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SUMMER 2024

family physician



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The VIRGINIA family physician

SUMMER • 2024

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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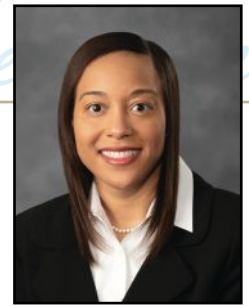
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VAFP PRESIDENT'S MESSAGE

Denée J. Moore, MD, FAAFP, DABFM



Dear Colleagues,

I hope spring was a time of rejuvenation and optimism for things to come both professionally and personally. During this time, the Academy continued to work tirelessly on the behalf of members and patients to ensure that our advocacy efforts on administrative simplification, patient safety, practice sustainability, and growing the state's Family Medicine health care workforce were reflected in the legislative decisions made at the conclusion of the 2024 Virginia General Assembly session. Thank you to the Legislative Committee, led by Jesus Lizarzaburu, MD and Mark Watts, MD, General Counsel Hunter Jamerson, JD, Key Contacts, and members who served as Family Physician of the Day at the General Assembly for your great work this year. Also, this spring, the Well-being Committee, led by Neeta Goel, MD and Mark Greenawald, MD, has done incredible work exploring ways they can assist members with maintaining wellness in practice. The committee launched a new column in the Academy's spring magazine called the "VAFP Well-being Corner" which will highlight potential challenges to physician well-being and provide examples of how physicians can improve their response to these situations. The CME Committee, led by Mitch Miller, MD, worked with Academy staff to design a program containing high-quality CME and networking opportunities for the 2024 VAFP Annual Meeting and Exposition that will be held July 18-21 in Williamsburg.

In April, the VAFP sent a full delegation to the 2024 AAFP Annual Chapter Leader Forum (ACLF) and National Conference of Constituency Leaders (NCCL). The delegation participated in discussions surrounding current issues in Family Medicine and submitted resolutions to address those issues. During the conference, several members of the delegation were selected for leadership positions. Tabatha Davis, MD was elected as New Physician constituency co-convener for the 2025 NCCL and New Physician Alternate Delegate to the 2024 AAFP Congress of Delegates. Heba Elzawahry, MD was appointed to serve on the reference committee for Organization and Finance for the 2024 NCCL and Richard (Rich) Uribe, MD was appointed to serve on the reference committee for Education for the 2024 NCCL. Congratulations Tabatha, Heba, and Rich!

The Academy held Choose Virginia 2024 on May 4 at the Virginia Crossings Hotel & Conference Center in Glen Allen. Over 65 medical students and residents participated along with 11 of Virginia's Family Medicine residency programs and faculty. During Choose Virginia, medical students had 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. Thank you to the Resident, Student, and Faculty Committee members, fellow co-chair Dan McCarter, MD, and the VAFP staff for hosting a successful event. The Academy is looking forward to next year's event and continuing to grow medical student attendance. Also, in May, VAFP members joined me in Washington, D.C. for the AAFP Family Medicine Advocacy Summit (FMAS). This experience afforded us the opportunity to strengthen our advocacy skills and utilize those skills when meeting with members of Congress to discuss health policies and legislation that affect our patients and our practices.

I am excited to announce that VAFP member Fern Hauck, MD, MS, received the 2024 AAFP Public Health Award for her important contributions to advance community health. Dr. Hauck currently serves as the Spencer P. Bass, MD Twenty-First Century Professor in the Department of Family Medicine at the University of Virginia (UVA) and Director of UVA's International Family Medicine Clinic. She understands the critical impact family physicians and interdisciplinary care teams can have in providing accessible and approachable care to refugees. Also, she is an exemplary example of leveraging her clinical, research, and educational experiences for the betterment of public health. Congratulations Dr. Hauck!

As I reflect over the past year, I am proud of the tremendous work the VAFP Board, committees, members, and staff have done to make Virginia the best place for people to receive healthcare and for family physicians to practice medicine. It has truly been an honor and a privilege to serve as the 77th President of the VAFP, and I believe the future of Family Medicine in Virginia is bright. I hope you have a wonderful summer and see you in Williamsburg!

With gratitude,
Denée J. Moore, MD, FAAFP, DABFM



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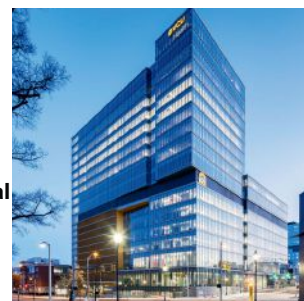
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- serve as the **primary departmental advocate** for research and scholarship program improvement, and provide **oversight, support, direction, coaching, and development** to the department's research and scholarship efforts
- advise the Chair and PIs on **research and scholarship priorities, funding opportunities, funding needs, recruitment, and infrastructure support for research and scholarship programs**
- work with the department administrator, PIs 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 trainee-focused 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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FMAS 2024: FIGHTING FOR THE MIDDLE GROUND

Hailey Sparacino, DO
Lynchburg Family Medicine Residency Program



When you think about politics, “hope” is probably not the word that comes to mind. With everything going on in the world right now (war, social dilemmas, inflation, etc.) most everyone would say that America is becoming more and more polarized. Think of the conversations you have with your patients. I’m sure that the majority of us have had conversations concerning rising food insecurity, costs of medications for chronic disease management, and patients foregoing care because they have to choose between a copay and childcare. How to fix these (and larger) problems is the subject of much debate, however I would argue that the theme of this year’s Family Medicine Advocacy Summit could be summed up in one phrase- “Use a wrench, not a hammer.”

On the more light-hearted side, I brought my husband and 5-month-old with me to Washington this year. Nothing works better as an ice breaker than bringing an infant to a Family Medicine conference.

Both old friends and new friends flocked to see the blue-eyed boy babbling happily in his stroller, casually chewing on Sophie the Giraffe during the welcome reception Sunday evening. My son’s presence was only second to the opening remarks by the AAFP’s President-elect, Dr. Jennifer Brull, MD. At this year’s conference there were 43 states represented, with over 250 attendees and an increased number of both students and residents. While the Virginia delegation was a little smaller than last year, we had the pleasure of numbering two residents and two medical students in our ranks- all of whom joined the conversations early and with gusto!

Monday brought crowd-favorite Dr. Renee Crichlow MD, who interviewed Dr. Alex McDonald MD about his election to the Claremont Unified School District in California. He shared his unorthodox election campaign- which focused on meeting people at community events, finding the middle ground, and developing relationships. Sounds a lot like what we do every day practicing Family Medicine.

While first timers broke out into Advocacy 101, Drs. Denee Moore, Bobbie Sperry, and I headed for What’s Happening in the States. Here we were shown electoral maps by Bill Kramer from Multistate.

These depictions brought home how the United States is becoming more and more politically divisive, with elections being won by razor-thin margins. Diving into policy, VAFP Secretary Alison Huffstetler, MD, from the Robert Graham Center shared the Primary Care Scorecard, touching on the dismal outlook for primary care: per 100,000 people there are only 65 Family Physicians on average. We also briefly touched on medical student debt. As someone who recently paid off my student loans, I would say the “average” amount is grossly underestimated with the amount of interest generated. Lunch brought our Keynote Speaker, Carole Johnson from HRSA, who discussed supporting vaccination efforts, continued funding for the Teaching Health Centers (which the AAFP lobbied for last year) and working with Community Health Centers.

The panel for Advocacy Asks featured Dr. Roxanne Jones MD (Alaska), Dr. Jonathan Staloff MD (Washington), and our own Dr. Bobbie Sperry MD (Virginia). They



discussed the Big Three for this year: Deferring Interest on Medical Student Debt while in residency training, Accessing Primary Care for HDHP Enrollees, and Expanding Medicare B Coverage for ACIP Vaccines (currently only covered under Part D). This was followed by a presentation by FamMedPAC and meeting prep time for the state delegations.

Tuesday morning started with arguably my favorite panel, Sarah Egge and Amy Jensen from SplitOak Strategies. They really do an amazing job setting the stage for meetings with our legislators, detailing the thought processes on both the liberal and conservative sides. When advocating for Family Medicine and for our patients, it is important to speak through the lens through which your audience views the world.

We saw this while speaking to the legislative aides of our Virginia Legislators, both Senators and Representatives, Republicans and Democrats. They all know our healthcare system is broken, and they all want ways to fix it. I would argue that the Republican offices were more receptive to the small fixes we proposed, especially as they amounted to longitudinal cost-savings. This may be shocking to some, but as the political sphere becomes more divided, finding common ground is more reasonable than you think if you can empathize with those to whom you speak. At the end of the day, we all see money wasted on delays in care, substandard answers to

important questions, and policies that are just ridiculous.

The AAFP has been one of the most trusted advocacy groups in Washington DC for a reason. Not only are we serving our communities, but we do so in a bipartisan way. A question was asked on Monday by a colleague who was disappointed in the topics chosen for us to advocate for this year: "What else have you got?" I can understand the sentiment. Humans, by nature, are emotional creatures. That is why the stories we bring to Congress can impact legislation so much. Elected officials want to hear about how hard it is for their constituents to obtain vaccines because their Medicaid cap won't bring them to the pharmacy. They want to know that medical student debt is affecting medical students' decision to go into Family Medicine, Pediatrics, or Internal Medicine; especially as it affects their communities' access to primary care. I may not agree with every opinion that my elected representative has, but I agree with him that our current system has too much waste: wasted money, wasted time, and wasted outcomes. That is the starting point, and why fighting for common ground is so important. As we search for ways to build relationships with our patients, let us do the same with our legislators. You may find out you have more in common than you thought. I hope you join us in Washington next year as we continue to preserve the middle ground by looking for commonalities instead of differences.

The VAFP completed another successful General Assembly session, advocating for the interests of family medicine. This session presented significant challenges in both scope, reimbursement, and professional defense. Through VAFP's advocacy, in coordination with our colleagues in the House of Medicine, the VAFP secured several major victories.

This session also presented an opportunity to introduce the priorities of family medicine to a new group of legislators. More than 60% of the General Assembly was new this year. As a result, VAFP spent a significant amount of time educating legislators who were learning about the challenges facing family medicine for the first time. VAFP sponsored a successful Advocacy Day allowing members to directly connect with their legislators in order to provide a primary resource for the issues facing family physicians practicing on the front lines.

VAFP's 2024 General Assembly Session victories included:

MEDICAL MALPRACTICE

Senator Stanley's SB 493 proposed to eliminate the cap on the recovery in actions against health care providers for medical malpractice where the act or acts of malpractice occurred, on or after July 1, 2024, against a patient aged 10 or younger. After advancing from the Courts Committee on a vote of 8-4 with 3 abstentions, VAFP, in coordination with other stakeholders, was able to defeat the bill on a vote of 6-9 in the Senate Committee on Finance. Threats to the Med-Mal cap remain, however, so an inter-session work group will meet to discuss concerns about the Med-Mal cap and map out possible future reforms.

NURSE PRACTITIONER AUTONOMOUS PRACTICE

Delegate Tran's HB 971 proposed to reduce from 5 years to 2 years the post-graduate pathway to autonomous practice for nurse practitioners. It became clear that the votes were not present in either chamber to support a 2 year pathway; however, it was equally clear the votes were not present to hold the current 5 year standard. After substantial negotiations, consensus was reached to reset the pathway to 3 years (the high end of the national average) with the understanding that the issue will not be raised again for the foreseeable future. To help ensure the longevity of this "deal,"

a study will be conducted by Department of Health Professions with a report due prior to the 2028 General Assembly detailing how many nurse practitioners sought autonomy, where they chose to practice, and how many disciplinary claims arose against autonomous nurse practitioners.

JOINT BOARDS OF MEDICINE AND NURSING

Senator Boysko's SB 351 sought to eliminate the Joint Boards of Medicine and Nursing in favor of nurse practitioners being solely regulated by the Board of Nursing. Presently, nurse practitioners are regulated by physicians and nurses comprising the Joint Boards. In conjunction with other stakeholders, VAFP was able to defeat this bill in the Health Professions subcommittee. The bill failed for lack of a second to the motion to recommend reporting the bill.

ADMINISTRATIVE BURDENS

Senator Favola's SB 425 significantly improves carrier business practices. The bill prohibits a carrier from imposing any retroactive denial of a previously paid claim or in any other way seeking recovery or refund of a previously paid claim unless the carrier specifies in writing the specific claim or claims for which the retroactive denial is to be imposed or the recovery or refund is sought, the carrier has provided a written explanation of why the claim is being retroactively adjusted. The bill provides that the time limit for a retroactive denial is 12 months; however, a provider and a carrier may agree in writing that recoupment of overpayments by withholding or offsetting against future payments may occur after such 12 month-limit. The bill requires carriers, beginning no later than July 1, 2025, to make available an electronic means for providers to determine whether an enrollee is covered by a health plan that is subject to the State Corporation Commission's jurisdiction. The Governor signed this bill into law.

PRIOR AUTHORIZATION

Senator Favola's SB 98 enshrines certain protections for prior authorization approvals. SB 98 requires that any provider contract between a carrier and a participating health care provider contain specific provisions that require that if a prior authorization request is approved and services and supplies have been scheduled,

provided, or delivered to the patient consistent with the authorization, the carrier shall not revoke, limit, condition, modify, or restrict that authorization unless (i) there is evidence that the authorization was obtained based on fraud or misrepresentation; (ii) final actions by the U.S. Food and Drug Administration, other regulatory agencies, or the manufacturer remove the drug from the market, limit its use in a manner that affects the authorization, or communicate a patient safety issue that would affect the authorization alone or in combination with other authorizations; (iii) a combination of drugs prescribed would cause a drug interaction; or (iv) a generic or biosimilar is added to the prescription drug formulary. The Governor signed this bill into law.

LOOKING AHEAD

VAFP will continue its zealous advocacy in the General Assembly to support the priorities of family medicine. The VAFP Legislative Committee is presently focused on continued defense of scope of practice, implementation of administrative burden

reforms, support for family medicine residency programs, and expanding opportunities for reimbursement in both the public and private payor space. VAFP is especially focused on continuing to work toward Medicare – Medicaid payment parity. In a world of finite resources and competing priorities, your support is more important than ever. Please consider supporting the FamDocPAC to assist VAFP in promoting the importance of legislative support for family medicine!

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.

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VAFP LEADERS ATTEND THE AAFP'S ANNUAL CHAPTER LEADERSHIP FORUM AND NATIONAL CONFERENCE OF CONSTITUENCY LEADERS



AAFP members to help bring about change. The five constituencies with representation include: Women, Minorities, New Physicians (in the first seven years of practice following residency), International Medical Graduates (IMG), from schools outside the U.S., Canada, and Puerto Rico and Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+) physicians or physician allies.

At NCCL, physicians develop skills to advocate for issues that are relevant to specific constituencies, practices, the specialty, and patients. It also provides an opportunity for the constituencies to advocate for change in medicine by proposing

VAFP was represented by the following members at ACLF/NCCL
Front Row: VAFP President-Elect Tim Yu, MD; Amanda Russell, MD;
VAFP First Vice President Robin Anderson, MD; VAFP President Dene Moore, MD;
VAFP Director Julie Bruce, MD and Heba Elzawahry, MD. Back Row: Tabatha Davis, MD;
Suzanne Guinta, MD; Rich Uribe, MD

Over 400 family physicians met in Kansas City 17-20 April for the AAFP's Annual Chapter Leadership Forum (ACLF) and the National Conference of Constituency Leaders (NCCL). Members from across the Commonwealth represented the VAFP at ACLF and NCCL.

VAFP President Dene Moore, MD, VAFP President-Elect Tim Yu, MD, VAFP First Vice President Robin Anderson, MD and VAFP Director Julie Bruce, MD attended ACLF.

ACLF is the AAFP's leadership development program for chapter-elected leaders, aspiring chapter leaders, and chapter staff. Among other roles, ACLF functions as an orientation for emerging leaders who serve on chapter boards, as well as professional development for new and seasoned chapter staff. Drawing hundreds of chapter leaders each year, ACLF features targeted breakout sessions on

chapter governance, advocacy, communication and much more.

VAFP members Heba Elzawahry, MD (IMG); Suzanne Guinta, MD (LGBTQ+); Amanda Russell, MD (Woman); Rich Uribe, MD (Minority); and Tabatha Davis, MD (New Physician) attended NCCL to represent the VAFP.

Congratulations to Tabatha Davis, MD on her election as New Physician alternate delegate to the AAFP Congress of Delegates and member constituency co-convenor to the 2025 National Conference new physician constituency.

NCCL is the AAFP's leadership and policy development event for underrepresented constituencies. NCCL serves as a platform for different perspectives and concerns of



VAFP President-Elect Timothy Yu MD, FAFAP asks a question during the AAFP's Annual Chapter Leadership Forum Town Hall Meeting



Tabatha Davis MD, FAAFP, Johnson Health Center, Lynchburg, Virginia was elected as New Physician alternate delegate to the AAFP Congress of Delegates and member constituency co-convenor to the 2025 National Conference new physician constituency.

resolutions for the AAFP to act on through legislative agenda, funding, policy statements and other formats. The member constituencies can submit up to 50 resolutions at NCCL regarding opportunities to support their constituency, their practice, their patients, or the specialty of family medicine.

On April 17th, the attendees of NCCL and ACLF were invited to attend a pre-conference DEI afternoon focusing on the topics of Advancing Health Equity, Understanding SDOH, Implicit Bias Training and Applying Anti-Racism to name a few.

Following the pre-conference offering, the ACLF delegation attended sessions focused on Board Leadership, Member Engagement, Advocacy, Communications, Education and much more. The NCCL constituency delegates attended their opening plenary titled, "A Path to Equitable Transformation of Healthcare Through Family Medicine" and then divided out into working groups and drafted resolutions to forward to the reference committees including advocacy,

education, health of the public and science, organization and finance, and practice enhancement.

The 2025 ACLF/NCCL Conference is scheduled for April 23-26 in Kansas City, MO. If you have an interest in attending,

please e-mail mlwhite@vaafp.org so the VAFP can include your name for consideration. For more information on AAFP ACLF/NCCL, please scan.



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VAFP HOSTS CHOOSE VIRGINIA 2024



On May 4th the VAFP hosted Choose Virginia 2024 at the Virginia Crossings Hotel & Conference Center in Glen Allen, Virginia. This event was first held back in 2009 in partnership with the Virginia Workforce Development Authority and the Virginia Department of Health.

Over 55 medical students representing all six medical schools and over 40 faculty and family medicine residents from eleven programs across the Commonwealth were in attendance.

The attendees were welcomed by VAFP President and VAFP Resident, Student and Faculty Committee Co-Chair Dennee Moore, MD along with VAFP Resident, Student and Faculty Committee Co-Chair Dan McCarter, MD.

The welcome was followed by a residency fair that provided an opportunity for the medical students to learn more about what the family medicine programs in Virginia have to offer. The programs in attendance included:

- Bon Secours St. Francis Family Medicine Residency Program
- Carilion Clinic - Virginia Tech Carilion Family Medicine Residency Program
- Centra - Lynchburg Family Medicine Residency Program
- Dr. S. Hughes Melton Family Medicine Residency Program
- EVMS Family Medicine Residency Program
- HCA-LewisGale Medical Center Family Medicine Residency Program
- Mary Washington Hospital Family Medicine Residency Program
- Riverside/VCU Family Medicine Residency Program
- Shenandoah Valley Family Medicine Residency Program
- University of Virginia Family Medicine Residency Program
- VCU Health Community Memorial Hospital Family Medicine Residency Program

Mid-morning and following lunch, students had the opportunity to participate in procedural sessions facilitated by the residency program faculty and residents. The following hands-on procedural workshops were offered.

- IUD Placement and Endometrial Biopsies
- Shoulder and Knee Injections
- Casting
- Skin Procedures
- Point of Care Ultrasound

During the networking lunch, the family medicine residents in attendance responded to questions focused on their year in residency. As an example, PGY1's responded to, What experiences in medical school have helped you the most in your first year of residency?; PGY2's responded to, Given the breadth of training in your first year of residency which is mostly in the hospital setting, how has the transition to a more outpatient-based learning experience been for you during your second year?; and PGY3's responded to, What do you anticipate your first job to be out of residency, i.e. practice type, setting (rural, urban, etc.) and do you plan to take a special interest in anything (i.e. OB, SUD, etc.) Their responses provided invaluable insight into what it's like to be a family medicine resident! As one resident stated, *"I have enjoyed coming to VAFP as a resident these last 2 years and appreciate all the time and effort that is put into this event. I thought it was nice to go through questions during lunchtime and I love that we can all discuss our different experiences. I really like engaging with the medical students as well during the presentations. I don't think there is anything specifically I would change."*

In addition to the tremendous support of the residents and residency program faculty in attendance, a big thank you also goes out to the other supporters of the event. Capital Area Health Education Center, members of the VAFP who donated to the VAFP Foundation as well as a grant from the Family Medicine Chapter Alliance (FMCA) which is a collaborative program of the AAFP Foundation. The other three sponsors, ChenMed, CenterWell and the Virginia Department of Health Office of Health Equity joined the event in person and provided tremendous resources related to loan repayment and education on value-based practice opportunities.

The VAFP looks forward to future Choose VA events and the continued support of our future family physicians! It is best said by those in attendance!!

The workshops were excellent, and I appreciate hearing from the residents in attendance on how they decided their paths. The food was also delicious.

It was one of the most organized conferences I have ever attended, and I really appreciated the free hotel stay. I loved how small and intimate the conference felt and the workshops were great!



So many programs and activities! I wasn't even really sure what family medicine had to offer until this conference and it made it become higher on my interests. It was also helpful that the hotel was paid for, so it was feasible to attend. I feel like I was able to be introduced to some really amazing programs to keep in mind when applying!

I am SO grateful for this experience! I wouldn't have known about some of the new residencies had it not been for this symposium. I am so thankful for the time these residencies took to come talk to us. I am definitely going to apply to some of these programs, and I am so impressed by the family medicine residencies in Virginia!

This was my very first conference and I absolutely loved it. I enjoyed getting to talk with program directors and residents

as well as other students. The skills workshops were fantastic, and I was so thankful that there was plenty of time to enjoy them. I greatly appreciated the hotel cost being covered (one of the reasons I was able to attend). I left with a much better understanding and appreciation for Family Medicine. I would love to attend again in the future!

Thank you for offering a hotel room for out of area attendees. It really helped me be able to attend the conference since this was a 4-hour drive. The registration fee of \$25 was also very fair and manageable. I feel like I learned a great deal about the residency programs, and it was very refreshing seeing everyone's enthusiasm - it made me even more excited! The workshops were also great learning opportunities. Overall, fantastic event, very well-planned, great venue. Looking forward to additional VAFP events!

VIRGINIA ACADEMY OF FAMILY PHYSICIANS FOUNDATION SUPPORT FAMILY MEDICINE

For more information on the VAFP Foundation, please visit www.vafpf.org or call 1-800-THE-VAFP. Secure donations can be made online at www.vafpf.org or checks can be mailed to the VAFP office.



- Approved a motion to accept the Consent Agenda items including Minutes from the January 27, 2024, VAFP Board of Directors meeting; Report from VAFP CME Committee; Report from VAFP Resident, Student & Faculty Committee; and Report from VAFP Well-being Committee.
- Reviewed reports from members serving on AAFP Commissions including Denee Moore, MD – Health of the Public & Science and Bobbie Sperry, MD – Federal and State Policy.
- Noted upcoming professional and educational events to include local, state, and national conferences.
- Heard report from VAFP Treasurer Charlie Frazier, MD on the 2023 VAFP audit and cash position.
- Approved a motion to accept the 2023 VAFP audit as presented.
- Approved a motion to accept a proposal to change the dues amounts for the life members (one-time) and inactive members (annual).
- Heard report from the VAFP Legislative Committee Co-Chairs Jesus Lizarzaburu, MD and Mark Watts, MD and VAFP General Counsel Hunter Jamerson, JD on the 2024 General Assembly wrap-up and the state budget negotiations.
- Heard report from the VAFP Resident, Student and Faculty Committee Co-Chairs Denee Moore, MD and Dan McCarter, MD on the 2024 Choose VA event.
- Reviewed draft curriculum as presented by Dave Gregory, MD for a FM Resident and FMIG Medical Student Involvement/Training in Legislative Committee/Advocacy Work.
- Heard updates from the VAFP Resident and Student Board Members.
- Heard report from the VAFP Well-being Committee Co-Chair Neeta Goel, MD.
- Heard report from VAFP Director Verneeta Williams, MD on the Virginia Neonatal Perinatal Collaborative.
- Discussed proposal from Charlie Frazier, MD on the creation of an Advance Care Facilitation Application initiative.

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- 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 PCPs.

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PERSONAL CLINICAL EXPERIENCE:

It's Tuesday morning and my first patient, Ms. R, is scheduled at 7:45 a.m. and rumor has it that my nurse has called out. I've 8 open notes leftover from yesterday, 20 e-refill requests, 40 labs, 12 documents, and 30 telephone encounters (which is patient portal messages, telephone messages, tasks from my staff, prior authorizations etc) all waiting for me. I'm strategizing for frail Ms. T who lives alone at 90 and was discharged from the hospital without the O2 it appears she now requires as well as home health care services. I'm trying to feel the pulse on which pharmacy might have access to any glp1 receptor agonists that everyone has been out of for 3 weeks now. There's a stack of FMLA forms next to my coffee cup for patients who have just had surgery and seen their surgeon as well as those whom I have taken out of work. I need to leave by 5pm today to pick up my kids from school, feed them a wholesome meal, and conjure up a half dozen teacher appreciation gifts. This is a typical day and often overwhelming.

Today I have a choice on how I want to face it all and ask myself. What kind of person do I want to be? What kind of physician do I want to be?

As dedicated family physicians, we wear many hats. We're diagnosticians, educators, coaches and confidantes. We care for patients throughout their lifespan, throughout the organ systems, throughout their communities. This commitment to comprehensive care is often why we chose family medicine in the first place, but the pressure to be the sole source of solutions for every patient can lead to burnout and hinder the quality of care we provide. This often bleeds into other aspects of our lives as well – needing to be the best parent, partner, church-member, leader. Let's challenge the fallacy of feeling like we need to do it all.

The ever-expanding landscape of medicine makes it impossible for one person to stay current on every advancement. The staffing shortages we've all experienced in the past few years has made it seem like we're the only ones left

standing to get everything done. The ease of access to our physicians with portal messaging has removed barriers that may have previously protected our free time or perhaps have not been scheduled into our workflows. Many of us are also feeling like there are more patients to care for now than ever with a slew of our colleagues retiring, practices closing, or patients more motivated (perhaps anxious?) to have close relationships with their health care teams. Doing it all is not realistic but that does not mean we have to compromise on the quality or scope of care we provide.

Specialization within family medicine allows us to leverage the expertise of colleagues while focusing on areas where we excel. Is there a doc in your practice who is more comfortable with sports medicine or musculoskeletal procedures than you so you can defer treatment of that shoulder injury while you focus on the rest of their care? Collaboration with our specialists can sometimes feel like fracturing their care, but when referred thoughtfully cardiologists, mental health professionals, or dermatologists ensure our patients receive the best possible up to date care, tailored to their specific needs. This can allow us to focus on the whole of the patient as well as all their other complaints.

Delegating tasks empowers our team. By trusting nurses, medical assistants, and other healthcare professionals to handle routine tasks, we free ourselves to focus on complex cases and patient education. This creates a more efficient and collaborative environment, ultimately benefiting patient outcomes and strengthening our essential staff. Staffing shortages and high turnover rates have affected all of us, but it is not reasonable to expect that we can tackle all of the daily tasks of a busy clinical practice. Partner with your clinical managers to collate work flows to triage telephone encounters and patient requests, develop standing orders that the nursing team can enact without consulting you, standardize rooming and pre-charting responsibilities across physicians in the practice so all team members can substitute in another's absence.

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Recognize the difference between urgent and important. One of my patients (who does not work in medicine) was frazzled by the overwhelming demands of her employer. When she realized that “no one will die” if she didn’t meet certain deadlines, she was able to prioritize her work flows and at the end of the day, if “no one will die” if a task was left undone, then she felt comfortable leaving it until tomorrow, knowing she had already put in a reasonable full days’ worth of work. In medicine, sometimes that line in the sand is more literal but there will always be a mountain of work for us to do. If we don’t finish some things today, it will be there tomorrow. Urgent issues require immediate attention. These are situations where a patient’s health could be at significant risk if not addressed promptly. Examples include acute injuries, uncontrolled chronic conditions, or potential mental health emergencies. However, many patient concerns, while important, are not necessarily urgent. These might involve ordering a screening mammogram, medication adjustments, or advising about getting vaccines. While these deserve attention, a response can

wait until tomorrow or perhaps the next scheduled appointment.

Re-evaluate your panel size. There is nothing wrong with wanting to do it all. That will look different if you are caring for 1000 patients versus 3000. You can refer less often with a smaller size and have either longer visits or more frequent visits with a smaller panel without losing revenue.

Recognizing our limitations isn’t a weakness, it’s a strength. It allows us to prioritize our well-being and avoid burnout. A well-rested and balanced physician is a better physician, with more energy and focus to dedicate to their patients. A well-rested and balanced physician is also a better in all our roles outside of medicine. Transitioning from a “do-it-all” mentality to a collaborative and empowering approach requires a shift in perspective. It doesn’t have to involve complete system change, as nice as that would be.

So back to Tuesday morning: I glance through the documents and labs, communicate a coumadin dosage change

that is needed, then move through my telephone encounters. I’ve set up a number system with my team to assign priority to those that most need by attention and while I wait for my first patient to be ready, respond to those labeled #1 or flagged in red. I send a highlighted message to my medical assistant that I need her to make sure Ms. T has oxygen and home health before the end of the day. I take a deep breath as I review Ms. R’s vitals, prep her refills and lab orders for this first visit of the morning, and choose to be present with her because she is one of the reasons that I showed up today.

FPM, the AAFP’s Family Practice Magazine, has many articles on addressing work flows, patient messages, team-based care, practice efficiency.

Please send us your experiences, tips, and questions for the next issue at admin@VAFP.org. Is there a specific challenge you are facing as a physician preventing you from thriving that you’d like to see featured in this corner?



Register For a Virtual Musculoskeletal ABFM KSA Group Study Activity

Attention ABFM diplomates!

New ABFM Knowledge Skills Assessment (KSA) on Musculoskeletal (MSK) Medicine!

Group study!

MSK issues are some of the most common problems clinicians see across all sites of service. From back pain to knee injuries, this review will help learners improve their patient care! This educational activity is a comprehensive way to review MSK medicine in an engaging way and registrants can get CME and ABFM board credits.



Brush up on MSK Medicine

- Diplomates need to meet board certification requirements
- It is a great educational activity, presented in a fun and interactive way
- It covers best practices in procedures
- It is terrific for those who learn best within a group and find value in the discussions
- Participants are credited for completion of the knowledge self-assessment. See details about the certification process and requirements at the activity webpage.

Choose From

Tu & Th - Jul 16 & 18, 2024

6-9 p.m. CT

(about 3 hours each evening)

or

Sun Sep 22, 2024

4-9 p.m. CT

What's Covered?

1. Principles of diagnosing and managing common MSK conditions of the upper extremity, lower extremity, and spine
2. Focusing on functional improvement as it relates to return to work and activity
3. Understanding the role of and appropriately utilizing ancillary health care providers (OT, PT, etc.) in the care of MSK conditions
4. Recognizing when MSK problems require advanced diagnostic testing and/or referral
5. Recognizing and managing MSK emergencies

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QR Link to
MSK KSA webpage:



MEMBERS IN THE NEWS

VAFP MEMBER FERN HAUCK, MD, MS, FAAFP RECEIVES NATIONAL HONOR FROM THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

The VAFP congratulates Dr. Fern Hauck for winning this year's AAFP Public Health Award. The award will be presented in September during the AAFP's Congress of Delegates in Phoenix, Arizona. *"The recipient of this award understands the changing health care landscape and the essential role family physicians play in improving the health of their communities and providing patients with compassionate, comprehensive care,"* said Tochi Iroku-Malize, MD, MPH, FAAFP, President, American Academy of Family Physicians.

Dr. Hauck received the AAFP's Public Health Award for her important contributions to advancing the health of her community. As stated by John Gazewood, MD, Harrison Medical Teaching Associate Professor of Family Medicine & Residency Program Director, UVA, *"I believe Dr. Hauck's work demonstrates that she goes beyond patient care responsibilities in advocating for, and providing leadership to, improving the health of a marginalized population of our community – refugees and immigrants. Her record demonstrates how she identified a clinical problem and worked to address this problem through*



advocacy and leadership at the institutional, community and state level. Furthermore, she has educated a generation of medical students and residents in the care of refugees and contributed significant scholarship to help improve the care of this population."

The AAFP's Public Health Award recognizes important contributions family physicians make to improving community health at the national, state, or local levels. Dr. Hauck embodies all the attributes this Public Health Award represents including a career dedicated to going beyond patient care responsibilities to advocate for the health of the public, engage in community, work to enhance health equity, promote diversity and inclusion, and achieving the "triple aim" of improving the health of populations, improving patient experience, and reducing per capita costs.

Dr. Hauck attended medical school at St. Louis University and completed her family medicine residency at Maine-Dartmouth. She currently serves as the Spencer P. Bass, MD Twenty-First Century Professor of Family Medicine; Professor of Public Health Sciences; Director of Research and Faculty Development; and Director, International Family Medicine Clinic at the University of Virginia Department of Family Medicine in Charlottesville.

Congratulations Dr. Hauck!!

AAFP PRESIDENT TESTIFIES TO SENATE FINANCE COMMITTEE ON BEHALF OF FAMILY MEDICINE

AAFP President Steven Furr, MD, FAAFP, testified on behalf of the AAFP before the Senate Finance Committee hearing titled "Bolstering Chronic Care through Medicare Physician Payment." In his testimony, Dr. Furr described how fee-for-service in traditional Medicare is impeding the delivery of high-quality, patient-centered, comprehensive primary care. He spoke to the work family physicians do to maintain meaningful relationships with patients, especially those with more complex needs, however, that family physicians simply are not being paid for this work.

The asks Dr. Furr made of Congress were:

- More appropriately valuing the work of primary care within the Medicare Physician Fee Schedule, which is the framework for many value-based payment arrangements;
- Reforming budget neutrality requirements that unnecessarily pit physician specialties against one another while undermining CMS' ability to invest in all of the services a patient may need;
- Addressing existing financial barriers that dissuade patients' utilization of chronic care management



and other primary care services by waiving cost sharing responsibilities; and

- Providing primary care physicians and practices with more prospective, sustainable revenue streams that allow them to tailor the care they deliver to their patient's needs.

IN MEMORIAM

VAFP PAST PRESIDENT HAL HORDEN, MD

Dr. Harold M. Horden died peacefully at his home in Norfolk on March 17, 2024. He was 92 years old. His wife of almost 58 years, Connie Horden, predeceased him in 2013. He is survived by his two children, Mary H Finney, and James Todd Horden. He also leaves behind two grandchildren, Audrey W Finney, and Rachel F Magnuson.

Born in 1931 in Middleton, Connecticut, Dr. Horden was the last surviving member of his immediate family, of which he was the youngest of 5 children.

Dr. Horden graduated from the University of Connecticut, then served two years in the United States Navy. He and Connie married in 1955, and the couple lived in the Richmond, Virginia area while he attended the Medical College of Virginia. After graduation from medical school in 1962, they moved to Norfolk where Harold completed his residency at Norfolk General Hospital, and then started his practice of Family Medicine. His career as a doctor spanned over 30 years, and he served as the Director of Medical Affairs at De Paul Hospital before retiring at the age of 68. Hal served as the President of the Virginia Academy of Family Physicians from 1980-1981 and for many years as VAFP Treasurer and Delegate to the AAFP Congress of Delegates.

Dr. Horden and his wife were both avid golfers and traveled extensively throughout their marriage. They especially loved



traveling to France, where they were part owners of a canal barge, and hosted many wonderful visits with friends and family over the years.



BOLD 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.



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3 Maki, K.C., Wilcox, M.L., Dicklin, M.R., Buggia, M., Palacios, O.M., Maki, C.E., Kramer, M. Substituting Lean Beef for Carbohydrate in a Healthy Dietary Pattern Does Not Adversely Affect the Cardiometabolic Risk Factor Profile in Men and Women at Risk for Type 2 Diabetes. *J Nutr* 2020; 150(7): 1824-1833. <https://doi.org/10.1093/jn/nxaa116>.
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8 Roussel, 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>.
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10 American Heart Association. 2021. The American Heart Association Diet and Lifestyle Recommendations. <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/aha-diet-and-lifestyle-recommendations>.

Resident & Student Corner

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!



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.

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 he/she wants to practice family medicine in Virginia as a resident and as a family physician.

Graduating PGY-3 Virginia Family Medicine Resident - \$3,000

The requirements for this scholarship are as follows:

- 1) Graduating as a PGY-3 Virginia family medicine resident
- 2) Have an up-to-date Virginia medical license
- 3) Practicing family medicine in an underserved medical area after graduation as designated by United States Human Resource Service Administration (HRSA) and/or Virginia Department of Health. A letter verifying this is required.
- 4) Must submit a 250-500-word letter explaining why they he/she wants to practice in an underserved area of Virginia
- 5) Practicing at the underserved site for one year. Documentation is necessary to receive the scholarship check for loan repayment after one year of practice in an underserved area.

Application letters may be sent to Mrs. Mary Lindsay White at mlwhite@vafp.org or to Dr. Mark Watts at emarkwatts@hotmail.com. The deadline for application letters is June 30.

If you are interested in making a tax deductible donation in support of this effort, or are interested in learning more about the VAFP Foundation, please visit www.vafpf.org.

AAFP National Conference

Family Medicine Residents & Medical Students

August 1-3 | Kansas City

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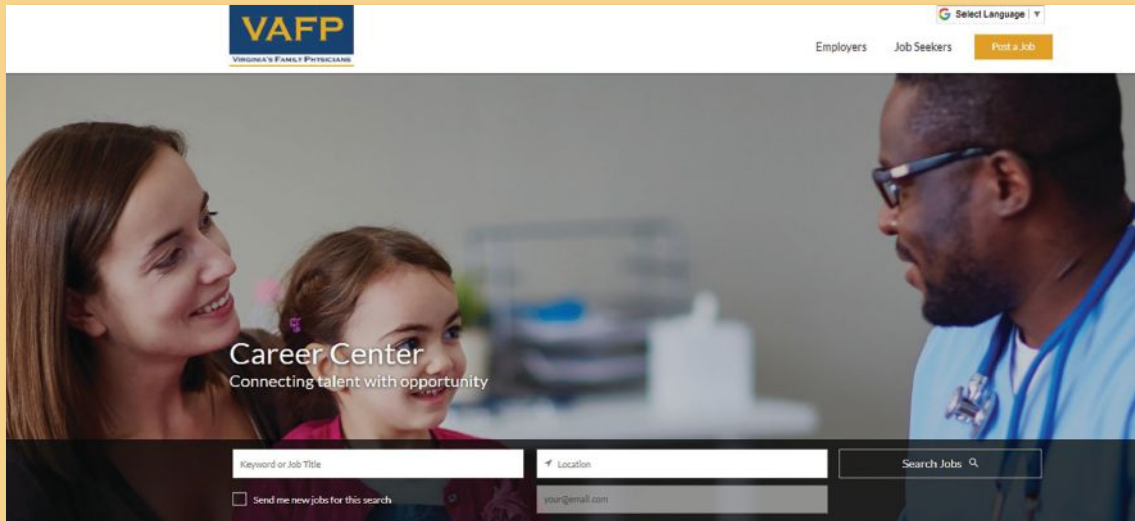
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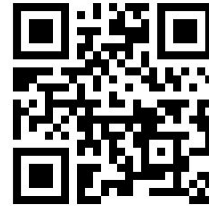
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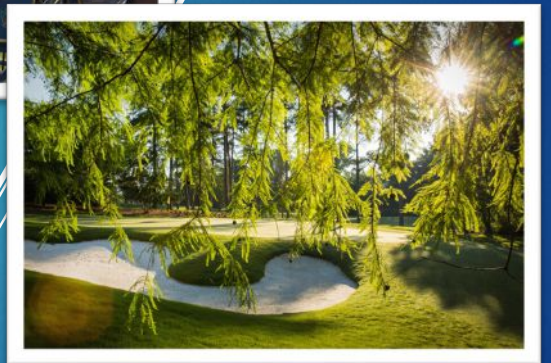
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Family Medicine Advocacy Rounds



FAMILY MEDICINE ADVOCACY ROUNDS – MARCH & APRIL 2024

FAMILY PHYSICIANS RESPOND TO HEALTH CARE PROVISIONS IN FUNDING PACKAGE

Why it matters: Family physicians have long asked Congress to advance policies that will better support family physicians and their patients. AAFP appreciates that Congress offered partial relief to avert the 3.4% Medicare payment reduction that went into effect on Jan. 1. The AAFP also applauds the inclusion of two important Medicare payment extensions: the advanced alternative payment model incentive payment, at 1.88%, and the physician work Geographic Practice Cost Index floor of 1.0, both of which the AAFP supported.

FAMILY PHYSICIANS ASK LAWMAKERS TO INVEST IN PRIMARY CARE

Why it matters: Members of the AAFP Board of Directors spent time on Capitol Hill engaging with lawmakers about three key issues for family physicians: reauthorizing the THCGME Program, enacting Medicare physician payment reform, and ensuring that family physicians can continue to provide necessary substance use disorder care.

AAFP PRESIDENT: SENIORS NEED ACCESS TO ALL RECOMMENDED VACCINES

Why it matters: Not all Advisory Committee on Immunization Practices–recommended adult vaccines, including RSV, are covered under Medicare Part B. Therefore, patients seeking recommended vaccines such as RSV, tetanus, and shingles are often forced to choose between getting vaccinated at their trusted doctor's office but paying a high out-of-pocket fee; or having to find an in-network pharmacy, make another appointment, and keep track of their own medical records.

MATCH DAY 2024: AAFP WELCOMES NEW FAMILY MEDICINE CLASS

Why it matters: Match Day marked history with almost 4,600 medical students and graduates matching into family medicine residency programs—the highest number ever. The AAFP has long advocated for policies that target and invest in the primary care workforce to meet the diverse needs of our growing and aging population.

“We celebrate and welcome those who matched today,” said AAFP Vice President of Medical Education Karen Mitchell, M.D., FAAFP. “Our new family physicians of the future will deliver much-needed health care across the United States, serving in rural and underserved areas in a way that is unique to family medicine.”

SECOND ANNUAL PRIMARY CARE SCORECARD EXAMINES PRIMARY CARE CHALLENGES

Primary care is the foundation of the U.S. health care system. The scorecard found:

- The primary care workforce is struggling to meet population demands. There has been a 36% jump in the number of U.S. children without a usual source of care over the past decade, and a 21% increase among adults.
- The primary care sector is experiencing a workforce exodus and lacks real-world community training opportunities. In 2021, 37% of all physicians in training specialized in primary care, yet only 15% of all physicians were practicing primary care three to five years after residency.

- The U.S. continues to underinvest in primary care, despite diminishing supply and growing demand. The share of total U.S. health care spending devoted to primary care stayed under 5% from 2012 to 2021.
- Inadequate research funding affects primary care access and quality. Since 2017, only 0.3% of federal research funding per year has been invested in primary care research, limiting new information on primary care systems, delivery models, and quality.

Don't Miss the lecture at the VAFP Annual Meeting July 18-21 on the Primary Care Scorecard as presented by VAFP Board member Alison Huffstetler, MD, of the Robert Graham Center.

AAFP APPLAUDS WHITE HOUSE FOR TAKING ACTION TO INCREASE STUDENT LOAN REPAYMENT

Last week, the Health Resources and Services Administration (HRSA) announced actions to support the primary care workforce. The AAFP applauds HRSA for moving to increase loan repayments by 50% for primary care physicians

who practice in high-need and rural areas. This will improve access to care and strengthen the primary care physician workforce.

FAMILY PHYSICIANS RECOGNIZE NATIONAL MINORITY HEALTH MONTH

Why it matters:

Family physicians are uniquely connected to their communities and witness firsthand the social and structural inequities in health and health care that disproportionately affect minority communities, making them well-positioned to intervene to reduce health disparities.

For the latest policy updates on family medicine, follow at @aafp_advocacy



THE VAFP WELCOMES NEW MEMBERS

ACTIVE

Han Bui, MD, MPH
David Eki, DO
Aditi Ghosh, MD
Laura Helmly, DO
Kim Pang, MD
Jeffrey Peele, MD
Jamie Rygielski, DO
Rupali Singla, MD

Matthew Cormier
Andrea Davila
Sharanya Deshmukh
Lindsey Furness
Deja Gilliam
Alan Harris, Jr
Emma Harrison
Omid Hassanpour
Navin Jayaswal
Christopher Jowdy

Christopher Lee
Emily Lin
Nafeesa Lodi
Elizabeth Mastoloni
Adele Matter
Parshva Mehta

Davis Melin, MPH
Raghuma Nakka
McKenzie Nash
Temitayo Olasehinde
Murtajiz Raza
Saad Saleem
Priyanka Saraf
Manu Saravanan
Shreya Shetty
Jasdip Singh
Nancy Tran
Lindsey Trinh
Paul Varghese
Joseph Winters
Derek Yoder

STUDENT

Sanjoli Agarwal, MPH
Christian Anand
Louisa Boswell
Whitney Cody
Skye Coffey

AMERICAN BOARD OF FAMILY MEDICINE CERTIFICATION UPDATES

NEW KSA PLATFORM

In 2019, ABFM leadership created the ABFM five-year strategic plan that outlined several initiatives, which included a new KSA platform, which made available to family medicine physicians and residents on March 15, 2023. This new KSA platform introduced an enhanced modern KSA user interface, a more intuitive experience, and offers enhanced features inside the KSA. Among these changes includes instant feedback on each question, the ability to review item critiques immediately after answering a KSA question, the option to submit comments on each question as the physician progresses through the KSA activity and the ability to customize a reference list for additional personal learning.

NATIONAL JOURNAL CLUB ARTICLE RELEASE

ABFM is excited to announce that the ABFM National Journal Club added a new set of articles in March 2024. All article assessments completed will earn 1 certification point and 1 CME credit, complete 10 article assessments to fulfill your minimum KSA requirement for your stage. Each article assessment activity will require you to demonstrate mastery by correctly answering all four questions for each article. The aim of the ABFM National Journal Club is to help family physicians to keep up to date, support shared decision making with patients and families and empower family physicians to advocate for their patients with subspecialists, health systems and payers. ABFM's approach builds on that of other Certification Boards and seeks to advance the methodology of journal article activities with structured literature searches, emphasis on methodologic rigor and a requirement of mastery.

IMPORTANT ABFM CERTIFICATION CHANGES

Recently the American Board of Family Medicine (ABFM) announced that beginning January 1, 2025, ABFM will transition to Certification 2025, the new Continuous Certification 5-Year Cycle.

It's important to note that ABFM will honor the current 10-Year Exam requirement. This means Diplomates will not be required to transition to the new 5-Year Cycle any earlier than 10 years from the last time they met their exam requirement.

The new 5-Year Cycle is being implemented to meet the American Board of Medical Specialties (ABMS) Standards for Continuing Certification. This change will help Diplomates maintain awareness of increasingly rapid medical advancements and changes in practice guidelines.

The new ABMS Standards for Continuing Certification state that "member boards must determine an interval no longer than five years of whether a Diplomate is meeting continuing certification requirements to retain each certificate."

All VAFP Members should visit their MyABFM Portfolio for specific timing of when they will transition to the new 5-year Cycle. Please refer to the Certification 2025 ABFM web page and 5-Year Cycle Chart.

For additional information or questions, contact Ashley Webb, ABFM's Director of Outreach at awebb@theabfm.org.

MyABFM Portfolio



Certification 2025 ABFM



5-Year Cycle Chart



American Board
of Family Medicine

CMS IS LAUNCHING A NEW PRIMARY CARE MODEL -- ONE THAT VIRGINIA ACOS CAN APPLY TO PARTICIPATE IN!!

Beginning January 1, 2025, the CMS Innovation Center will test a new payment model for primary care, the ACO Primary Care Flex Model (ACO PC Flex Model), within the Medicare Shared Savings Program (Shared Savings Program). ACOs that participate in the model will jointly participate in the Shared Savings Program and the ACO PC Flex Model. They will receive a one-time Advanced Shared Savings Payment and monthly prospective, population-based payments, the Prospective Primary Care Payments (PPCP). The model will test whether improved payment for primary care will empower participating ACOs and their primary care providers to utilize more innovative, team-based, person-centered and proactive approaches to care and positively impact health outcomes, quality and costs of care.

Virginia Family Medicine practices could be well positioned to engage in this opportunity. Here is how you can learn more:

Fact sheet



Press release



Introductory Webinar



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2024

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

2025

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 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.



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

VAFP MEMBERSHIP BENEFITS

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Family Medicine

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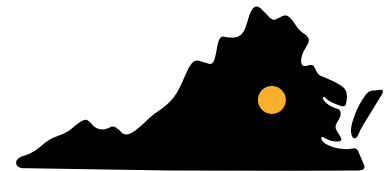
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contact

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



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