

VIAFP
VIRGINIA'S FAMILY PHYSICIANS

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





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





#### 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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The Virginia Family Physician

is published by the Virginia Academy of Family Physicians
2924 Emerywood Parkway,
Suite 102,
Richmond, VA 23294

Edition 75



Created by Publishing Concepts, Inc.

David Brown, President
David Brown, President ⋅ 1-800-561-4686 ext. 103
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# VAFP PRESIDENT'S MESSAGE

Denée J. Moore, MD, FAAFP, DABFM



Dear Colleagues,

I hope you had a healthy and productive Winter. It was great seeing many of you at the VAFP 2024 Winter Family Medicine Weekend at Wintergreen. We had exceptional Continuing Medical Education (CME) programming and networking events thanks to the hard work of the VAFP CME Committee, led by Mitch Miller, MD, and the Academy staff.

The 2024 Virginia General Assembly session was active and afforded the Academy opportunities to advocate for legislation that benefits patients and family physicians. With the guidance and expertise of the VAFP's General Counsel Hunter Jamerson, JD and Legislative Committee Co-chairs Jesus Lizarzaburu, MD and Mark Watts, MD, the Academy worked closely with legislators throughout the session in an effort to reduce administrative burden, enhance physician reimbursement in the Virginia Medicaid program, increase the number of family physicians working in medically underserved communities throughout the state by providing loan reimbursement, maintain appropriate oversight and training for non-physician clinicians who seek to practice medicine independently, and maintain reasonable malpractice insurance costs for physicians. A huge thanks to members who served on the VAFP's Legislative Committee, served as Key Contacts, attended the Academy's Advocacy Day in January, and volunteered as Family Physician of the Day at the General Assembly as your work was critical to promoting the Academy's legislative priorities. I encourage all members to donate to the FamDocPac which supports the election or re-election of statewide candidates who share your commitment to the specialty of Family Medicine.

I want to remind members about the American Academy of Family Physicians' (AAFP's) advocacy success in securing the full implementation of the G2211 Medicare billing code as of January 1, 2024. This 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. More information about the G2211 Medicare billing code can be found on the AAFP's website.

In May, the VAFP will host Choose Virginia 2024 at the Virginia Crossings Hotel & Conference Center in Glen Allen. This event gives Virginia medical students an opportunity to learn about Virginia's Family Medicine residency programs and network with faculty and residents from those programs during procedural sessions and a residency fair. I encourage all students who are interested in the specialty of Family Medicine to attend, and registration information can be found on the VAFP's website. Also in May, the AAFP will host the Family Medicine Advocacy Summit (FMAS) in Washington, D.C. Participants will have the opportunity to meet with their members of Congress to influence national legislation and policies that affect their patients, their practice, and the specialty of Family Medicine. I encourage VAFP members to join me there. Registration information can be found on the AAFP's website.

I hope you have a wonderful Spring, and I look forward to seeing you at the VAFP 2024 Annual Meeting in Williamsburg!

With gratitude,

Denée J. Moore, MD, FAAFP, DABFM

THE AAFP PUBLISHED ON THEIR WEBSITE A COMPREHENSIVE OVERVIEW FROM ADVOCACY WINS TO WHOLE SPECIALTY EMPOWERMENT TO PUBLIC HEALTH ADVANCES. LEARN HOW THE AAFP JOINED FAMILY PHYSICIANS THROUGHOUT THE COUNTRY WORKING TO CHANGE HEALTH CARE FOR PATIENTS, PRACTICES, AND COMMUNITIES. HERE'S ALL THE BEST FROM 2023 IN THE CATEGORIES OF CAREER SUPPORT; PRACTICE TOOLS; ADVOCACY WINS; WELLBEING: PUBLIC HEALTH: HEALTH EQUITY AND FUTURE OF FAMILY MEDICINE.

ACCESS THE INFORMATION!





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## Vice Chair of Family Medicine Research and Scholarship

We seek an experienced family physician faculty member for the role of Vice Chair of Family Medicine Research and Scholarship to be responsible, under the direction of our Department Chair, for the leadership, management, and administration of our FM research team.

As a research leader, the Vice Chair will:

- assist the Chair in fostering an environment in the department that values and promotes diverse clinical, translational, practice-based, community and educational research and scholarship across all department missions and locations
- serve as the primary departmental advocate for research and scholarship program improvement, and provide oversight, support, direction, coaching, and development to the department's research and scholarship efforts
- advise the Chair and PIs on research and scholarship priorities, funding opportunities, funding needs, recruitment, and infrastructure support for research and scholarship programs
- work with the department administrator, Pls and other program leaders to develop and maintain annual operating budgets for research and scholarship programs
- · foster collaboration, innovation, and coordination of research and scholarship across all training sites
- ensure that medical student and resident research and scholarship programs function in a traineefocused manner, including fostering trainee safety and well-being
- develop and support new initiatives and ensure that departmental research and scholarship programs function in a manner consistent with departmental values and focus areas
- serve as a mentor for faculty members with specific interest in family medicine research and scholarship across all departmental missions



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

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

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#### VCU Health-Community Memorial Hospital

- new, state of the art 70-bed hospital
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## BOARD OF DIRECTORS MEETING BOARD BRIEFS

Wintergreen Resort • January 27, 2024

- Approved a motion to accept the consent agenda items including a report from the VAFP CME Committee, meeting minutes from the VAFP Legislative Committee, a report from the VAFP Resident, Student & Faculty Committee, and meeting minutes from the VAFP Well-being Committee.
- Reviewed reports from VAFP members serving on AAFP Commissions including Health of the Public & Science, Federal and State Policy, and Continuing Professional Development.
- Reviewed the upcoming meeting calendar.
- Heard report from VAFP Treasurer Charlie Frazier, MD on the 2023 financial statements and proposed 2024 VAFP budget.
- Approved a motion to accept the 2024 VAFP budget as presented.

- Approved a motion to add two dues categories including an annual inactive and a one-time life member fee.
- Heard report from VAFP Continuing Medical Education Committee Chair, Mitch Miller, MD on the 2024 Winter Family Medicine Weekend held January 25-28 at Wintergreen Resort and the plans and programming for the 2024 Annual Meeting July 18-21 in Williamsburg and the locations and dates for the 2025 CME events.
- Heard legislative and regulatory update from VAFP Legislative Committee Co-Chair Jesus Lizarzaburu, MD and VAFP Legislative Consultant Hunter Jamerson, JD.
- Heard a report from Dr. Lizarzaburu on the VAFP Advocacy Day held January 18, 2024, in Richmond, VA.
- Heard reports from VAFP Resident and Student Representatives Drs. Carpenter,

- Ghazal & Fathalikhani and Cass Ritter & LB Canary.
- Heard review of VAFP Executive Committee proposed bylaws changes from VAFP President Denee Moore, MD.
- Approved a motion to accept the proposed bylaws changes as presented by the VAFP Executive Committee.

  NOTE: Proposed changes to be sent to the membership for review.
- Heard report from VAFP Director Verneeta Williams, MD on the Virginia Neonatal/Perinatal Collaboration.
- Heard announcement from Dr. Moore on the appointment of VAFP Past President Mark Watts, MD as Co-Chair of the VAFP Legislative Committee.
- Held discussion with Lauryn Walker, Virginia Center for Health Innovation, on the Virginia Task Force on Primary Care and the Primary Care Score Card.



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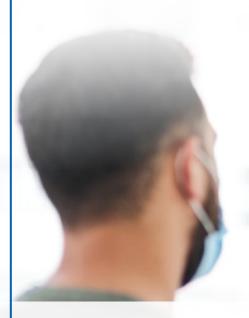
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- Can live longer, healthier lives.
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Talk to your patients with HIV about the benefits of becoming undetectable to keep themselves and their partners healthy.







To access resources from the Centers for Disease Control and Prevention on HIV treatment as prevention, visit: <a href="mailto:cdc.gov/HIVCareIsPrevention">cdc.gov/HIVCareIsPrevention</a>.







# A SPECIAL THANK YOU TO THE PHYSICIANS THAT SERVED DURING THE 2024 VIRGINIA GENERAL ASSEMBLY AS FAMILY PHYSICIAN OF THE DAY

Every year during the Virginia General Assembly members of the VAFP volunteer to serve as Family Physician of the Day by providing medical care in the courtesy medical station located in the General Assembly Building. Robin Anderson, MD

Robin Anderson, MD Lindsey Casal-Roscum, MD Charlie Frazier, MD Trice Gravatte, MD

Dave Gregory, MD Daniel Ho, MD Jesus Lizarzaburu, MD Ananya Mishra, DO Denee Moore, MD Robert Newman, MD Lauren Rank, DO Cassandra Ritter

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# **FAMDOCPAC**

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.

The Political Action Committee of Virginia's Family Physicians

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"FAMDOCPAC PUTS FAMILY
PHYSICIANS AT THE TABLE WHEN
IMPORTANT HEALTH CARE
DECISIONS ARE MADE."





# 2024 VAFP ADVOCACY DAY



On Thursday, January 18th, VAFP members participated in the annual VAFP Advocacy Day at the Virginia General Assembly. The day started with breakfast and a briefing on the issues of interest from VAFP Legislative Consultant Hunter Jamerson, JD. Following breakfast and briefing, the group made their way to the newly opened General Assembly building where they had in person meetings with their respective Senators and Delegates, lobbying on issues pertinent to the daily practice of family medicine and attended health sub-committee meetings in both the Senate and the House. Many of the legislators VAFP members met with during the day were newly elected to the General Assembly which was a great avenue for developing relationships and educating on the importance of primary care in the Commonwealth.

Issues that the family physician, family medicine resident and medical student participants focused on in their discussion with legislators and their aides included the medical malpractice cap, prior authorization, scope of practice, incentives for mental health services, covenants not to compete, health insurance coverages and the importance of the primary care workforce in Virginia. On the state budget front, participants emphasized the importance of the passage of funds to increase the Medicaid reimbursement in primary

care and funds for loan repayment to family physicians that choose to practice in a health professions shortage area of the Commonwealth.

This year's Advocacy Day was a tremendous success!! The VAFP thanks all members that volunteered their time to support advocacy efforts in the Commonwealth. Any member interested in participating in 2025, please reach out to ML White (mlwhite@vafp.org) and/or sign up to be a VAFP Key Contact.

Sign up to be a key contact.





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# 2024 WINTER FAMILY MEDICINE WEEKEND

The VAFP 2024 Winter Family Medicine Weekend was a huge success! Meeting comments highlighted the outstanding conference at Wintergreen Resort!

- Job well done. Thank you for providing an excellent and timely conference.
- Nice meeting space and size, Wintergreen is still very family friendly and affordable.
- As always, excellent relevant CME with excellent speakers.
- Enjoyed the conference and networking.
- VAFP Wintergreen Conference is the first medical conference I have attended. I enjoyed all the contents and accommodations that VAFP offered for the conference to medical students. Thank you for the great time.
- Great selection and variety of topics, excellent speakers. This was my first attendance; I expect to return.
- The content update talks and the breakout rooms with skills is a perfect combo for these meetings! Thanks for a great event!
- Well organized CME.
- One of the best Winter Weekends that I have been to!
- Favorite CME of the year! Looking forward to next year.
- Great meeting as usual! Excellent education and so happy to reconnect with colleagues/friends.
- Thank you for a great weekend!
- Great conference as always. Good location, great speakers.
- What an amazing event! The quality of the CME was spot on, both evidence-based and very relevant clinical practice. There were many takeaways for me to apply right away to my patients. I appreciate the welcoming environment of the VAFP members. Thank you for inviting me!









































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# Family Medicine Advocacy Rounds



## FAMILY MEDICINE ADVOCACY ROUNDS - ISSUE 21, FEBRUARY 2024

# AAFP OUTLINES RECOMMENDATIONS TO REDUCE HEALTH CARE SPENDING

Why it matters: We need targeted national investments in primary care. Primary care is the only health care component for which an increased supply is associated with better population health and more equitable outcomes. According to the National Academies of Sciences, Engineering, and Medicine, an increase of one primary care physician per 10,000 people is associated with an average mortality reduction of 5.3%, or 49 fewer deaths per 100,000 people per year.

However, decades of systemic underinvestment in primary care and prevention, coupled with overwhelming administrative burden on physicians, have led to poorer population health and a greater emphasis on rescue medical care. These consequences are directly contributing to our nation's exorbitant health care spending.

### NEW RULE FROM SAMHSA SUPPORTS PRIMARY CARE

Why it matters: Family physicians are often the first line of defense for primary care, chronic care management, and acute illness in their communities. They play

a crucial role in safe pain management prescribing practices, screening patients for opioid use disorder (OUD), and prescribing and maintaining treatment of medications for OUD (MOUD).

SAMHSA released the final rule on medications for the treatment of opioid use disorder, which makes certain COVID-19-era flexibilities permanent for opioid treatment programs, including allowing take-home doses of methadone, prescribing MOUDs via telehealth without an initial in-person physical evaluation, and revising stigmatizing language.

#### FAMILY PHYSICIANS: HELP US REALIZE THE GOALS OF G2211

Why it matters: Family physicians expressed appreciation of the implementation of the G2211 Medicare add-on code that began on Jan. 1. The code, which more appropriately values the complex, continuous services family physicians provide, is a direct investment in evidence-based, whole-person primary care. It offers payment for ongoing holistic care such as modifying medication doses, providing referrals to and coordinating with specialists, and coordinating care across a continuum of settings.

However, we have work ahead of us to ensure that family physicians experience the full benefits of this code as intended—specifically, allowing payment for G2211 when an office or outpatient evaluation and management (E/M) visit is reported with modifier 25.

When a separate E/M service is performed in a visit, modifier 25 is attached to the coding of the visit. For example, addressing a complaint of sinus congestion during an annual wellness visit would be a separate, distinct E/M service.



Unfortunately, G2211 is not payable when the accompanying E/M visit is reported with payment modifier 25. This means that when a physician provides comprehensive care and services to address all of a patient's needs in a single visit—for example, providing a vaccine while a patient is visiting for a different concern—they are unable to receive the additional resources G2211 offers for the additional complexity and time it takes to be the patient's ongoing focal point of care.

### FAMILY PHYSICIANS ENDORSE LEGISLATION TO PROMOTE PHYSICIAN WELL-BEING

Why it matters: Research shows that physicians in the U.S. suffer a higher suicide rate than almost any other profession. The AAFP endorses reauthorization of the Dr. Lorna Breen Health Care Provider Protection Reauthorization Act, which has already begun to address the mental health needs of our nation's health care workers by investing in programs to protect their mental health and end the stigma medical professionals often face when seeking necessary treatment and support. This legislation would reauthorize those programs through 2029, which otherwise expire at the end of this year.

This bipartisan legislation is critical to ensuring our nation's ability to respond to and support the mental health needs of physicians and other health care professionals. The AAFP supported this legislation in the 116th Congress ahead of its eventual passage into law.

### SECOND ANNUAL PRIMARY CARE SCORECARD EXAMINES PRIMARY CARE CHALLENGES

Primary care is the foundation of the U.S. health care system. Yet more and more people report not having a regular place for care. In the forthcoming second annual Health of U.S. Primary Care Scorecard, Robert Graham Center researchers give five reasons why access to primary care is worsening.

# AAFP HIGHLIGHTS IMPORTANCE OF RURAL MATERNAL HEALTH CARE

Research from the Robert Graham Center highlights the important role family physicians are playing in maternity care deserts. Of note:

- More than one-third of counties in the United States have been identified as maternity care deserts.
- Family physicians deliver babies in more than 40% of all U.S. counties, and more than half of these counties are located in nonmetropolitan areas.
- Family physicians are the sole maternity care clinicians delivering babies in 181 maternity care deserts, serving more than 400.000 women.



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# THINGS TO REMEMBER HOW TO CHECK YOUR MEMBERS' MEDICAID ELIGIBILITY

As a result of redetermination and ongoing regional open enrollment, it is important that providers verify the eligibility status of their Medicaid members each time services are rendered. When a member's circumstances change, they may also have changes to their eligibility status, program type or managed care organization (MCO) enrollment. It is in your best interest to review the member's eligibility card each time you provide care. Keep in mind that the possession of a card does not necessarily mean the holder is currently eligible for benefits, as members do not relinquish cards when coverage is cancelled. With the potential for multiple cards, your best option is to verify eligibility in one of two ways:

- 1. Verify the member's eligibility by using the MediCall automated phone system at 1-800-884-9730, or 804-965-9732.
- 2. Verify the member's eligibility through the Virginia Medicaid web portal automated response system (ARS).

  From this page, click

From this page, click the login button, use your secure credentials to sign in, select PRSS Portal from the Provider Management drop down menu, and then access the Eligibility tab.



Providers can also verify a member's eligibility without the Virginia Medicaid identification card using two other identification keys, such as full name, Social Security Number, and date of birth.

For additional resources for providers, visit the MES Provider Resources web page.



Card #



# FAMILY MEDICINE ADVOCACY SUMMIT

Sunday, May 19—Tuesday, May 21, 2024 Grand Hyatt Washington Washington, DC

# Take an active role in shaping family medicine's future!

At the 2023 conference, change started

with 276 family physicians coming to our nation's capital to advocate for improved Medicare reimbursement, relief from administrative burden, and an enhanced primary care workforce.

Take an active role in shaping family medicine's future when you come together with peers at the Family Medicine Advocacy Summit (FMAS). Whether you're a first-time attendee or an advanced advocate, you'll learn tactics for being a specialty champion. Plus, you'll flex your skills when you lobby directly with members of Congress to influence public policies that affect your patients and practice.





# Resident & Student Corner



#### **CHOOSE VIRGINIA**

ATTENTION STUDENTS AND RESIDENTS Register Now to attend CHOOSE VIRGINIA!! Don't Miss Out on Virginia's Family Medicine Day!

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

Saturday, May 4, 2024

Virginia Crossings Hotel & Conference Center



Glen Allen, 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.

# AAFP \*\*Total Conference\*\* Family Medicine Residents & Medical Students\*\*

August 1-3 | Kansas City

This is where you'll meet your people. Bridge the med school gap. Find your dream residency program.

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- Clinical workshops and Main Stage sessions
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- Access to hundreds of residency programs
- · The latest medical tools and technology
- Real connections that will last your career and beyond
- Financial and career pros who can help you plan for success

Save \$50 if you register by May 16!

Scan for more information and to register!



## **CHOOSE VIRGINIA SCHOLARSHIPS**

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.

#### Virginia Medical Student – \$2,500 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 they want to practice family medicine in Virginia as a resident and as a family physician.

# Graduating PGY-3 Family Medicine Resident – \$3,000 Scholarship

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 want 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. Mark Watts at emarkwatts@hotmail.com. The deadline for application letters is June 30. If anyone is interested in making tax deductible donation in support or expansion of this effort, or is interested in learning more about the VAFP Foundation, please visit our website at www.vafof.org.

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

E. Mark Watts, MD , FAAFP President, VAFP Foundation

# GRADUATING FAMILY MEDICINE RESIDENTS

The Virginia Academy of Family Physicians is pleased to offer all graduating family medicine residents a **complimentary registration fee** (\$350 value) to attend the 2024 VAFP Annual Meeting & Exposition scheduled July 18-21, 2024 at The Williamsburg Lodge in Williamsburg Virginia.

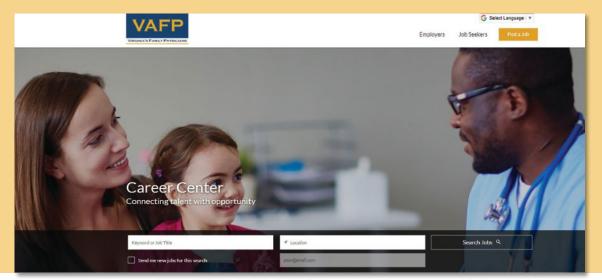
Don't miss out on the complimentary registration fee! For additional information, please contact Cheryl Modesto at the VAFP Headquarters Office cmodesto@vafp.org.

# 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!



## SCHOLARSHIP AWARDS FOR NATIONAL CONFERENCE

2024 Scholarship Award Information

Family Medicine Leads Scholarships to the AAFP National Conference of Family Medicine Residents and Medical Students are provided by the American Academy of Family Physicians Foundation. Family Medicine Leads focuses on filling the workforce pipeline with the best and brightest, as well as supporting the development of future family medicine leaders.

All scholarships are made possible by the donations of family physicians across the country.

In 2024, 250 scholarships will be awarded to attend the National Conference of Family Medicine Residents and Medical Students, August 1-3 in Kansas City, MO.

#### **Dates to Remember**

May 1, 2024: Application deadline June 3, 2024: Notification to applicants August 1-3, 2024: National Conference



# VAFP WELL-BEING CORNER

Over the last decade, we have been increasingly more aware of the topic of physician wellbeing. Burnout which is another very familiar term has been at record levels and near epidemic proportions for more than half of Family Physicians practicing medicine in the United States. Several factors have led to this including but not limited to the increased regulatory compliance burden, erosion of clinical autonomy, EMR, and staff challenges. As a result, many Family Physicians have experienced high levels of mood disorders, early retirement or career shifts, and suicide. Sadly, this takes away the joy of practicing medicine and taking care of patients, which is why at a baseline we all chose to go into this profession. Unless we are well, we cannot in turn care for our patients.

In this corner we will create a space to discuss different avenues of wellbeing in our personal and professional lives with some concrete takeaways. Each article will take a personal clinical experience as an example of our common struggles in practice and explore avenues to improve our responses.

VAFP members completed a survey last year telling us about the barriers you face in your path to wellbeing. Professionally, charting and inbox issues with the EMR and staffing ranked high. Personally, finding the need to "do it all", a work/life balance, and the time/ability to exercise. The work we do as family physicians is powerful and fulfilling and extremely challenging on so many levels. Yes, the system around us is broken AND we can change the way we show up in our practices that nourishes us and our patients, even in the midst of a broken system.

At the start, we recommend finding just one small action you could take for yourself that brings your attention to your own well-being. For example, I (Caroline), promised myself one month where my cell phone would not be allowed at the dining table. Laurie Santos, PhD in her Happiness Lab Podcast "D for Distracted" details the research on how cell phones diminish our enjoyment of a

meal and the company just by their access. By banning phones at the table, I felt more present and engaged in my family's life and happier overall. This spiraled into less screen time, less doom scrolling, and much more face time and laughter with my kids.

My (Lola) personal journey has varied along the way from full time hospital-based practice employed to newly private practice owner. I had the opportunity to participate in the AAFP Leading Physician Well-being (LPW) 2023 cohort. This is a year-long program to help interested physicians develop leadership skills to advance the well-being of our colleagues and care teams.

As a part of the program, I attended the AAFP Physician Well-being Conference in Palm Springs, CA. I never would have otherwise thought to attend and am still blown away with the knowledge and tools I learned and took away from not just the conference but also the LPW program.

One important thing I took away from the Well-being Conference was that my health comes before that of my patients and making this a priority is a Must to preserve the joy in medicine and practice.

If you have found yourself in that place of burnout, or more likely, feeling like your day-to-day work has you in "survival" mode, consider attending the 2024 AAFP Wellbeing Conference. Here is some more information: https://www.aafp.org/events/physician-health-and-well-being-conference.html

It will include more than 20 hours of CME, and our own VAFP member and Past President, Mark Greenwald, MD is serving as the conference chair for this year. Let's be in this together.

Please send us your experiences, tips, and questions for the next issue at admin@vafp.org.

Lola Ogbonlowo, M.D. Leesburg, VA

Caroline Blevins, M.D. Richmond, VA

# AAFP 2024 PHYSICIAN HEALTH AND WELL-BEING CONFERENCE

Monday, May 6-Wednesday, May 8, 2024 JW Marriott Camelback Inn Resort & Spa Scottsdale, AZ



THE ONLY NATIONAL EVENT SOLELY FOCUSED ON THE WELL-BEING NEEDS OF PHYSICIANS.

RECLAIM YOUR SPARK. REDISCOVER YOUR JOY.

AS MUCH AS YOU CARE ABOUT YOUR PATIENTS' HEALTH, YOU CAN'T LET IT COME BEFORE YOUR HEALTH. IMMERSE YOURSELF IN THREE DAYS OF INTERACTIVE LEARNING, GROWTH AND CONNECTION DURING THE AAFP'S 2024 PHYSICIAN HEALTH AND WELL-BEING CONFERENCE, MAY 6–8 IN SCOTTSDALE, ARIZONA, AND RETURN HOME REFRESHED AND RECHARGED.

# MARK YOUR CALENDARS! VAFP 2024 ANNUAL MEETING & EXPOSITION JULY 18-21, 2024

# THE WILLIAMSBURG LODGE WILLIAMSBURG, VIRGINIA

Thursday, July 18th
Golf Outing – The Gold Course 11:45 a.m.
Early Bird CME 3:00 p.m.
Welcome Happy Hour 6:00 p.m.

Friday, July 19th Morning General Session CME Annual Business Meeting Afternoon General Session/Break-out CME Installation and Awards Dinner

Saturday, July 20th Morning General Session CME Afternoon General Session/Break-out CME

Sunday, July 21st CME Breakfast 7:30 a.m. Morning General Session CME

#### MAKE YOUR HOTEL RESERVATIONS TODAY!

Williamsburg Lodge 310 S. England Street Williamsburg, VA 23185

The VAFP is returning to Colonial Williamsburg! The Lodge is situated in the heart of the historic district and is located just minutes from historic tours and exhibits of Colonial Williamsburg, Jamestown, Yorktown, and Busch Gardens. The cut off date for room reservations is June 27, 2024, at 5:00 p.m.

Room Rate - \$209 Rates do not include applicable local and state taxes. Parking is \$5.00 per room, per night.









## THE VAFP FOUNDATION WOULD LIKE TO THANK THE FOLLOWING INDIVIDUALS FOR THEIR SUPPORT IN 2023!

Yasir Abdul-Rahman, DO Moses Adiele, MD Robin Anderson, MD Jonathan Biggers, MD Lawrence Carpio, MD Samuel Caughron, MD Kimberly Combs, MD Denise Davis, MD B. Kent Diduch, MD James Doneker, MD David Ellington, MD Joy Gianvittorio, MD Dena Hall, MD

Lucas Hastings, MD Leah Hinkle, MD Ghada Ibrahim, MD Michelle Kingsbury, MD Jesus Lizarzaburu, MD Marie Malinchak, MD Daniel McCarter, MD Denee Moore, MD Teresa Moore, MD Robert Newman, MD Catherine Pipan, MD Michael Ponder, MD Sterling Ransone, MD

Amanda Russell, MD Tarin Schmidt-Dalton Bobbie Sperry, MD Mary Beth Sweet, MD E. Mark Watts, MD Timothy Yu, MD

Visit our webpage to learn more and donate



# BOTH TIPS FOR A HEART-HEALTHY LIFESTYLE

- There have been more than 20 research studies that support including lean beef in a heart-healthy diet and lifestyle.1-9
- When recommending a heart-healthy diet and lifestyle, consider:10
  - Overall healthy dietary pattern. Emphasize consumption of a variety of fruits, vegetables, whole grains, and lean proteins like lean beef.
  - Portion size. A 3 oz portion of cooked lean beef is about the size of a deck of cards.
  - Physical activity. Most Americans should aim for 75-150 minutes of physical activity each week



- Fleming, J.A., Kris-Etherton, P.M., Petersen, K.S., Baer, D.J. Effect of varying quantities of lean beef as part of a Mediterranean-style dietary pattern on lipids and lipoproteins: a randomized crossover controlled feeding trial. Am J Clin Nutr 2021; 113(5): 1126-

- 1 Fleming, J.A., Kris-Etherton, P.M., Petersen, K.S., Baer, D.J. Effect of varying quantities of lean beef as part of a Mediterranean-style dietary pattern on lipids and lipoproteins: a randomized crossover controlled feeding trial. Am J Clin Nutr 2021; 113(5): 1126-1136. https://doi.org/10.1093/jci.or/10.2073/jci.or/10

- nmaa096.
  7 O'Connor, L.E., Paddon-Jones, D., Wright, A.J., Campbell, W.W. A Mediterranean-style eating pattern with lean, unprocessed red meat has cardiometabolic benefits for adults who are overweight or obese in a randomized, crossover, controlled feeding trial.
  Am J Clin Nutr 2018; 108(1): 33-40. https://doi.org/10.1093/ajcn/nqy075.
  8 Roussell, M.A., Hill, A.M., Gaugler, T.L., West, S.G., Heuvel, J.P., Alaupovic, P., Gillies, P.J., Kris-Etherton, P.M. Beef in an Optimal Lean Diet study: effects on lipids, lipoproteins, and apolipoproteins. Am J Clin Nutr 2012; 95(1): 9-16. https://doi.org/10.3945/ajcn.111.016261.
  9 Sayer, R.D., Speaker, K.J., Pan, Z., Peters, J.C., Wyatt, H.R., Hill, J.O. Equivalent reductions in body weight during the Beef WISE Study: beef's role in weight improvement, satisfaction and energy, Obes Sci Pract 2017; 3(3): 298-310. https://doi.org/10.1002/osp4.118.
  10 American Heart Association. 2021. The American Heart Association Diet and Lifestyle Recommendations. https://www.heart.org/en/healthy-leving/healthy-eating/eat-smart/nutrition-basics/aha-diet-and-lifestyle-recommendations.

# Notice - Proposed Changes to VAFP Bylaws

On behalf of the VAFP Executive Committee, VAFP President Denee Moore, MD, presented the following proposed changes to the VAFP Bylaws to the VAFP Board of Directors during their January 27, 2024, meeting at Wintergreen Resort. The suggested changes provide additional flexibility to the VAFP Nominating Committee focused on continuity on the Executive Committee as well as to better portray how the resident and student representatives are selected for Board service.

Printed below are only those sections with proposed changes. To view the bylaws in their entirety, please click the QR code below. As noted in the 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/via electronic means 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.

If you have questions or comments on the proposed changes, please e-mail VAFP Executive Vice President Mary Lindsay White (mlwhite@vafp.org). The changes will be voted on at the Friday, July 19<sup>th</sup> Annual Business Meeting of the Academy.

# BYLAWS of THE VIRGINIA ACADEMY OF FAMILY PHYSICIANS

### CHAPTER IV Dues and Assessments

SEC. 1. **Payment**. The dues for members shall be due and payable to the American Academy of Family Physicians as specified by the AAFP.

#### CHAPTER VII Board of Directors

SEC. 1. Composition. Subject to the actions of the Annual Business Meeting, the control and administration of the Academy shall be vested in a Board of Directors. The Board shall consist of the officers of the Academy, nine (9) directors at large, resident representatives and student representatives. The student and resident Directors shall be entitled to one combination vote. Delegates and alternate delegates to the AAFP, the delegate to the MSV and the Family Medicine Department Chairs for each of Virginia's medical schools shall be ex-officio members without vote.

SEC. 3. **Terms of Office**. The term of office of directors at-large shall be three (3) years and shall begin at the conclusion of the annual meeting at which their elections occur and shall expire at the conclusion of the third succeeding annual meeting or when their successors are elected. No director at-large elected to a three (3) year term shall be eligible for re-election to the Board unless two (2) years have elapsed since the expiration of the previous term. Vacancies on the Board of Directors occurring after the annual meeting shall be filled by a majority vote of the remaining members of the Board. Directors so elected will serve until the next annual meeting, at which time they will be eligible for election to a full or partial term at the Annual Business Meeting. Resident and student representatives shall be nominated by each school/residency program and selected by the VAFP Nominating Committee and the Chair/Co-Chairs of the Resident, Student and Faculty Committee.

#### CHAPTER IX Officers

SEC. 6. Secretary. The Secretary shall be a voting member of the Board of Directors and shall be elected for a (1) year term renewable by election.. The Secretary shall be responsible for the minutes of the Board of Directors and the Annual Business Meeting and work closely with the Executive Vice President. Any of the duties of this office may, by action of the Board of Directors, be assigned to the Executive Vice President. In the event of vacancy of the office, all duties and obligations of the office will revert to the Executive Vice President.

SEC. 7. **Treasurer**. The Treasurer shall be a voting member of the Board of Directors and shall be elected for a three (3) year term of office at the Annual Business Meeting. The Treasurer may be elected to consecutive terms of office and is responsible for keeping adequate and proper accounts of the properties and funds of the Academy.



## THE VAFP WELCOMES NEW MEMBERS

#### ACTIVE

Foroozan Afsharchi,  $\overline{\text{MD}}$ 

Nana Sarpong Agyemang Mensah, MD, MPH

Richard Chang, MD

Maria Encarnacion, MD

Antonio Eppolito, MD

Nora Hassan, MD

Fatima Jilani, DO

Telycia Johnson, DO

Lubna Rana, MD

Victoria Rennie, MD

Rafia Samdani, MD

Chung Woo, MD

### **STUDENT**

Adedayo Adeleke

Kripa Ahuja

Martin Bava

Caroline Carter

**Mason Conine** 

Courtny Cushman

Yasaman Dasteh Goli

Tracy Dien

Amy Doody

Kimberley Duru

Gianna Grogan

Moudar Jano

Danielle Jones

Tala Khalefa

Michelle Kim

Jonathan Kugler

Catherine Legge

Alister Lowe

Annie Luo

Stephen Manga

Kayleen Melvin

Annette Min

Nuhame Mulugeta

Kristin Olson

Romil Patel

Malvika Ramchandani

Nathanael Smucker

McKenna Stidham

Reagan Treadwell

Alyn Wakefield



To our heroes on the frontlines of healthcare for what you are doing each and every day.



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**April 26 - 28**, **2024** *In-Person* 



Tidewater, Virginia
CHKD Children's Pavilion



Earn up to 28.25 CME, 16.25 MOC 2, & 25 MOC 4

Are you a Virginia practitioner or clinician looking to gain professional education in pediatric mental health? Join us for REACH PPP in April 2024 - **lodging is covered by VMAP!** 

## What You Can Expect with REACH PPP

- A dynamic three-day, 16-hour in-person interactive course focused on building skills and confidence in diagnosing and treating pediatric mental & behavioral health problems led by Virginia faculty.
- Followed by a six-month, case-based online program. Participants join 12 bi-monthly, 1 hour group conference calls with Virginia primary care and child psychiatry experts to learn how to manage pediatric mental health issues encountered in daily practice.
- All participants will receive custom-designed toolkits with guides, assessment instruments, dosing and side effect charts, medication comparison tables, and handouts for patients and parents.

# **Course Goals**

Participants will learn to:

- Correctly identify and differentiate among pediatric behavioral health problems such as childhood depression, ADHD, bipolar disorder, anxiety states (including PTSD), oppositional and conduct disorders, and psychosis.
- Effectively manage psychopharmacology: selecting medications, initiating and tapering dosages, monitoring improvements, and identifying and minimizing medication side effects.
- Create and implement a treatment plan by mobilizing existing resources like family members, school personnel, and other professional caregivers.

VMAP offers this training program developed by The REACH Institute (www.TheREACHInstitute.org), adapted for Virginia primary care providers.

Only a **\$100** Registration Fee!

LEARN MORE & REGISTER

www.vmap.org/reach

\*In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. VCU Health Continuing Education designates this enduring material activity for a maximum of 28.25 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.













# **Human Trafficking Warning Signs**

# Warning Signs

# How Hospitals Can Help



# x x x x x x x

- Signs of physical abuse (burn marks, bruises, cuts)
- · Pelvic or abdominal pain; appears malnourished
- Tattoos or branding
- Possession of large amounts of cash, multiple cell phones and/or hotel keys; offers to pay in cash
- Caught lying about age/possession of false ID; lacks official identification documents
- Avoids social interaction and authority figures/law enforcement
- Seems to adhere to scripted or rehearsed responses in social interaction; someone always speaks for them
- Unable or unwilling to give an address or information pertaining to parents/guardian
- Maintains sexually explicit profiles on social networking sites; over-familiar with sexual terms and practices
- Suicide attempt
- · Bizarre relational dynamics/unsettling behavior
- Disorientated about date, time, and place
- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid, or excessively hostile
- Seemingly excessive number of sexual "partners"
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)



# What is Human Trafficking?

- Modern day slavery
- Exploiting a person through force, fraud or coercion
- Sex trafficking, forced labor or domestic servitude
- Human trafficking is happening everywhere around the globe to people of any age, gender, race, socioeconomic status or nationality
- Any person under the age of 18 involved in a commercial sex act



# **Identifiers of a Trafficker**

- Significantly older than their female companions
- Encourages illegal activities and/or inappropriate sexual behavior
- Vague about his/her profession
- Demanding or pushy about sex
- Someone that exerts an unusual amount of control over the patient



# How to Help a Victim of Trafficking

- Separate any companions from the patient and provide a quiet, safe place for the patient
- Attend to any physical needs of the patient; don't rush the patient
- Adopt open, non-threatening body positioning (sit at eye level, avoid touching patient unless given permission, be aware of body language, avoid crossing arms)
- Engage the patient with active listening skills, respectful and empathetic language; avoid judgment
- Educate hospital staff on the red flags and the protocol of actions to be taken
- Document suspected and confirmed trafficking using the new ICD-10 codes
- Invest community benefit dollars towards anti-trafficking initiatives
- Become acquainted with community groups/resources that help victims

# 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 Physicians whose service to his or her profession and/or community exemplifies the true nature of volunteerism. Award recipients will receive a commemorative certificate during the 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 their 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 their home area.
- Provide a credible role model as a healer and human being to their 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 their 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.

# CME CALENDAR

#### 2024

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

January 23-26, 2025 VAFP 2025 Winter Family Medicine Weekend Wintergreen Resort Wintergreen, Virginia

July 10-13, 2025 VAFP 2025 Annual Meeting & Exposition Virginia Beach Marriott Virginia Beach, Virginia

For more information, visit www.vafp.org



# **GET INVOLVED WITH YOUR ACADEMY!**

Interested in a VAFP Committee or Task Force, Representing the VAFP at an AAFP Meeting, Leadership Opportunities in the Commonwealth?

Complete this short interest form via the QR code provided.

If you have questions or want to discuss further, please contact Mary Lindsay White at mlwhite@vafp.org.



# **CALL FOR SPEAKERS**

The VAFP CME Committee is interested in identifying members of the VAFP that have an interest/expertise in an educational topic for presentation at a future VAFP CME Event. The Committee relies heavily on family physician faculty at our CME events as VAFP members appreciate their colleague's expertise and educational knowledge.

The Committee is always working to grow our pool of presenters and the lenses that we learn from to ensure we represent all of our family medicine

colleagues and the needs of the diverse patient populations in Virginia.

The QR code will take you to a very short survey (2-3



The QR code will take you to a very short survey (2-3 minutes) that will provide the opportunity to submit proposals for future CME topics. If you have more than one topic to submit, you may complete the survey more than once.

The VAFP will contact you if additional information is needed. Thank you in advance for your interest in presenting at a VAFP CME event.

#### IN MEMORIAM

Each year the VAFP donates \$500 to a cause that is family medicine centric. For those members that passed in 2023, a donation was made to the Dr. Lorna Breen Heros Foundation. For more information on the Dr. Loran Breen Heros Foundation, please click the QR code.



## G2211: SIMPLY GETTING PAID FOR COMPLEXITY

Excerpts from article published in FPM on February 2, 2024. Use QR code below for full article.

A majority of family medicine visits should qualify for the visit complexity add-on code. Here's how to start using it in your practice.

Primary care is unique in that it is based on an ongoing relationship with patients. Effective Jan. 1, 2024, traditional Medicare (and some Medicare Advantage plans) will recognize the value of that relationship by reimbursing for HCPCS code G2211, which clinicians can add on to an office/outpatient visit evaluation and management (E/M) code. G2211 documents that the longitudinal relationship has complexity beyond that captured in the work of standard E/M codes. This complexity exists for chronic care and even some acute care visits. The deciding factor is the continuing relationship between the clinician and the patient.

#### **DEFINITION OF G2211**

The Centers for Medicare & Medicaid Services (CMS) defines G2211 as follows: Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established.)

#### **KEY POINTS**

- CMS created the new G2211 addon code to recognize that the longitudinal relationship with a patient has complexity beyond that captured in the work of standard E/M codes.
- Code G2211 can be added to office/ outpatient E/M visits (99202-

- 99205 or 99211-99215) based on the clinician's continued responsibility for the patient, not based on the patient's clinical condition.
- Additionally, even if the clinician is not the focal point for all services for the patient, an ongoing relationship may exist for a "single, serious condition or a complex condition," justifying use of G2211.

#### **USING G2211**

G2211 may only be added to a new or established patient office/ outpatient visit E/M code (99202-99205 or 99211-99215). It may be added whether medical decision making or time is used to select the level of service. G2211 may be used for either chronic care visits (with no minimum number of chronic conditions needed to qualify) or acute visits as long as a longitudinal relationship exists or will exist with the patient. Therefore, a new patient visit can qualify when the patient will be establishing with the clinician as their medical home, and an acute care visit with an established patient can qualify if the clinician's practice serves as the continuing focal point for all needed health care services.

For examples where G2211 would qualify as well as exclusions where it would not qualify, click the QR code below to access the article.

### **PAYMENT**

Medicare's national payment amount for G2211 is \$16.05; the actual allowance will vary geographically. This value will be subject to the patient's deductible and coinsurance. A Medicare patient often has a 20% coinsurance; therefore, if this code reimburses \$16, the patient will be responsible for \$3.20. Practices should be prepared to explain to patients what this additional charge is.

CMS estimates that practices will use G2211 with more than half of office/outpatient E/M services once physicians become familiar with the code. So, assuming you provide 20

visits per day, 200 days per year, and half of your visits qualify for the new code, it could bring in \$32,080 per year. Some Medicare Advantage plans may pay for this code, while others may consider the work to already be included in capitation rates or other services paid to the practice. Private insurers' coverage of G2211 will also vary because it is not a CPT code, but a Medicare HCPCS code. Each individual insurer sets its own payment policy, just as each state sets its own Medicaid payment policy.

#### OVERALL, IT'S A WIN

Although limited by legislative actions and budget neutrality, CMS is recognizing the contribution primary care (and other longitudinal care that consists primarily of E/M services) makes to the overall management of Medicare patients. The visit complexity add-on code, G2211, will be valuable for family physicians. Given that Medicare will be paying less per visit in 2024 because the Medicare RVU conversion factor has decreased by \$1.14 per RVU, adding this new code will provide a positive net payment for office/outpatient E/M visits. Practices should check the payment policies of their Medicare Advantage plans and private insurers to determine whether they will be paying for this code.

Authors: Thomas J. Weida, MD, FAAFP & Jane A. Weida, MD, FAAFPTHOMAS J. WEIDA, MD, FAAFP, and JANE A. WEIDA, MD, FAAFP

Editor's note: The Centers for Medicare & Medicaid Services has not yet provided written guidance for certain aspects of code G2211, as noted below in the article. We will update this page as more details become available. Published online ahead of the March/April issue of FPM on Feb. 2, 2024.

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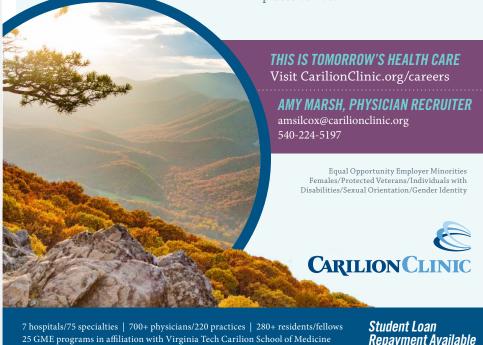
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