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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 people 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 people to receive their health care and for family physicians to practice medicine.

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VAFP PRESIDENT'S MESSAGE

Denée J. Moore, MD, FAAFP, DABFM



Dear Colleagues,

I hope you had a productive Fall and enjoyed the beautiful weather and Fall foliage.

During this time, the VAFP Board of Directors welcomed Lauren “LB” Canary (Virginia Tech / Carilion School of Medicine) and Cassandra “Cass” Ritter (VCU School of Medicine) as incoming Student Directors, Arsa Ghazal, DO (VCU Fairfax Family Medicine Residency) and Daniel Fathalikhani, DO (LewisGale Medical Center Family Medicine Residency) as incoming Resident Directors, and Katelyn Carpenter, MD (VCU Shenandoah Family Medicine Residency) as a returning Resident Director. Congratulations to our Student and Resident Directors, and the Board looks forward to working with you over the coming year.

Also, this Fall, the Academy advocated for legislation and policies at the federal and state level that support the provision of comprehensive, longitudinal primary care within the family physician’s office. Specifically, the VAFP encouraged:

- Full implementation of the G2211 Medicare billing code which is an add-on code that can be listed separately in addition to office/outpatient Evaluation and Management (E/M) visit codes for new and established patients to pay more accurately for the complex, high-value visits that primary care physicians provide as part of a continuous relationship with a patient, and
- The Virginia Department of Medical Assistance Services (DMAS) to do the following when implementing the statutory amendments regarding the

Mandatory Medicaid and Children’s Health Insurance Program (CHIP) Coverage of Adult Vaccinations under the Inflation Reduction Act (IRA):

- Pay for vaccines at an amount equal to the actual acquisition cost to ensure that physician practices can purchase and offer vaccines in their practices
- Pay for vaccine administration at a rate at least equal to the Medicare payment rate
- Extend coverage without cost-sharing for ACIP-recommended vaccines to all adult Medicaid and CHIP beneficiaries in Virginia including those in limited-benefit eligibility groups

In October, the American Academy of Family Physicians (AAFP) held the annual Congress of Delegates (COD) in Chicago, IL. Jesus Lizaraburu, MD, Emmeline Gasink, MD, Del Bolin, MD, and I represented the state of Virginia at the COD. At the COD, resolutions advocating for legislation, policies, and resources that support family physicians and their patients were adopted. Also, the COD adopted a new process for nominating candidates for at-large seats on the AAFP Board of Directors and AAFP officer positions. By establishing a nominating committee, the AAFP aims to increase the number of candidates pursuing leadership opportunities within the organization and provide the COD with a slate of candidates who possess the skills and background to meet the needs of the organization and the specialty of Family Medicine at that time. More information about this process will be added to the AAFP’s website (AAFP.org). Sterling Ransone, Jr.,

MD (VAFP Past President and AAFP Past President) completed his term as AAFP Board Chair at the conclusion of the COD. Thank you Dr. Ransone for your remarkable leadership at the national level over the past six years.

The VAFP 2023 Scholarly Symposium was held in November. 15 scholarly projects were submitted by students, residents, and fellows, and the symposium was well-attended. Thank you to the Resident, Student, and Faculty Committee members and fellow committee co-chair, Dan McCarter, MD, for your work in hosting another successful symposium. Also, thank you to those who served as judges for the event. Congratulations to the Scholarly Symposium winners:

- Neha Shankar, a second-year medical student at VCU School of Medicine, Oral Presentation - “Technological and Educational Challenges with Integration of Telemedicine into Primary Care Practices during the COVID-19 Pandemic: A Clinician Perspective”
- Mary Scourboutakos, MD, a third-year at Eastern Virginia Medical School Family Medicine Residency Program, Oral Presentation - “Breast Cancer Primary Prevention & Diet: A Review of the Dose-Response Relationship Between Various Foods/Nutrients and Risk for Breast Cancer”

On the same day as the Scholarly Symposium, the Academy convened a virtual meeting of Virginia’s Family Medicine Residency Program Directors (PDs). This meeting was a continuation of the discussions from the July 2023 Virginia Family

Medicine Program Director Summit and provided the VAFP with key information to better support the recruitment and training needs within these programs.

The VAFP is proud to announce the winner of the 2023 VAFP Family Medicine Practice Transformation Grant Initiative pilot. David Killeen, MD from Neighborhood Health in Alexandria, VA, was awarded funding for the office's Prenatal Ultrasound project. In the grant application, Dr. Killeen writes: "The purpose of this project is to purchase ultrasound equipment and thus provide access to timely, on-site prenatal dating and viability ultrasounds for more than 1,000 low-income pregnant patients that Neighborhood Health serves each year." Congratulations Dr. Killeen.

As we enter Winter and prepare for the joys of the Holiday season, I am thankful for the tremendous work our Academy has done in 2023 to support the specialty of Family Medicine, our members, and patients across Virginia. I'm looking forward to the year ahead and the prospects our Academy will have to address physician reimbursement, administrative complexity, and the Family Medicine physician workforce. The Academy will host "VAFP Advocacy Day" on Thursday, January 18, 2024 at the Capitol in Richmond. Members, including residents and students, are encouraged to participate. At "VAFP Advocacy Day," you will have the opportunity to meet with your elected representatives and advocate for legislation that benefits patients and family physicians across Virginia. I hope to see you there. In addition, I encourage you to review the VAFP website to learn how to become involved in the Academy's legislative efforts as a Key Contact and to volunteer as Family Physician of the Day during the 2024 General Assembly session.

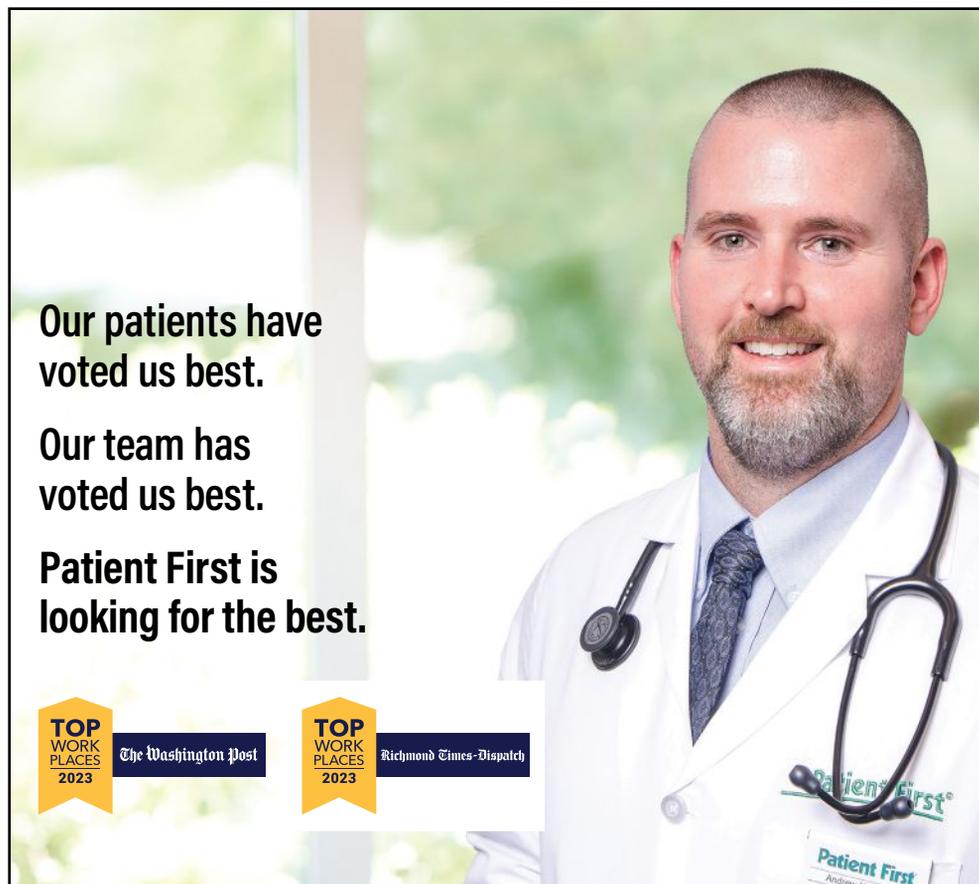
Lastly, don't forget that the VAFP Winter Family Medicine Weekend will take place at the Wintergreen Resort January 25-28, 2024. The Continuing Medical Education (CME) Committee, led by Mitch Miller, MD, and the Academy staff are diligently working to deliver high-quality CME and networking opportunities during the event. Please visit the VAFP

website for more information and to register for the conference.

Happy Holidays and see you at Wintergreen!

With gratitude,

Denée J. Moore, MD, FAAFP, DABFM



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2023 AAFP CONGRESS OF DELEGATES

Leaders Elected, Resolutions Debated and a New Nominating Committee Created



The AAFP Congress of Delegates was held October 24-27 in Chicago, Illinois. The VAFP was well represented by Past Presidents Drs. Jesus Lizarzaburu and Emmeline Gasink (Delegates), Dr. Del Bolin (Alternate Delegate) and VAFP President Denee Moore, MD (Alternate Delegate).

The Congress of Delegates (COD) is the American Academy of Family Physicians' (AAFP) policy-making body. Its membership consists of two delegates and two alternates from each constituent chapter and from the member constituencies including new physicians, residents, students, and other constituency groups represented at the AAFP Leadership Conference. The Congress of Delegates meets annually to address resolutions brought forward by constituents on topics that are of interest to physician members and the patients they serve.

The Congress elected new officers and members to serve on the Board of Directors during the meeting. The Officers and Board Members elected are noted below.

Jen Brull, MD Fort Collins, CO - President-Elect

Russell Kohl, MD Stilwell, KS - Speaker of the Congress

Daron Gersch, MD Avon, MN - Vice Speaker

Sarah Sams, MD Columbus, OH - Director

Brent Smith, MD Cleveland, MS - Director

Jeffrey Zavala, MD Billings, MT - Director

Matthew Adkins, DO Columbus, OH - New Physician Board Member

Janet Mwaukoni, DO Lake Forest, IL - Resident Board Member

Taree Chadwick Reno, NV - Student Board Member

2022-23 AAFP President Tochi Iroku-Malize, MD Long Island, NY, assumed the role of AAFP Board Chair and Steven Furr, MD, Jackson, AL, was installed as Academy President. VAFP and AAFP Past President Sterling Ransone, MD concluded his term as AAFP Board Chair.

Continued on page 8

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](https://www.cdc.gov/ScreenForHIV).



Continued from page 6

AAFP members are welcome to participate in hearings of the reference committees: Advocacy, Organization, Finance & Education, Health of the Public and Science and Practice Enhancement. Reference committees are committees of the COD that consider business (resolutions) items referred to them for recommendation to the COD for debate and action.

During the meeting (held prior to AAFP FMX), the Congress of Delegates agenda includes addresses from AAFP officers, resolutions from chapters, and reports from the Board of Directors. The Delegates and Alternates representing the AAFP constituent chapters, and the member constituencies reviewed 45 resolutions in reference committees. The wide array of topics included administrative burden/prior authorization, primary care investment, health system reform, insurance plan participation and scope of practice, reproductive health related issues, and billing and coding policies just to name a few. The VAFP submitted two resolutions to the Congress titled *Addressing Patient Safety Risk & Healthcare Dollar Waste through Regulation of Pharmacy Automatic Refill Programs* and *Federal Statute Related to Vaccine Coverage Under Part B*. (see pages 8-9)

The most debated topic of the Congress was around the recommendation to create a Nominating Committee to identify future AAFP leaders. Having passed the congress, this new committee will focus on building a slate of candidates for AAFP president-elect, speaker, vice speaker and at-large Board members each year with the skills and background to meet the changing needs of family medicine.



VAFP Delegation pictured left to right:

VAFP Past President & AAFP Delegate Jesus L. Lizarzurabu, MD, FAAFP; VAFP President & AAFP Alternate Delegate Denée J. Moore, MD, FAAFP; VAFP Past President & AAFP Delegate Emmeline C. Gasink, MD, FAAFP; AAFP/VAFP Past President & AAFP Board Chair Sterling N. Ransone, MD, FAAFP; VAFP Past President & AAFP Alternate Delegate Delmas J. Bolin, MD, PhD, FAAFP; and VAFP Past President David S. Gregory, MD, FAAFP.

Previously, candidates for these positions were nominated by their chapters under rules that varied between chapters.

If you are interested in learning more about the AAFP Congress of Delegates check it out here.



VAFP RESOLUTIONS SUBMITTED TO THE AAFP CONGRESS OF DELEGATES

FEDERAL STATUTE RELATED TO VACCINE COVERAGE UNDER PART B

ACTION - The Board of Directors referred the resolution to the Commission on Federal and State Policy.

WHEREAS, Medicare Part B covers vaccines and vaccine administration for: Flu, Pneumonia, Hepatitis B (for individuals at high and intermediate risk), COVID-19

and certain reasonable and necessary vaccines to treat an injury or exposure to a disease as explicitly written into the Medicare statute (Title XVIII of the Social Security Act), and

WHEREAS, Centers for Medicare and Medicaid Services does not currently cover the cost of providing other vaccines or vaccine administration as recommended by the Advisory Committee for Immunization Practices (ACIP) under Medicare Part B

but rather under Medicare Part D (and thus not in a family physician's office), and

WHEREAS, a congressional statute automatically places all newly approved vaccines, such as the RSV vaccine, under Medicare Part D, and

WHEREAS, a patient's insurance, should not dictate the availability of, or create barriers to receiving vaccines recommended by the ACIP, and

WHEREAS, patients must often receive these immunizations in a pharmacy setting due to payment considerations, rendering it difficult or even impossible for the patient's family physician to record and track their administration, and

WHEREAS, care rendered by a family physician is increasingly judged by quality metrics including immunization rates, and

WHEREAS, quality and vaccine rates are negatively impacted by the current payment arrangement; now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate with the Centers for Medicare and Medicaid Services and the United States Congress to allow physicians to seek reimbursement under Medicare Part B for the cost of furnishing and administering all vaccines recommended by the Advisory Committee on Immunization Practices, including payment for vaccine products and administration.

ADDRESSING PATIENT SAFETY RISK & HEALTHCARE DOLLAR WASTE THROUGH REGULATION OF PHARMACY AUTOMATIC REFILL PROGRAMS

ACTION - This resolution was referred to the AAFP Board of Directors.

WHEREAS, Appropriate reimbursement and cost support for electronic health records (EHR's) requires electronic prescribing of medications (ePrescriptions) to patients' chosen pharmacies that is certified to be secure, and

WHEREAS, patients throughout the United States receive ePrescribed medications from pharmacies actively marketing to patients the convenience of enrolling in "automatic refill" programs, and

WHEREAS, although EHR to pharmacy electronic connections (e.g. Surescripts) are federally required to be secure, the receipt discontinuations or changed doses are not required to be validated by pharmacies, and

WHEREAS, "automatic refill" programs refill all active prescriptions in a pharmacy's database based upon the earliest date that ePrescribed therapy would need refill, regardless of whether the physician discontinued or changed it's dosing in the EHR, and

WHEREAS, patients enrolled in "automatic refill" programs are receiving previously discontinued or dose changed medications, and

WHEREAS, patients who receive "automatic refilled" medications are unable to return unintended meds, nor able to be refunded prescription copay (wasting their health care dollars), and

WHEREAS, patients are at risk of having adverse outcomes related to receiving discontinued or changed doses of medications, without awareness of prescribing care team members, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians partner with the Joint Commission, State Boards of Pharmacy, and the National Association of the Boards of Pharmacy to advocate for federal regulations to ensure medication safety and no waste of patients' healthcare dollars related with "automatic refill programs" by assuring the accuracy of pharmacy databases through required validation of receipt by pharmacies of discontinued and changed doses from prescriber's EHR's, and be it further

RESOLVED, That the American Academy of Family Physicians lobby for an immediate legislative moratorium on "automatic refill programs" until regulations exist to ensure pharmacies are required to:

- Confirm each patient's prescribing care team members prior to the "auto refill" of each medication.
- Validate receipt of all medication dose changes and discontinuation from all care team prescribers.
- Explicitly label for prescriber awareness all renewal requests for "auto refilled" prescriptions.
- Not increase administration complexity to prescribers or their practices to assure the safety of a pharmacy's "auto refill" program.
- Provide patients with a full refund of pharmaceutical copays/costs when receiving "auto refill" medications that are not accurate per a prescribing care team member.

THE VAFP 2023 SCHOLARLY SYMPOSIUM WAS A HUGE SUCCESS!!

THE VAFP SCHOLARLY SYMPOSIUM WAS HELD ON SATURDAY, NOVEMBER 4, 2023 VIA ZOOM

The Virginia Academy of Family Physicians (VAFP) 2023 Scholarly Symposium offered Family Medicine Residents and Medical Students the opportunity to present scholarly work in poster format or as an oral presentation.

Four residents, one fellow, and ten students presented scholarly activity related to clinical or population health research, medical education research, literature review, case reports, QI/PI projects, clinical successes, patient stories, or educational projects and relevant to family medicine/primary care.

Over 30 student, resident and family physician members attended the conference which was approved for 2.00 AAFP Prescribed CME credits.

The submissions are original work not yet published or presented at regional or national meetings and can either be work in progress or completed. The oral presentations were limited to 5 minutes and the poster presentations limited to 2 minutes. The presentations were broken down into 2 rooms. Each of the presentations has been reviewed by three physician judges and scored in the following categories 1) Quality of research/QI methodology and appropriate use; 2) Validity of conclusions or anticipated results 3) Clarity and cohesive message during presentation; 4) Relevance of and/or impact on family medicine, 5) Innovation of research or quality improvement; and 6) Organization/understandability of poster/presentation.

The morning concluded with the presentation of the top scores in the resident and student categories. We hope that all of our resident and student members will consider participating in 2024!

Financial support for this program was provided by the FMPC which is funded by members like you! Help programs like this continue to support family medicine by giving to the FMPC. Select "Chapter Grants" when making your gift online. DONATE HERE! Thank you!

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ANNOUNCING THE 2023 SCHOLARLY SYMPOSIUM WINNERS

First Place – Student – Neha Shankar

- **Technological and Educational Challenges with Integration of Telemedicine into Primary Care Practices during the COVID-19 Pandemic: A Clinician Perspective**– Lead Author: Neha Shankar, MS2 – VCU School of Medicine (Type of Project: Oral Presentation on Completed Scholarly Activity)



First Place – Resident – Mary Scourboutakos, MD

- **Breast Cancer Primary Prevention & Diet: A Review of the Dose-Response Relationship Between Various Foods/Nutrients and Risk for Breast Cancer** – Lead Author: Mary Scourboutakos, MD, PGY-3, Eastern Virginia Medical School Family Medicine Residency Program (Type of Project: Oral Presentation on Completed Scholarly Activity)



Breast Cancer Prevention & Nutrition: A Review of the Dose-Response Relationship between Various Foods/Nutrients & Risk for Breast Cancer

Mary Sco. MD, PhD
EVMS Family Medicine Resident, PGY 3
Project Supervised By: Dr. Melinda Wu

@dr_mary_sco



Please scan the QR code to view the recordings of the presentations.

Taking a Leap of Faith In My Career Turned Out To Be the Best For My Patients and Me.

How my organization, CenterWell Senior Primary Care, allows me to do the work I love while fighting burnout.

By Erica Savage-Jeter, M.D., Family Physician and Divisional Chief Medical Officer for CenterWell Senior Primary Care



We've all taken a leap of faith at some point in our lives. For me, it was switching from a traditional physician's practice to joining one that promised a care team approach. My curiosity about this approach opened my eyes to one of the best methods to keep my patients healthy while benefiting me personally as well. Working at CenterWell Senior Primary Care, I can have smaller patient panels with longer appointments, which allows me to foster relationships with my patients while maintaining a work-life balance.

It's no surprise that physician burnout increased significantly during the COVID-19 pandemic. But even as the pandemic has subsided, those feelings persist among physicians across the country, including in Virginia. A national physician survey found that 75% of physicians were feeling even more burnt out in 2022 than a year earlier, and that their priorities and expectations about their careers have shifted. With another study from the University of Chicago finding that doctors would need nearly 27 hours each day to provide guideline-recommended primary care, it's understandable that physicians feel a change is needed and important that they know what options are available.

There are a variety of ways to treat patients, from hospitals to home-based care, but the care team model is something physicians should strongly consider, especially if they're contemplating leaving this profession because of burnout. For example, at CenterWell we have a team of doctors, social workers, behavioral specialists and other professionals who work together to provide comprehensive, personalized care to seniors. Because physicians have so much support, they can focus more on patient care, spending up to 40 minutes with each patient, which ultimately strengthens the doctor/patient connection and provides ample time to address any questions a patient may have.

The care team approach allows us to learn more about the lifestyle factors affecting a patient's health. If a senior is having issues getting to the doctor or accessing nutritious food, a social worker can provide resources for transportation and food assistance. In addition, behavioral specialists provide mental health assessments, and pharmacists help patients understand how to take their medications and minimize medication costs.

It is a rewarding experience to work with patients who appreciate the time you spend with them, but there are many other benefits to working for CenterWell. Five factors that stand out to me:

- **Mission-driven Care:** I was intrigued by CenterWell's mission and the value-based approach to care. I trusted my instincts in joining the company, and it paid off. I am proud to be part of an organization that gives the best care to patients and promises to work to keep patients healthy and have better outcomes; the reason why I became a physician.
- **Support:** At CenterWell we provide patients with the services of an integrated care team. Our patients are fortunate to have the clinical

expertise of their PCP in addition to clinical pharmacists, care coach RNs, social workers, behavior health specialists and all our clinical support staff, and as a physician I am also fortunate to be supported by a great team.

- **Relationships:** Having smaller patient panels and longer appointments allows me to build better relationships with my patients. In turn I feel more satisfaction in my job knowing my patients are being cared for in every aspect they need and getting better.
- **Care:** At CenterWell, I have had so many of what I call success stories. I have had patients who would be labeled as "noncompliant" at other practices come to CenterWell, and once integrated into our care model, become healthier and adherent. One instance I am proud of is a patient who frequently missed appointments, to which we were alerted by the appointment analytics. Our team went into action and just months later the patient had reliable transportation to the office, affordable housing, healthy foods, and his A1c normalized, all because of the type of care CenterWell allows us to give.
- **Growth:** CenterWell Senior Primary Care is part of the nation's largest senior-focused primary care network, which also includes Conviva Care Center. The network includes nearly 260 centers across 15 states with ongoing expansion. This provides me with the opportunity to consider working in different locations and opportunities for my fellow physicians to experience the benefits of working for an organization that supports a care team model.

I am grateful for our robust clinical support team, which allows me to deliver quality care to seniors and do what I love while avoiding the burnout that so many physicians are feeling right now. CenterWell is a company that cares for patients as well as its employees, placing wellbeing at the top of the list for both groups.

When I talk to others about CenterWell, they always say "it sounds too good to be true," but it's not! I would encourage anyone thinking about a change to come tour one of our centers and talk with one of our providers to get a better understanding about how we deliver primary care. If I can share my positive experience with my colleagues on this rewarding approach, I've done my part to help combat the challenges they are currently facing.

To learn more about careers at CenterWell Senior Primary Care, please visit [CenterWellCareers.com](https://www.CenterWellCareers.com).



- Approved all items under the Consent Agenda to include:
 - Minutes from the July 13 and 16 VAFP Board of Directors meetings
 - Report from the VAFP CME Committee
 - Report from the VAFP Legislative Committee
 - Report from the VAFP Resident, Student & Faculty Committee
- Heard review from Dr. Moore on the informational items to include:
 - Additional information on the G2211 request for full implementation
 - VAFP Letter to Virginia Congressional Delegation Requesting Support for Full Implementation of G2211 Medicare Billing Code
- VAFP Letter to DMAS - Mandatory Medicaid and Children's Health Insurance Program (CHIP) Coverage of Adult Vaccinations under the Inflation Reduction Act (IRA)
- Thank you note from Virginia Association of Free Clinics
- VAFP Resolutions submitted to the AAFP Congress of Delegates (see pages 8-9)
- Resolution VAFP supported from ACOG to the Medical Society of Virginia's House of Delegates Titled Opposition to Criminalization of Transgender Health Care Providers and Others
- Reports from Members Serving on AAFP Commission on Health of the Public and Science and Federal and State Policy
- VCHI Virginia Primary Care Scorecard
- Heard report from VAFP EVP ML White on behalf of Mitch Miller, MD, Chair, VAFP Continuing Medical Education Committee on the location options for 2025 CME events.
- Heard report from VAFP Legislative Committee Chair, Jesus Lizarzaburu, MD, on the 2023 General Assembly elections, the state budget, the implementation of the electronic prior authorization legislation effective July 1, 2024, and other issues for the 2024 General Assembly including workforce issues, residency slot funding and program funding.
- Reviewed the Medical Society of Virginia Advocacy Summit Resolutions including Integrating Behavioral Health into Primary Care, Prevention and Treatment of Gun Violence, CRNA Scope of Practice and the Collaborative Care Model.

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- Heard report from VAFP Resident, Student & Faculty Committee Co-Chair Dr. Moore on the Scholarly Symposium and updates from the VAFP Resident and Student Board Representatives.
- Heard report from VAFP Secretary Alison Huffstetler, MD on the activities at the Robert Graham Center including discussion on the important collaboration between the Robert Graham Center and the AAFP Government Relations team and the implementation of the G2211 code.
- Heard update from Dr. Moore on the Practice Transformation Grant submissions.



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COMMENTARY: ON THE HEELS OF A MENINGITIS OUTBREAK, PUBLIC HEALTH OFFICIALS MUST ACT NOW

Virginians are still playing catch up on missed health services and routine vaccinations because of delayed annual wellness checks and doctor's appointments from the COVID-19 pandemic. Gaps in critical vaccines that slow or stop the spread of communicable illnesses, such as meningitis, the flu and more, leave our communities vulnerable to severe public health threats. To help protect Virginians from easily spreadable illnesses, public health officials have the opportunity to issue easy-to-understand recommendations around all new meningitis vaccines that will ensure the vaccines are widely available.

Meningitis — a highly contagious infection of the brain and spinal cord — can spread quickly through close contact with respiratory fluids. With a lapse in vaccine rates, Virginians have been left susceptible to an outbreak of the illness, and in August, the Virginia Department of Health announced a statewide meningitis outbreak, which has already led to five preventable deaths right here in our backyard. College dorms, classrooms and other close-knit environments are hot spots for meningitis to spread, and with residents and families spending more time indoors as the weather cools off, Virginians need protection against this dangerous disease now more than ever.

There are several meningitis vaccinations available in the U.S., but they're all recommended for different populations and under various circumstances by a federal agency called the Advisory Committee for Immunization Practices, a subcommittee of the Centers for Disease Control and Prevention. ACIP plays a critical role in identifying which vaccines are covered by insurance, which helps ensure broad access to and availability of newly approved vaccines in the U.S. ACIP's decision to recommend a vaccine is what keeps patients protected from serious illnesses.

ACIP's recommendation for the majority of meningitis strains is a two-shot vaccine series, but it issued a shared clinical decision making, or SCDM, recommendation for meningitis B (MenB) vaccines. An SCDM recommendation is not as significant as a full ACIP recommendation and requires additional conversations about the vaccine between a doctor and a patient, leaving many providers struggling to interpret how to best implement the recommendations. Additionally, new meningitis vaccines that provide protection against all strains of the illness did not receive a broad recommendation, and ACIP's guidance will require providers to consistently carry multiple meningitis vaccines in their offices.

With the current recommendation, many patients are at increased risk of contracting MenB — only 31% of U.S. adolescents have received a MenB vaccine. This discrepancy is only exacerbating existing gaps in immunizations, particularly as Virginians continue to face converging public

health threats with rising cases of COVID-19, the flu, meningitis and many other communicable illnesses.

For many Virginians, vaccine coverage has also been a challenge, and there is much work to be done on this front. We know how critical immunizations are for reducing illness, hospitalizations and deaths associated with infectious diseases — regardless of economic and insurance status, children and adults should have access to all immunizations recommended by ACIP.

ACIP's vaccine recommendations can affect the whole health care system — from patients, to providers, to caregivers. In a recent report, over half the physicians surveyed incorrectly defined the current ACIP recommendation for certain meningitis strains, while many parents are unaware that vaccines for MenB exist, leading them to falsely believe their families are fully protected against the disease. While all Virginians are at risk of contracting the illness, meningitis particularly affects younger patients, including children, teenagers and college students — about 21% of U.S. meningitis cases are diagnosed in patients between the ages of 11-24. A lack of awareness around the dangers of meningitis and declining vaccination rates are leaving Virginians, particularly young adults and underserved communities, at risk for contracting meningitis or spreading the illness to their loved ones.

ACIP still has the opportunity to issue concise and broad recommendations that make meningitis vaccines covering all strains of the disease more widely available, streamline the process for meningitis vaccination to ensure that patients are protected more quickly and efficiently in just one trip to their provider with less confusion. This way, new, innovative vaccines can be manufactured at the necessary volume or covered by insurance, decreasing barriers to access and helping address existing health inequities.

We're already in the midst of a statewide meningitis outbreak and the onset of cold, flu and RSV season — it's more important than ever that Virginians are fully vaccinated against communicable illnesses. Streamlining meningitis vaccinations with ACIP's guidance around vaccines that provide coverage against all strains of the illness is a commonsense solution.

Timothy Yu, MD, FAAFP, CAQSM, RMSK is the VAFP President-Elect and Faculty at the Fairfax Family Medicine Residency Program and Sports Medicine Fellowship Associate Clinical Professor, Department of Family Medicine and Population Health, VCU School of Medicine and Team Physician, George Mason University Athletics. This article was published on October 28, 2023 in The Virginia Gazette.



VCU

Vice Chair of Family Medicine Medical Education

We seek an **experienced family physician faculty member** for the role of **Vice Chair of Family Medicine Medical Education** to work closely with our Department Chair to **lead and advance our unique educational missions.**

As an educational leader, the **Vice Chair will:**

- be responsible for the management of our Family Medicine medical education team across the domains of **teaching, service, and scholarship**
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- advise the Chair on **educational priorities, funding needs, faculty recruitment/development, and infrastructure support for educational programs**
- be an active participant in the Department's **research and scholarship programs**, including serving as a **mentor and co-author** for faculty with specific interests in medical education scholarship
- ensure oversight so that all education programs meet and exceed compliance standards and policies, including **accreditation standards and fostering trainee safety and well-being**



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- ▶ medical education programs information: tinyurl.com/VCUFMed
- ▶ **comprehensive benefits package** includes **annual CME/professional development funds; license, professional membership and DEA** paid by department



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Interested candidates, please contact **Karin Guye Guillou** (804) 382-6981 (call or text) karin.guye@vcuhealth.org

We seek **Core Faculty Members** for our **new rural Family Medicine Residency.**

Core Faculty: VCU Health-Community Memorial Hospital Family Medicine Residency

The residency will produce **community-centered family medicine physicians** trained to meet the **broad scope** of medical needs in **rural and underserved communities** of Virginia and beyond through **real-world learning that promotes diversity, civic engagement, discovery, and innovation.**

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- **arts and culture, restaurants, museums, and a growing tech industry**



VCU Health-Community Memorial Hospital

- **new, state of the art 70-bed hospital**
- **adjoining outpatient care facility allowing for easily integrated, broad scope family medicine practice**



South Hill, Virginia

CONGRATULATIONS TO VAFP MEMBER DAVID KILLEEN, MD, AND THE TEAM AT NEIGHBORHOOD HEALTH, ALEXANDRIA

VAFP President Denee Moore, MD created as one of her Presidential initiatives a \$2,500 Practice Transformation Grant award. The Academy received some great applications from members and the winner of the award went to Dr. David Killeen and his team at Neighborhood Health in Alexandria. A summary of his grant application is noted below.

Description of the Project: The purpose of this project is to purchase ultrasound equipment and thus provide access to timely, on-site prenatal dating and viability ultrasounds for more than 1,000 low-income pregnant patients that Neighborhood Health serves each year. Neighborhood Health is a Federally Qualified Health Center, and the primary safety-net health care provider in Arlington, Alexandria, and Fairfax County – serving over 36,000 patients across 14 clinical sites. The patients we serve are predominantly low-income (over 88% have incomes below 200% FPL), uninsured or underinsured (45% of patients are uninsured and 41% have Medicaid/FAMIS), and racially and ethnically diverse (62% Hispanic, 18% Black/African American, and 7% Asian). Many of our patients are immigrants and find navigating our health care system challenging due to language, literacy, transportation, and other issues.

Problem/Need Statement: Neighborhood Health began offering prenatal services in November 2019 as the local health departments were reducing their capacity to care for uninsured patients. Many of these patients present to the office weeks into their pregnancy and need to apply for Medicaid/FAMIS or hospital charity care to obtain important dating and viability ultrasounds at local imaging centers. This can mean weeks of delay to confirm gestational age, fetal development, miscarriages, and multiple fetuses. By performing our own dating and viability ultrasounds on-site we will ensure more timely access to results and offer patients needed care within their own medical home.

GOAL, OBJECTIVE, ACTIVITY, DESIRED OUTCOME:

GOAL 1: Increase Access: Neighborhood Health (NH) will increase the percentage of pregnant patients receiving first trimester dating and viability ultrasounds from 40% to 80% by 6 months post grant award.

Objective: NH will attain a rate of 80% dating and viability ultrasound within 6 months of grant period by modifying new prenatal patient workflow to ensure ultrasound appointments are made and kept.



GOAL 2: Decrease Wait Times: NH will decrease prenatal patient wait time for dating and viability ultrasounds from an average of 20 business days to an average of 7 business days by 6 months post grant award.

Objective: NH will decrease patient wait times for service by having in-house ultrasound and certified provider for quicker access to care.

GOAL 3: Increase Capacity: Increase the number of trained NH prenatal clinicians who can perform dating and viability ultrasounds from zero to three by 6 months post grant award.

Objective 1: Dr. Killeen will develop a training and credentialing protocol for NH prenatal clinicians by 1 month post grant award.

Objective 2: Dr. Killeen will provide in-service training to NH's prenatal clinicians and increase capacity by 6 months post award, along with training rotating resident physicians.

Congratulations Dr. Killeen and Neighborhood Health!!



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for family physicians treating patients 0-21



THE VMAP LINE

Real-time consultations with licensed mental health professionals

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Visit www.VMAP.org to learn more!



Resident & Student Corner

CONGRATULATIONS TO THE NEW RESIDENT AND STUDENT REPRESENTATIVES ON THE VAFP BOARD OF DIRECTORS

The following VAFP members were selected to serve on the VAFP Board of Directors. They will serve a one-year term which began in November.

Resident Representatives



Katelyn Carpenter, M.D. - Shenandoah Family Medicine Residency



Daniel Fathalikhani, D.O. - LewisGale Medical Center Family Medicine Residency



Arsa Ghazal, D.O. - Fairfax Family Medicine Residency

Student Representatives



Lauren "LB" Canary - Virginia Tech / Carilion School of Medicine



Cassandra "Cass" Ritter - VCU School of Medicine

ATTENTION STUDENTS MARK YOUR CALENDARS TO ATTEND CHOOSE VIRGINIA!!

Don't Miss Out on Virginia's Family Medicine Day!

Saturday, May 4, 2024

Virginia Crossings Hotel & Conference Center
Richmond, Virginia

The VAFP invites you to join other medical students and discover what Virginia's exceptional family medicine residency programs have to offer. In addition to the Residency Fair, you will have the opportunity to participate in a series of comprehensive clinical and procedural hands-on workshops.

Email mlwhite@vafp.org if you are interested in a complimentary hotel room (out of town students only)!

More Information Coming Soon!



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.
- 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. The deadline for application letters is June 30.

CAREER CENTER CHOOSE VIRGINIA

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. LOOKING FOR AN FP TO JOIN YOUR PRACTICE – SEARCH THE VAFP CAREER CENTER! RESIDENTS, POST YOUR RESUME!



VISIT THE CAREER CENTER!



FAMILY PHYSICIAN OF THE DAY

VOLUNTEERS NEEDED!!

Volunteers are needed to serve as Family Physician of the Day during the 2024 Virginia General Assembly. As Family Physician of the Day, you are asked to provide medical care in the courtesy medical station located in the General Assembly Building from 9:00 a.m. – 3:30 p.m. Monday through Thursday and 9:00 a.m. – 12:00 noon on Fridays. Nursing staff is provided daily by Virginia Commonwealth University. More specific information regarding directions, special parking, etc. will be provided with confirmation of your assigned date. Reimbursement for participation as Family Physician of the Day includes \$100.00 per day per diem and mileage reimbursement.

To sign up, please email Matthew Schulte at mschulte@vafp.org with your preferred date(s). For more information, please call 1-800-THE-VAFP.

JANUARY 2024

WEDNESDAY, JANUARY 10
TUESDAY, JANUARY 16
MONDAY, JANUARY 22
TUESDAY, JANUARY 23
WEDNESDAY, JANUARY 24
THURSDAY, JANUARY 25
FRIDAY, JANUARY 26
MONDAY, JANUARY 29
TUESDAY, JANUARY 30
WEDNESDAY, JANUARY 31

MONDAY, FEBRUARY 26
TUESDAY, FEBRUARY 27
THURSDAY, FEBRUARY 29

MARCH 2024

FRIDAY, MARCH 1
MONDAY, MARCH 4
TUESDAY, MARCH 5
WEDNESDAY, MARCH 6
THURSDAY, MARCH 7

FEBRUARY 2024

THURSDAY, FEBRUARY 1
MONDAY, FEBRUARY 5
TUESDAY, FEBRUARY 6
WEDNESDAY, FEBRUARY 7
THURSDAY, FEBRUARY 8
TUESDAY, FEBRUARY 13
THURSDAY, FEBRUARY 15
FRIDAY, FEBRUARY 16
MONDAY, FEBRUARY 19
TUESDAY, FEBRUARY 20
WEDNESDAY, FEBRUARY 21
THURSDAY, FEBRUARY 22
FRIDAY, FEBRUARY 23

A SPECIAL THANK YOU TO THOSE VAFP MEMBERS THAT DONATED TO FAMDOCPAC IN 2023 - YOUR SUPPORT IS GREATLY APPRECIATED.

A special thank you to those VAFP members that donated to FamDocPAC in 2023 - your support is greatly appreciated.

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Donate now to FamDocPAC, the Political Action Committee of Virginia's Family Physicians!!

FamDocPAC

The Political Action Committee of Virginia's Family Physicians

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

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



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\$50 to \$99

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

FamDocPAC



**THE VAFP FOUNDATION WOULD LIKE
TO THANK THE FOLLOWING INDIVIDUALS
FOR THEIR SUPPORT THIS YEAR.**

Yasir Abdul-Rahman, DO
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Family Medicine Advocacy Rounds



FAMILY MEDICINE ADVOCACY ROUNDS – OCTOBER 2023

AAFP PRESIDENT-ELECT TESTIFIES BEFORE ENERGY AND COMMERCE COMMITTEE

“We need Congressional action to fix our Medicare physician payment system. I strongly urge Congress to reform budget-neutrality requirements, enact an annual inflationary update for physician payments, support physician practices moving into value-based payment models, and pass the Lower Costs, More Transparency Act.”

– Steven P. Furr, MD, FAAFP
President-Elect, American Academy of Family Physicians



On October 19, AAFP president-elect, Dr. Steve Furr, testified before the U.S. House Energy and Commerce Subcommittee on Health during a hearing titled: “What’s the Prognosis?: Examining Medicare Proposals to Improve Patient Access to Care & Minimize Red Tape for Doctors.” The hearing highlighted two of the most pressing issues impacting physicians and workforce shortages: inadequate Medicare payment and overwhelming administrative burden.

Dr. Furr focused on the importance of fine-tuning Medicare payment to best serve seniors and strengthen the program, including by increasing physician payment and easing administrative burden.

FAMILY PHYSICIANS CONTINUE TO SUPPORT G2211 ADD-ON CODE

Why it matters: Primary care visits are thoughtful, complex, and all about ensuring patients’ health care needs are met. Here’s the catch, though: All that work physicians do isn’t appropriately paid for.

One Medicare physician billing code—set to go into full effect in 2024—is specifically designed to pay more accurately for the complex, high-value visits that primary care physicians provide as part of a continuous relationship with a patient. The equation is simple. Better payment equals better patient access and better outcomes. G2211 can make this a reality.

“Fixing a flawed Medicare payment system cannot come at the expense of primary care. The bottom line is that G2211 is not just about ensuring physicians are adequately paid. It is about protecting patients’ access to the comprehensive, longitudinal, high-value primary care they need.”

– Tochi Iroku-Malize, MD, MPH, FAAFP, President, American Academy of Family Physicians and Omar T. Atiq, MD, FACP, President, American College of Physicians



Unfortunately, this important policy, poised to improve health care nationwide, has attracted opposition. But the misperceptions driving criticism of G2211 do not stand up to scrutiny.

AAFP ADVOCATES FOR PRIMARY CARE WORKFORCE LEGISLATION

“We have a timely opportunity to reaffirm support and investment in the physician community—the very one that provides preventive and emergency care, takes care of children and families, and helps us respond to emerging and devastating health threats. We implore Congress to act now to secure the future of our nation’s health.”



Why it matters: The physician shortage is a complex issue affected by growing demand, a history of underinvestment in primary care, an aging physician workforce, and economic pressures on the rural health system.

The U.S. faces a projected physician shortage of up to 124,000 physicians by 2034, with demand for physicians outpacing supply. Further, the Health Resources and Services Administration estimates that, by 2025, there will be a shortage of more than 250,000 mental health professionals, including psychiatrists.

FAMILY MEDICINE ADVOCACY ROUNDS – NOVEMBER 2023

For physicians—in communities both urban and rural, in hospitals, clinics, and independent practices—a workforce shortage contributes to burnout, inability to take on new patients, shortened visit times, financial challenges, and increased administrative burden.

The AAFP has consistently advocated in support of federal policies to address the shortage and maldistribution of adult and pediatric primary care, psychiatric, and other high-need specialties.

AAFP WEIGHS IN ON MENTAL HEALTH PARITY

Why it matters: Mental health is just as important as physical health. The departments of Treasury, Labor and Health and Human Services released a proposed rule on mental health parity, specifically focused on improving coverage and payment.

Family physicians provide longitudinal care across a patient's lifespan, which often includes comprehensive mental health services and, when needed, care coordination with other mental health professionals. However, coverage of mental health services and network adequacy remains an issue, preventing patients from receiving specialized care and requiring primary care physicians to fill the gap while navigating timely and burdensome referral processes.

AAFP PROVIDES RECOMMENDATIONS FOR VETERANS AFFAIRS STANDARDS OF CARE

Why it matters: While the AAFP supports a wide variety of efforts by policymakers to improve access to health care services, we believe physician-led, team-based primary care is what's best for patient care and outcomes. Patients are best served when their care is provided by an interprofessional, interdependent team led by a physician to support comprehensive care delivery and achieve better health, better care, and lower costs.

Nowhere is this more important than at the Department of Veterans Affairs, which delivers multifaceted medical care to veterans, including those with traumatic brain injuries and other serious medical and mental health issues. Family physicians are uniquely trained and positioned to holistically address patients' health care needs in the context of their communities, including by managing multiple chronic and acute conditions.

AAFP WELCOMES NEW PRESIDENT

On October 27, Steven P. Furr, M.D., FFAFP, a family physician in Jackson, Alabama, was installed as AAFP president. In this role, Furr will advocate on behalf of family physicians and patients across the country to inspire positive changes in the U.S. health care system.

"The AAFP has been a cornerstone in my family medicine career—one that has helped me gain immeasurable knowledge, experiences and the ability to connect with family physicians across the country," said Furr. "During a time where the health care landscape is changing rapidly, we need family physicians as local, state, and national leaders who are willing to do the hard but exciting work of improving our health care system for all. I look forward to each of us making that kind of difference during my time as president."

AAFP RESPONDS TO 2024 MEDICARE PHYSICIAN FEE SCHEDULE FINAL RULE

“The AAFP applauds CMS for finalizing new policies in the 2024 MPFS to better support access to high-quality care, including the full implementation of the G2211 Medicare add-on code. However, the finalized reduction to the Medicare conversion factor will result in untenable payment cuts for family physicians and reiterates the urgent need for long-term Medicare payment reform.”

– Steven P. Furr, MD, FFAFP
President, American Academy of Family Physicians



Why it matters: Family physicians provide comprehensive, continuous primary care to patients across the lifespan, but inadequate Medicare payment rates strain physician practices and create barriers to care for enrollees. Many other health care payers and programs base their payment rates on the Medicare physician fee schedule, including TriCARE, state Medicaid agencies, and other insurers, so it is important that Medicare physician payments appropriately value primary care and keep pace with the costs of running a practice.

We are pleased to see CMS take steps to bolster primary care. Specifically, family physicians deeply appreciate the full implementation of the G2211 Medicare add-on code, which will more appropriately value the complex, continuous services they provide—including managing chronic conditions and acute problems, modifying medication doses, administering vaccines, providing preventive screenings, and counseling on healthy habits.

AAFP SUPPORTS RULE TO END SALE OF MENTHOL CIGARETTES AND ALL FLAVORED CIGARS

Why it matters: There is clear evidence that flavored tobacco products, including menthol, are particularly addictive for young people. Family physicians know that eliminating menthol cigarettes will save lives and promote health equity among disproportionately affected communities.

Continued on page 24

Continued from page 23

AAFP PARTNERS WITH HEALTH ORGANIZATIONS TO RELEASE EDUCATIONAL RESOURCES ON ADDICTION



10 Things Every Physician Should Know About Addiction

Logos for American Academy of Addiction Psychiatry, AMERICAN PSYCHIATRIC ASSOCIATION, AAFP, and ASAM American Society of Addiction Medicine.

The AAFP joined the American Psychiatric Association, the American Academy of Addiction Psychiatrists, and the American Society of Addiction Medicine to develop resources, with succinct and powerful facts about addiction. The resources are aimed at helping to raise awareness, increase understanding, and combat the stigma associated with addiction and seeking treatment.

AAFP WEIGHS IN ON THE IMPORTANCE OF MEASURING PRIMARY CARE SPENDING

Why it matters: A standardized approach to measuring and reporting on primary care spending at the national level is a vital step toward meaningfully increasing our investment in primary care. Advancing a standardized approach to measurement will enable more states to measure and report on primary care spending, facilitate improvements in relevant data, and provide policymakers and other stakeholders with actionable information to improve equitable access to primary care.

With support from the Milbank Memorial Fund and the Physicians Foundation, the AAFP's Robert Graham Center developed and published a primary care scorecard which includes measurements of primary care spending in several states. While this represents an important

measure of progress, the national survey data used for primary care spending in this scorecard are not available at the state level for all 50 states.

To that end, the AAFP voiced support for a technical brief on measuring primary care health spending from the Agency for Health Care Research and Quality.

In its comment letter, the AAFP emphasized the urgent need for a standardized approach to measuring primary care spending at the national level, which should not be delayed in development of new consensus definitions or create new data sets.

AAFP EVP AND CEO DISCUSSES HEALTH CARE AFFORDABILITY



During a *Washington Post* Live event, AAFP Executive Vice President and CEO R. Shawn Martin joined Blue Cross Blue Shield Association's chief corporate affairs officer, Sean Robbins, to discuss how payers and physicians can come together to make health care more affordable for everyone. Martin highlighted the importance of family medicine and the pivotal role it plays in improving health care and lowering costs.

For the latest policy updates impacting family medicine, follow AAFP at [@aafp_advocacy](https://twitter.com/aafp_advocacy).



THANK YOU TO THE AMERICAN ACADEMY OF PEDIATRICS (AAP) PEDIATRIC MENTAL HEALTH CARE ACCESS (PMHCA) PROGRAM



In the spring of 2023, the VAFP was very fortunate to be awarded a PMHCA Program Utilization Chapter Grant focusing on efforts to strengthen partnerships between AAP Chapters and PMHCA programs. The VAFP partnered with the Virginia Mental Health Access Program, 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.

The Academy provided members electronic resources on

pediatric mental health as well as hosted a live CME session titled, "Pediatric Mental Health - Helping families get the treatment they need" during the VAFP Annual Meeting in Virginia Beach and a virtual CME session titled, "The Impact of Social Media and the Internet on Youth Mental Health. Both sessions were very well attended and very highly rated.

The outcomes of our engagement with VMAP increased the total number of family physicians utilizing the VMAP resources by an average of 38%! Thank you to the AAP and VMAP for this opportunity!

MARK YOUR CALENDARS!

JOIN THE VAFP IN WILLIAMSBURG THIS SUMMER!

VAFP 2024 ANNUAL MEETING & EXPOSITION
JULY 18-21, 2024
THE WILLIAMSBURG LODGE
WILLIAMSBURG, VIRGINIA

JOIN THE VAFP IN BEAUTIFUL, HISTORIC WILLIAMSBURG, EARN HIGH QUALITY CONTINUING MEDICAL EDUCATION AND CONNECT WITH FRIENDS AND COLLEAGUES.

THERE'S MORE TO WILLIAMSBURG THAN JUST AMAZING HISTORY! DISCOVER INCREDIBLE OUTDOOR ADVENTURES, THRILLING THEME PARKS, IRRESISTIBLE CULINARY DELIGHTS, AND, OF COURSE, THE WORLD'S LARGEST LIVING HISTORY MUSEUM. NAMED ONE OF "THE SOUTH'S BEST SMALL TOWNS" BY SOUTHERN LIVING'S READERS IN 2023, WILLIAMSBURG OFFERS SOMETHING FOR EVERYONE!



2024 VAFP AWARDS

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

JAMES P. CHARLTON, MD TEACHER OF THE YEAR AWARD

In memory of James P. Charlton, MD, a VAFP Past President, the VAFP awards annually the James P. Charlton, MD Award for excellence in teaching in family medicine. Nominees may include teachers of family medicine who participate in teaching at the medical school level, residency faculty level or community preceptorship level. Award recipients will receive a commemorative certificate during the 2024 VAFP Annual Meeting, land travel expenses, one night's lodging and a \$100 honorarium.

F. ELLIOTT OGLESBY, M.D. VOLUNTEER OF THE YEAR AWARD

"The voluntary gift of one's time on behalf of our profession is one of the greatest gifts one can make."

In honor of former VAFP President F. Elliott Oglesby, MD, the Virginia Academy of Family Physicians' Board of Directors has established the "F. Elliott Oglesby, MD Volunteer of the Year Award." The award is designed to recognize annually a Virginia Family Physician whose service to his or her profession and/or community exemplifies the true nature of volunteerism. Award recipients will receive a commemorative certificate during the 2024 VAFP Annual Meeting, land travel expenses, one night's lodging and a \$100 honorarium. In addition, the award recipient will be provided a \$1,000 grant to donate in his or her name to the organization of their choice.

VIRGINIA FAMILY PHYSICIAN OF THE YEAR AWARD

Nominees should:

- Provide his/her community with compassionate, comprehensive and caring medical service on a continuing basis.



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

Award recipients will receive a commemorative certificate during the 2024 VAFP Annual Meeting, land travel expenses, one night's lodging and a \$100 honorarium.

Please submit your nomination(s) no later than June 1, 2024.

Please visit www.vafp.org/awards or call 1-800-THE-VAFP for more information.

THE VAFP WELCOMES NEW MEMBERS

ACTIVE

Thomas Albert MD
Anastasia Brown MD
Brady Christensen DO
Heather Elsner-Boldt MD
Jeevan Errabolu MD
April Fields DO
Garett Francis DO
M'Kayla Francis DO
Malak Isaac MD
Magda Kowalczykowski MD
Elisa Malpass MD
Rohini Manda MD
Jennifer Mihelic DO
Abdul Mohiuddin MD
Clare Mundy MD
Lauren Paul DO
Jessica Whiting DO
Raenell Williams MD

RESIDENT

Marium Ali MD
Aileen Bi DO
Muhammad Mahmud MD
Swathi Muddasani MD
Roshni Patel MD
Eric Raby DO
William Rhoad DO
Tabeer Shaikh MD

STUDENT

Sydney Ahlquist
Tayyab Ahmad
Amina Ahmed
Katie Aliaga
Andre Ardelan
Christia Aspili
Aashish Batheja MPH
Evan Bischoff
Lauren Blanchetti
Abigail Braatz
Rachel Bradley
Stephanie Browne
Rachael Cal

Ashveen Chandansingh
Hirra Chaudhary
Rohit Chayanam
Aaron Cheah
Nancy Chen
Samantha Chung
Laura Clark
Aylwyn Dale Corpus
Robert Cutler
Pamela Dang
Taylor Drake
Devon Dryer
Lauren Duttry
Brian Dykstra
Jacques Fair
Yvonne Fung
Reni Gandhi
Adriana Gomes
Noelle Hagy
Reyna Han
Kayla Harley
Amir Hasani
Raymond Hogge III
Andrew How
Michael Jackson Jr
Narasimhan Jayasri
Jenny Jiang
Noelle Johnson
Rajita Kanapareddy
Cameron Kelly
Faizaan Khan
Rufina Kore
Anna La Raffa
Michelle Lam
Margaret Lawrence
Joanna Le Galloudec
Gary Leventhal
Nicole Lulkin
Sarah Martey
Sylvia Mast
Kaeden McClintock
Konrad McKalip
Callie Moran
Shivani Mullapudi

Adan Naseer
Mason Nelson
Ryan Nguyen
Thuy-Linh Nguyen
Rachel Park
Shivani Patel
William Perrine
Catherine Phan
Michael Pierson
Pronin Piya
Bria Pridgen
Devika Puri
Linh Quan
Yumna Rahman
Sruthie Rathnam
Grace Rauch
Liana Resnikoff
Kaila Ross
Sierra Rouse
Aarya Sapre
Raghav Saravanan
William Schroeder
Kavin Selvan
Sheel Shah
Hyun Seung Shin
Will Shuford
Lia Signaevskaia
Hannah Stamos
Katie Stombres
Elyssa Tassoni
Sean Thuesen
Brian Truong
Matthew Ulbing
Ben Vanderkwaak
Nikkie Vu-Huynh
Lavinia Wainwright
Nolan Yano
Kai-Kan Japheth Yeung
Shaun Yu

VIRGINIA MENTAL HEALTH ACCESS PROGRAM (VMAP) PROJECT ECHO

Pediatric Mental Health Training for Primary Care



Do you see kids with mental and behavioral health needs in your practice?

VMAP Project ECHO can help you integrate best practices in pediatric and adolescent mental and behavioral health care into your busy practice. Our “all teach, all learn” approach leads to strong community connections. While there is no cost to join, CME/MOC package is available for a \$50 fee.

Register at www.vmap.org/project-echo or scan QR code to the right
Questions? projectecho@vmap.org



Accreditation Information: This program is approved as a Continuing Medical Education (CME) Maintenance of Certification Performance Improvement Project, which **qualifies participants to receive up to the following credits: 25 AMA PRA Category 1 credits™; 25 ABMS (Maintenance of Certification) MOC Part II or Self-Assessment credits*; 25 MOC Part IV or Performance Improvement credits*.** In order to be awarded credits for participation, all project requirements must be met. The University of Virginia School of Medicine is accredited by the ACCME to provide continuing medical education for physicians. The UVA Office of Continuing Medical Education is an ABMS Multi-Specialty Portfolio Sponsor. **for participating boards*

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Common Conditions in Pediatric and Adolescent Mental Health

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Jan - Nov 2024
4th Fridays, 12-1 PM



Virginia Mental Health
Access Program



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CME CALENDAR

2024

January 25-28, 2024

VAFP 2024 Winter Family Medicine Weekend
Wintergreen Resort
Wintergreen, Virginia

January 26, 2024

Pain Medicine KSA
1:00 PM – 5:00 PM
Virtual & In person in conjunction with the
VAFP 2024 Winter Family Medicine Weekend

May 4, 2024

Choose Virginia
Virginia's Family Medicine Day for Residents & Students!
Virginia Crossings Hotel & Conference Center
Richmond, Virginia

July 18-21, 2024

VAFP 2024 Annual Meeting & Exposition
Williamsburg Lodge
Williamsburg, Virginia

July 19, 2024

Pain Medicine KSA
1:15 PM – 5:15 PM
Virtual & In person in conjunction with the
VAFP 2024 Annual Meeting & Exposition

July 20, 2024

Diabetes KSA
1:45 PM – 5:45 PM
Virtual & In person in conjunction with the
VAFP 2024 Annual Meeting & Exposition

October 26, 2024

Diabetes KSA
8:30 AM – 12:30 PM
Virtual

October 26, 2024

Asthma KSA
1:00 PM – 5:00 PM
Virtual

For more information, visit
www.vafp.org



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Marilyn Van Horn, MD
Family Medicine
Bayview Physician for 14 years

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Serena Barakat, MD
Family Medicine
Bayview Physician for 10 years

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Joel Anyiwo, MD
Family Medicine
Bayview Physician for 4 years

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For more than 30 years, Bayview Physicians Group has delivered unparalleled health care to the communities of Southeastern Virginia. As the region’s largest, private, multi-specialty group, our commitment remains focused on the health of the populations we serve. Our unwavering dedication to excellence in health care is credited to our longstanding, quality team of providers. **We are Bayview strong.**

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Family Physician opportunities

We seek **BC/BE Family Physicians**
for clinical locations in **Virginia:**
Richmond
Prince George County
Tappahannock region



Richmond and nearby
Prince George County



Hayes E. Willis Health Center

- **dedicated, mission-driven** colleagues and team members, including **clinical pharmacist, social work and behavioral health support**, providing **holistic patient-centered care**
- experience working with **medically underserved communities, teaching, and expertise** in areas of care such as **opioid use disorder/substance use disorder, transgender care, and procedural care** preferred

Stony Point

- **new clinical site** in the **Stony Point 9000 building**

Waterside Commons

- **new clinical site** in **Prince George County/Hopewell area**

details

- ▶ **outpatient family medicine practices** with **fully integrated EPIC EMR**
- ▶ **comprehensive benefits package** includes **annual CME/professional development funds; license, professional membership and DEA** paid by department; **relocation, vacation, sick days, holidays**
- ▶ **5-day work week** (includes **clinical administrative time** for chronic disease management and responding to patient messaging); call is **phone only**
- ▶ support at nearby **VCU Medical Center (Richmond and Prince George) and Tappahannock Hospital (Mt. Clement and Warsaw)**, including **24/7 hospitalist service, laboratory, imaging, and specialty consult services**
- ▶ **eligible for clinical faculty appointment** in the **VCU Department of Family Medicine and Population Health**
- ▶ **medical student and resident teaching opportunities** and potential involvement in **department research programs**

contact

Interested candidates,
please contact
Karin Guye Guillou
(804) 382-6981 (call or text)
karin.guye@vcuhealth.org



[tinyurl.com/
VCUFamMedJobs](https://tinyurl.com/VCUFamMedJobs)



Warsaw

Tappahannock/ Mt. Clement



Tappahannock region

- **comprehensive care** provided for **patients of all ages, with a focus on patients over 65 years of age**, with opportunities for **pediatrics** and **office-based procedures**
- practices serve a **rural population** from the **Middle Peninsula** and the **Northern Neck** in **Virginia**