition scheduled August 4-7, 2022 at The Hotel Roanoke in Roanoke, Virginia.
Please visit www.vafp.org to register!

Don't miss out on the complimentary registration fee! For additional information, please contact Cheryl Modesto at the VAFP Headquarters Office cmodesto@vafp.org.

An Advocacy Newbie Goes to Washington

Hailey L Sparacino, DO
Assistant Director of Didactic Education
Lynchburg Family Medicine Residency
Lynchburg, VA

Driving to Washington D.C on the evening of May 21st was somewhat bittersweet. On the one hand, I was excited to finally be going to a conference in person for the first time in over two years! On the other hand, the AC in my 2015 Forester was not working. Instead of being able to use my 3.5-hour drive from Lynchburg to call relatives and friends I haven't spoken to in a while, I spent the time listening to The Killers on my CD player with the windows open and taking in the beautiful landscape of Central Virginia. Retrospectively, this was not a bad trade.

Sunday morning was thankfully much cooler as I drove from a friend's house in Alexandria into D.C. for the start of the AAFP State Legislative Conference. As a resident, when I attended conferences, I always felt somewhat intimidated by speaking to attending physicians- especially those who have been in practice for a while. Now, as a faculty attending, I had more confidence to not only meet and introduce myself to colleagues, but to speak up at the microphone about topics I was passionate about—and boy was there a lot to be passionate about at the State Legislative Conference.

Pictured (l to r) before attending congressional visits are VAFP Member Hailey Sparancino, DO, AAFP President and VAFP Past President Sterling Ransone, MD and VAFP Board Member Bobbie Jo Sperry, MD.

The main topics included legislation regarding Implicit Bias Training, Primary Care Spending, Vaccinations, Advocacy, and the ever-increasing debate about Scope-Of-Practice. The conclave of Family Medicine Physicians from all over the United States presented thought-provoking questions, eye-opening experiences, and inspiring ideas for continuing our profession. What I was most impressed with, however, is how some states have created state-wide advocacy curriculums for their residency programs. My favorite model was one where each program within a state provides a faculty member and a resident to participate in legislative discussions and advocacy with their elected state representatives—which fulfills a Family Medicine Residency Milestone. In my opinion, Virginia can and should do something similar.

The Family Medicine Advocacy Summit the next day had almost a completely different tone. Here we were focused on low-hanging fruit. I think the AAFP did a fairly good job at picking legislation that was neutral for us to support, such as Medicaid/Medicare Parity, extending reimbursement for Telehealth services, and requesting insurance reimbursement for Integrated Behavioral Health in the Primary Care setting. Armed with our packets of AAFP-approved talking points, we descended upon the Hill. Most, if not all, legislative aides were receptive (from both Republican and Democrat parties). I'm sure that most, if not all, parts of this country have been adversely affected by the isolation and worsening state of mental health that the COVID-19 pandemic has wrought upon us, and it was very much reflected in our interactions with the legislative assistants we met.

The delegation from Virginia was small (including myself, VAFP Board Member Bobbie Jo Sperry, and AAFP President Sterling Ransone). This was great for mentorship, as Bobbie and I were both first-timers to the whole "Advocacy-thing," but it would have been nice to see more engagement from our Virginia colleagues. Sterling was able to walk us through the first two meetings before he had to catch a train home. See one, do one, teach one- that's the motto, right? I think we held our own pretty well for the last three meetings, especially since the majority were virtual.

As a Family Physician, it is easy to think that I cannot make much of a difference. With increasing administrative burdens, scope-creep of non-physician providers, the watering-down of our own scope-of-practice, as well as the growing complexity of our patient populations, it can be daunting to think of adding one more thing onto your plate. To quote from The Boondock Saints "Now, we must all fear evil men. But there is another kind of evil which we must fear most, and that is the indifference of good men." While, admittedly, the movie is very violent, the Monsignor makes a good point. It is up to us, as Family Physicians, to advocate for our patients. It was our indifference that saw the transfer of power from the autonomy of the educated physician to insurance companies and hospital systems. Thusly, it is our job to take it back.

NOTE: VAFP Members that attended the State Legislative Conference on Sunday, May 22nd were President Neeta Goel, MD, President-Elect Dave Gregory, MD, VAFP Legislative Chair Jesus Lizarzaburu, MD, VAFP Legislative Consultant and General Counsel Hunter Jamerson, JD and VAFP Executive Vice President Mary Lindsay White, MHA.

VAFP Leaders Work with American Cancer Society on Colorectal Cancer Screening

VAFP President Neeta Goel, MD and other VAFP leaders and staff began working with the American Cancer Society (ACS) and the ACS Cancer Action Network (ACS CAN) in October of 2021 on the elimination of the patient cost share for colorectal cancer (CRC) follow-up colonoscopy screenings. VAFP members voiced concern for their patients noting that some health insurers in Virginia apply cost sharing to colonoscopies that follow a positive stool test on the grounds that the insurers consider a follow-up colonoscopy to be a diagnostic procedure rather than a preventive screening test.

The VAFP, ACS and ACS CAN believe that a follow-up colonoscopy after a positive stool test is an integral part of the preventive screening process. As a part of the CRC screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy. The follow-up colonoscopy should not be considered a "diagnostic" colonoscopy, but rather an integral part of the preventive screening process, which is not complete until the colonoscopy is performed, and therefore covered with no cost sharing for individuals.

In May of 2021, the United States Preventative Task Force (USPSTF) released an update to the ACS CRC screening guidelines for average-risk populations. The finalized USPSTF guidelines lowered the screening age for those average-risk populations from 50 to 45 and recommended continued regular screening until age 75. The newly updated USPSTF guidelines also clearly stated that "positive results on stool-based screening tests require follow-up with colonoscopy for the screening benefits to be achieved."

In January 2022, the Tri-Agencies (Department of Labor, Department of Health and Human Services, Treasury) announced that private insurance plans must now cover, without cost-sharing, follow-up colonoscopies after a positive non-invasive stool test. In the announcement, the Tri-Agencies went on to state: *A plan or issuer must cover and may not impose cost sharing with respect to a colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer for individuals described in the USPSTF recommendation. As stated in the May 2021 USPSTF recommendation, the follow-up colonoscopy is an integral part of the preventive screening without which the screening would not be complete. The follow-up colonoscopy after a positive non-invasive stool-based screening test or direct visualization screening test is therefore required to be covered without cost sharing in accordance with the requirements of PHS Act section 2713 and its implementing regulations.*

The Tri-Agencies have issued two FAQs clarifying that if a colonoscopy is scheduled and performed as a screening procedure pursuant to the USPSTF recommendation, cost sharing may not be imposed for items and services that are an integral part of performing the colonoscopy. These items and services include:

- Bowel preparation medications prescribed for the screening procedure;
- Anesthesia services performed in connection with a preventive colonoscopy;
- Required specialist consultation prior to the screening procedure;
- Polyp removal performed during the screening procedure; and
- Any pathology exam on a polyp biopsy performed as part of the screening procedure.

FAQ's

Are plans and issuers required to cover, without the imposition of any cost sharing, a follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test (e.g., sigmoidoscopy, CT colonography)?

Yes. A plan or issuer must cover and may not impose cost sharing with respect to a colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer for individuals described in the USPSTF recommendation.

When must plans and issuers begin providing coverage without cost sharing for a follow-up colonoscopy after a positive non-invasive stool-based screening test or direct visualization test based on the new USPSTF recommendation?

Plans and issuers must provide coverage without cost sharing consistent with the May 18, 2021, USPSTF recommendation regarding colorectal cancer screening and in accordance with the requirements under PHS Act section 2713 for plan years (in the individual market, policy years) beginning on or after the date that is one year after the date the recommendation was issued. In this case, the recommendation is considered to have been issued as of May 31, 2021, so plans and issuers must provide coverage without cost sharing for plan or policy years beginning on or after May 31, 2022.

"THE ASK"

VAFP leaders are very pleased with the Tri-Agency coverage mandate and want to ensure that all patients in Virginia receive this benefit when being screened for CRC. If you or your billing staff are aware of insurers in the Commonwealth that are non-compliant and still billing a cost share with the patient, please contact the VAFP (mlwhite@vafp.org or 804-968-5200) with the name of the insurer so that staff can notify the Bureau of Insurance.

Thank you to VAFP members Drs. Alex Krist, Jesus Lizarzaburu, and Tim Yu and staff Mary Lindsay White and Hunter Jamerson for working on this issue with Dr. Goel and the ACS.

NOTE: Information for this article was obtained from the January 2022 Department of Labor Update and the Frequently Asked Questions (FAQs) regarding implementation of the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and the Affordable Care Act Implementation Part 51.

An Essay on a Passing Era

John (Al) Albert Hagy MD, FAAFP
Rocky Mount, VA

At age 85 I can look back as though I was posted on the top of a hill or even from a cloud. In fact, I wish to ride that cloud back to childhood.

I do not remember physicians arriving on a house call on horseback, but I just missed that era, but observed and experienced house calls for illness, acute and chronic. I was born at home in the back room, as were my siblings. When a family member became ill it was common for the doctor to attend the illness at the personal bedside, likely freshly made up, with a thermometer (the ones with a mercury column) standing in an appropriate receptacle of rubbing alcohol.

House calls were often the sites of medical and obstetrical care, overlapping the era I remember firsthand. I was the patient with sore throat, measles, chickenpox or "glandular fever" (now known as infectious mononucleosis). I was in bed, my mother or grandmother attending to my needs and sometimes desires, while an elderly (probably 50 years old) neighbor sat in a rocker and observed. Chicken noodle soup and egg toast were served most often as it seemed like every meal, leaving residual cracker crumbs to terrorize me on the sheets. The doctor would come at any time, day or night dictated by the demands of his office (later her office) and other homes. I remember Granny lifting the telephone receiver, asking other party line users to hang up, then asking the operator to pass the call through to the doctor's office or home and sometimes finding him/her, but usually leaving a message with the spouse or a "practical nurse" answering.

As I got older a visit to the office would be in order. I recall having an inflamed foot from a puncture wound. I was perhaps eight at the time and frightened I would lose my foot and have to walk like "Peg (leg) Booth." In retrospect, I was/am impressed that he perceived fear without my disclosing it and saying, "don't worry son we won't have to cut it off." Whew, I was thankful.

Another time, I had cut my finger when the blade of the jackknife collapsed as I was attempting to bore a hole or write my initials on a limb of a cherry tree. I was taken to the office where the doctor looked at the laceration, commented as he examined, cleaned and started placing metal clips while saying: "Honey, this won't hurt." Clearly he was speaking for himself. It hurt then and, even now, I can recall the pain. The same doctor reduced and splinted a broken forearm and did so without the aid of an X-Ray. The arm is straight, with free range of motion.

I was enamored by the challenges and romance of taking care of the sick. Perhaps playing the title role in a play, *"Dr. Danny"* in the third grade did it. So I set my sights.

I enjoyed a very active high school experience and my mother stepped between playing college football and me. I enrolled in Lynchburg College, graduated four years later with a double major in Biology/Chemistry and was accepted at both Virginia medical schools. I chose The Medical College of Virginia for no particular reason other than I had heard from them first.

Nonetheless, I had a very successful medical school experience, learned a lot and was certain that I knew far more than I did. I elected to pursue a Rotating Internship at Mercy Hospital in Springfield, Ohio where I filled knowledge gaps and adjusted toward a more humble posture. The learning fields were fertile at this hospital and I was allowed to plow wide and deep. And, the Sisters of Mercy were glowing examples of compassion and service. My attitude about the practice of Medicine was indelibly marked in a positive way.

It's 1961 and I'm in the United States Navy serving as a Medical Officer at the U.S. Naval Weapons Station at Yorktown, Virginia, where I provided outpatient care for military personnel and dependents. After discharge from the military I refreshed my obstetrical

skills for several weeks then moved my family of four to Rocky Mount, Virginia where I soon became a full partner in a four-man practice. This was front-line general medicine working in all spheres of clinical practice.

Our group was unusual and unique in that each was on call, each day for our own patients. This seems to convey the notion of guarded ownership of our patients and even a bit of reluctance in sharing the care of our patients to a partner. Perhaps some of that feeling existed, but having lived this pattern for thirteen years the real reason or justification seems to hang on the deeply held feeling about the "relationships;" these were our patients and responsibility for them was never superficial.

This posture/possessiveness was relinquished for vacations and other reasons for absence. Upon returning to work an update was given of salient aspects of patient care.

We worked in the office daily six days a week, with Wednesday and Saturday being half-days. Appointments were not given which meant stacks of charts and a full waiting room greeted each on work days.

We worked hard: the Emergency Room at least once weekly and daily made house calls, fed in part by our "no appointments" policy, but also limitations of mobility, chronic debilitation by illness and the question of contagion. In addition, there was hospital practice, the size of which reflected the doctor's interest in pursuing diagnostic dilemmas. The same was true about the number of obstetrical cases each of us accepted.

Ego and confidence were major contributors to the size and pattern of the doctor's practice, but again, the bond of relationship and not so much ownership, shaped the patterns of care delivered. We knew our patients, their social context and personalities. Not having access to the instruments of modern technology, treatment was filled with an important therapeutic agent: room air and conversation. And, I would submit, an essential element in the armamentarium of an empathetic doctor.

Al Hagy Sr. M.D. has been blessed at every stage of becoming a doctor and while practicing and teaching Family Medicine. He began practice in 1961 in the U.S. Navy, then joined a small group in Rocky Mount, Va. in 1963. His practice was packed for the next 12+ years doing everything required of a country doctor in a small town. In 1975, four years after FP Board certification, he finally gave in to the lure and attraction of academic medicine. He was Associate Director (1975-1990) and Director (1990-1999) of the F.P. Residency, Carilion Clinic and held a joint appointment with the Department of Family Practice, The University of Virginia, from which he received Professor Emeritus status in 2004 . Geriatric Boards in 1988 broadened the scope of his practice and teaching. A member of VAFP from its inception and President 1988-89 brought further rewards with appointments and responsibilities to the AAFP for several years. In January 2016, Dr. Hagy co-authored a book titled Taking Water to the Thirsty with Rev. Matthew Ricks.

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The VAFP maintains a list of "Key Contacts" each year to readily reach out to during legislative sessions for their input on issues. It is very important for family physicians to have personal relationships with legislators so the family physician becomes that legislators trusted source of information as it relates to how they vote on health-related bills.

Would you like to be a Key Contact for your legislator on family medicine issues? If yes, please contact Mary Lindsay White (mlwhite@vafp.org) or complete the short interest form via this link www.surveymonkey.com/r/VAKeyContact.

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