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What is the Vaccines for Children Program?

The Vaccines for Children (VFC) program provides vaccines to eligible children without vaccine cost to the provider. All routine childhood vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are available through this program. The program saves parents and providers out-of-pocket expenses for vaccine purchases.

What are the benefits of the VFC program?

You can provide necessary vaccines to uninsured children and others who cannot get recommended vaccinations without financial assistance—and, you will not incur any additional costs. You can also...

- Reduce referrals of eligible children to the public clinics for vaccination, thus allowing them to stay in their medical homes and ensuring the continuity of care.
- Save money on your vaccine purchase because you will receive public-purchased vaccines under the program.
- Receive technical assistance to help improve your vaccination rates, such as record-keeping, vaccine handling, and vaccination opportunities.

How can I enroll as a provider in the VFC program?

Enrolling in the VFC program is easy! Call the Alabama Department of Public Health’s Immunization Program. Then...

1. Request a provider enrollment package.
2. Complete and return the enrollment form.
3. Return the Provider Profile form, as required, to ensure you receive the amount of vaccine needed for your office.

Your strength is the ability to provide.

Alabama Department of Public Health
1-866-674-4807
www.adph.org/immunization
Winter 2014
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What is Rett Syndrome?
- A neurodevelopmental disorder predominantly affecting girls; there are typical and atypical forms with specific clinical diagnostic criteria for each.
- Leading cause of severe cognitive impairment in girls
- Marked by significantly reduced growth (height and weight) and, in most, abnormal deceleration of head circumference

Diagnosis
Symptoms include:
- Presence of hypotonia
- Loss of communication and fine motor skills
- Abnormal head growth
- Presence of repetitive (stereotypic) hand movements
- Unusual breathing patterns

With emerging therapies, earliest possible age for initiating treatment is recommended. Pediatricians and primary care providers are encouraged to consider this diagnosis when this constellation of problems appears.

Our Goal
Our goal is to care for any child or adult with Rett Syndrome without regard to the usual barriers to care. We strive to work with local physicians and therapists to provide early detection, testing and continuity of care through education and communication.

Our Clinic
Established in 1994, our clinic offers evaluations by a child neurologist, nurse and dietitian. Current treatment plans include those for: seizures; nutrition and growth; anxiety; gastrointestinal issues such as reflux, delayed gastric emptying and constipation; cardiac conduction involvement; orthopedic issues such as scoliosis or joint deformities; and surgical intervention guidance. Therapy needs are assessed with recommendations made to meet the individual needs. Initial visit is 2-3 hours; follow-up visits 1-1.5 hours; semi-annual visits to age 6 and annual visits thereafter.

Member Benefits:
- Claims are handled quickly and thoroughly.
- Employees receive the medically-related care they need to get back to work.
- Our Loss Control Consultants work with you.
- Medical costs are managed proactively.
- Lawsuits are defended aggressively.
- Profits are shared through member dividends and coverage is price competitive.
- HWCF has over 10 years experience serving Alabama healthcare providers.

Join the Fund and gain peace of mind.
Our comprehensive workers’ compensation coverage provides on-site consultation, claims verification, and the thorough investigation you need so that you can focus on your patients.
“Who is going to come after me to care for my patients?” Most family physicians ponder this question often. The increasing stresses placed on us by insurers, the government and credentialing bodies makes us wonder whether the next generation of family physicians will put up with it all. But at heart, our patients need us, and we worry even more for them than for ourselves. We simply must ensure that there is a capable, caring and committed cadre of family physicians to follow us.

In spite of dire predictions of a severe shortage of family physicians across the country, interest in family medicine among medical students has waned during the past decade. The percentage of Alabama medical graduates entering family medicine from University of Alabama School of Medicine in 2014 was 15, down from 28 during the peak year of 2003.

The decline is attributed to three main reasons:
• The relatively lower income of family physicians in spite of the complexity of caring for a vast spectrum of patients’ problems.
• The increasing level of student debt. The average debt of a graduating medical student in Alabama is $200,000, up from $150,000 in 2003.
• The lack of family physician role models during medical school.

Family physicians in the trenches hardly have time to breathe, much less to agitate for an equitable adjustment of the Medicare Sustainable Growth Rate. We also don’t have a say over medical school tuition or the amount of funding provided by state and federal agencies to defray tuition costs. But each of us can and should have a presence in the medical education of the next generation of family physicians.

The Alabama Academy of Family Physicians has initiated efforts to enhance medical student interest in family medicine. Our annual summer meeting now includes a parallel student meeting during which students can hone clinical skills taught by family physicians and learn about advocacy and the health care system. Other state academies are following our lead in involving medical students in Academy activities.

Family physicians are the key to attracting medical students to select a career in family medicine. Students tell us this. And it’s common sense that more students will remain true to their medical school application essay in which so many say they ideally want to practice family medicine in a small town where they know they will make a difference if they have ongoing exposure to family physicians throughout medical school. We are also encouraging family physicians to speak at family medicine interest groups at medical schools and hosting medical students whenever they can.

Fingers crossed, but I think it is a hopeful sign that medical schools in Alabama are finally attempting to reverse the decline in interest in family medicine. One example is the creation of Longitudinal Integrated Curriculum (LIC), in which the student lives in a community for an extended period of time, receiving real-world experience in multiple areas of medicine. While in the community, the student can follow a patient through the various “clerkship” experiences. Just this year, one of the LIC students from Tuscaloosa saw a patient with a family medicine preceptor; clinically diagnosed appendicitis; followed the patient to the hospital, where the CT scan confirmed the diagnosis; then scrubbed in with the surgeon to remove the appendix. All in the same day, the student threaded through multiple clerkships for a full curriculum experience. There are ample opportunities for family physicians to serve as LIC preceptors as adjunct faculty members of a medical school.

Below are the key contacts for each of the medical schools in Alabama. I urge you to become a teacher of medical students.
Improved Health Outcomes Goal for RCO Incentive Measures

Medicaid’s planned Regional Care Organizations will not only assume financial risk of providing health care, but they will also be responsible for improving enrollees’ health outcomes once the new system is underway.

To that end, agency officials announced 10 measures that will be incentivized under the new managed care system at a November 19 meeting of the RCO Quality Assurance Committee. The QA committee was created under a 2013 law establishing Regional Care Organizations and is comprised of health care professionals, of which 60 percent or more must be physicians.

“When the concept of Regional Care Organizations was developed, state officials were emphatic that the new system of care not only maximize taxpayer dollars but do so in a way that improves health outcomes for Medicaid recipients,” Medicaid Medical Director Dr. Robert Moon said.

The 10 measures are a subset of 42 measures unanimously approved by the QA Committee earlier this year. All 42 measures will be used for monitoring RCO performance, but the 10 will be used in the incentive program. All but one of the 42 measures are nationally recognized and validated that will allow Alabama to compare its performance to other states and national benchmarks.

The measures not only include nationally recognized metrics related to diabetes, asthma, maternity care, cervical cancer screening and well-child care but also assessments of care transition and coordination, mental and behavioral health, and if care is provided in the most appropriate location.

“The inclusion of mental and behavioral health measures is significant and affirms our long-held belief that social and behavioral health issues cannot be separated from physical health,” Dr. Moon said.

The agency will provide initial baseline analysis and technical assistance to the RCOs as they begin to develop their data collection and reporting systems. The goal is to have all measures in place when RCOs begin October 1, 2016.

For more on the measures and the work of the QA Committee, go to http://medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.1_RCO_QA_Committee.aspx.

Revised Pneumococcal Vaccination Guidelines

The Advisory Committee on Immunization Practices (ACIP) has revised the pneumococcal vaccination guidelines to recommend Prevnar 13® (Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM197 Protein]) for adults 65-plus. The official, revised ACIP recommendations have been published in the CDC’s Morbidity and Mortality Weekly Report (MMWR).

The ACIP now recommends Prevnar 13® for both pneumococcal vaccine-naive and PPSV23 (23-valent pneumococcal polysaccharide vaccine) — previously vaccinated adults 65-plus.

**Pneumococcal Vaccine-Naive Adults**

Adults 65-plus who have not previously received pneumococcal vaccine or whose previous vaccination history is unknown should receive a dose of Prevnar 13® first, followed by a dose of PPSV23. The dose of PPSV23 should be given six to 12 months after the dose of Prevnar 13®. If PPSV23 cannot be given during this time window, the dose of PPSV23 should be given during the next visit. The two vaccines should not be co-administered, and the minimum acceptable interval between Prevnar 13® and PPSV23 is eight weeks.

**Previous Vaccination with PPSV23**

Adults 65-plus who have previously received one or more doses of PPSV23 and patients who received a dose of PPSV23 before age 65 and who are now 65-plus also should receive a dose of Prevnar 13® if they have not yet received it. A dose of Prevnar 13® should be given at least one year after receipt of the most recent PPSV23 dose. For those for whom an additional dose of PPSV23 is indicated, this subsequent PPSV23 dose should be given six to 12 months after Prevnar 13® and at least five years after the most recent dose of PPSV23. The two vaccines should not be co-administered, and the minimum acceptable interval between Prevnar 13® and PPSV23 is eight weeks.
The Immunization Division of the Alabama Department of Public Health (ADPH) is proud to present the results of the 2013 Vaccines for Children (VFC) site visits for those clinics that achieved vaccine coverage levels of 100 percent, over 90 percent and over 80 percent. During 2014, ADPH staff members performed VFC-AFIX quality improvement visits to VFC provider clinics. These visits allowed ADPH staff members to determine if VFC providers are following VFC guidelines, to offer education and CEU credits for clinic staff members, and to determine vaccine coverage levels of the clinic. The ADPH Immunization Division congratulates these VFC providers for an extraordinary accomplishment in 2013.

### Great Achievements Met for Providers with Extraordinary Vaccination Coverage Rates

The Alabama VFC Program appreciates the knowledge, skill and experience the above providers exhibit in their daily preventive health care practices. Thank you for your outstanding performances in keeping Alabama children safer and healthier!
Background on the Future of Family Medicine Project

Twelve years ago, the seven national family medicine organizations initiated the Future of Family Medicine Project (FFM). The goal of the FFM project was to develop a strategy to transform and renew the discipline of family medicine to meet the needs of patients in a changing health care environment. At the time, it was clear that fundamental flaws in the fragmented U.S. health care system could be addressed through the integrative, generalist approach that is — and has always been — the hallmark of family medicine.

Extensive national research, conducted by independent firms along with five internal task forces, focused on the key issues facing family medicine. The project identified core values, a New Model of practice, and a process for development, research, education, partnership, and change with the greatest potential to transform the ability of family medicine to improve the health and health care of the nation. The New Model of practice established through the FFM project had the following characteristics:

• a patient-centered team approach;
• the elimination of barriers to access;
• advanced information systems, including electronic health records;
• redesigned, more functional offices;
• a focus on quality and outcomes; and
• enhanced practice finance.

The study concluded that family medicine needed to oversee the training of family physicians that are committed to excellence, believe in the core values of the discipline, able to provide family medicine’s basket of services within the New Model, and capable of adapting to varying patient needs and changing care technologies.

Family Medicine for America’s Health:
Future of Family Medicine 2.0

Significant change has occurred in the decade-plus since the initiation of the Future of Family Medicine project. This period has been marked by active experimentation within the specialty, and much good work has been accomplished, most notably, the implementation of the New Model of care, now known as the Patient Centered Medical Home (PCMH).

Despite enormous progress — including the emergence of the PCMH as a central component of the landmark Affordable Care Act — many new issues and questions confront the specialty. This, combined with the significant changes underway in our health care system, has prompted the Family Medicine Working Party to revisit the FFM project. The goal of this new effort is to look through today’s lens at the challenges and opportunities currently facing family medicine, in order to:

- define the role of the 21st century family physician (key attributes, practice scope, role within the health care system); and
- ensure family medicine can deliver the workforce to perform this role for the U.S. public (via medical school/residency training and re-engaging existing family physicians, etc.).

As part of this process, the Family Medicine Working Party will consider the following questions:

What are the core attributes of family medicine today, in the context of an apparent decline in the scope of services and clinical care provided by many family physicians?

How will family medicine respond to the challenges of an evolving health system? The significant changes in health care include:

- a move from the traditional “practice owner” model to one of physicians as employees of larger health systems;
- greater system integration and Accountable Care Organizations (ACOs);
- health information technology, meaningful use and advances in the use of technology for care coordination;
- the expansion of scope of practice by many non-physician health care providers;
- evolving models of payment reform; and
- physician performance measurement and reporting.

Is there a need for curricular reform for medical school education and residency training (potentially moving from three to four years of residency training)?

How do we best communicate to relevant stakeholders the value and benefits of family medicine — the important role family physicians play in the evolving U.S. health care system?
Project Sponsors and Leaders

Similar to the earlier FFM Project, Family Medicine for America’s Health: Future of Family Medicine 2.0 is an effort of the Family Medicine Working Party. The seven leadership organizations within the specialty of family medicine include:

- American Academy of Family Physicians
- American Academy of Family Physicians Foundation
- American Board of Family Medicine
- Association of Departments of Family Medicine
- Association of Family Medicine Residency Directors
- North American Primary Care Research Group
- Society of Teachers of Family Medicine

Working Party members from each of the organizations have designated representatives to a Steering Committee and Core Team, who will take the lead in driving the work of the project.

Two national firms have been selected to collaborate and assist with the project. We have retained CFAR to lead the strategic planning initiative. CFAR is a management consulting firm specializing in strategy and organizational development. CFAR was spun out of the Wharton School in 1987 and has academic roots in business and the social sciences. APCO Worldwide will lead communications and brand development. APCO is a public relations firm with deep expertise in health care, health policy, and social marketing.

Timeline and Outcomes

We anticipate the research and planning phase of the project to be completed by April 2014, at which point we plan to move quickly to implementation of:

1. An action-oriented strategic plan with a five-year timeline, addressing the issues most critical to family medicine and providing a role for the seven family medicine organizations.
2. A family medicine communications platform developed through research and creative testing, that aligns with stakeholders’ expectations, perceptions and emotional attachments, along with a plan to communicate the value and benefits of family medicine.

We Want to Hear From You

The success of this project relies on input from the broad community of family physicians, like you, who are on the front lines of care, and whose unique experiences will inform and direct the process. The project will also include extensive research and outreach to the specialty and our key stakeholders including teachers, medical students, residents, and researchers.

The team will provide regular monthly updates on progress of the effort. And we invite you to share thoughts or insights with the Working Party, Core Team, or Steering Committee via the following email address: FutureFM@aafp.org.


Alabama Newborn Screening Program

Newborn screening has been hailed as one of public health’s greatest achievements and just celebrated 50 years of saving about 12,000 babies each year from death and disability. Newborn screening has continued to expand over the years, and the national screening panel currently includes 31 recommended disorders.

The Alabama Newborn Screening Program is a coordinated system mandated by public health law that provides testing and follow-up of 30 of the 31 recommended disorders. The Newborn screening laboratory is currently evaluating methods and approaches for implementation of severe combined immunodeficiency (SCID). In Alabama, newborn screening includes the bloodspot screen, hearing screen and pulse oximetry screen to detect critical congenital heart defects. Early diagnosis and treatment has proven to reduce morbidity, premature death, mental retardation and other developmental disabilities.

The mandatory initial newborn screen is collected at 24 to 48 hours of age, and a routine second newborn screen is highly recommended and should be collected at 2 to 6 weeks of age on all full-term infants with a normal first test. Newborn screening reports can be obtained by fax using our automated telephone Voice Response System. Online access to newborn screening results is coming soon. Additional information and resources may be found on the newborn screening website at www.adph.org/newbornscreening. If you would like to receive a copy of the 2015 Newborn Screening Reference Manual for Medical Providers, please contact us at 866-928-6755.
Lauren Beggs
My name is Lauren Beggs. I am from Athens, Alabama. I graduated from Samford University in 2014 with a Bachelor of Science degree in biology. In my spare time, I like to read, volunteer and run. Upon completion of medical school, I plan to return to Athens to practice medicine.

Kristen Carlisle
My name is Kristen Carlisle. I am from Ragland, Alabama. I graduated from Jacksonville State University with a Bachelor of Science degree in Biology with concentrations in pre-health. In my spare time, I like to go hiking and spend time with my family. Upon completion of medical school, I intend to return to a rural community like my hometown to practice family medicine.

Jared England
I’m Jared England. I grew up in Lawrence County, Alabama, around the small town of Moulton. I grew up playing sports, riding four-wheelers, hunting, hiking and farming our hunting land in the Bankhead National Forest. I graduated from Hatton High School prior to playing two years or JUCO baseball. My career abruptly ended when I blew out my knee. I then focused on my longtime passion of service and my determination to become a physician. I graduated from the University of North Alabama with a degree in chemistry. I have also worked three years as a medical assistant with my hometown family physician. My experience there was incalculable. I hope to return there and fill the shoes of my mentor after residency.

Megan Gibson
My name is Megan Gibson, and I am from Luverne, Alabama. I attended college at Troy University, where I graduated with a Bachelor of Science degree in biomedical sciences with a minor in foreign language. After graduating from medical school, I would like to return to the Crenshaw County area to practice family medicine. I have been happily married for two years to Lamar Gibson. Lamar teaches high school and coaches various sports. I am very thankful for the Rural Medicine Program and look forward to applying the concepts that I learn through this program toward helping my hometown.

Luke McGee
My name is Luke McGee. I am a 2011 graduate of Fyffe High School in Fyffe, Alabama. I am currently a senior at Auburn University majoring in biomedical sciences. During my time at Auburn, I have served as president of the Auburn University Student Alumni Association, and I currently serve as the vice president of COSAM Leaders. After completing my medical education, I hope to return to Sand Mountain to practice family medicine.

Imani McMullin
In April 2014 I graduated from UAB with a bachelor’s degree in biology. I grew up in Macon County. It has always been my dream to become a doctor and, more importantly, a rural doctor. Upon graduating from medical school, I plan on working in a medically underserved area in Alabama.
Andrea Pittman
My name is Andrea Pittman. I am from Eufaula, Alabama. I received my undergraduate degree in biomedical sciences from The University of South Alabama. I was involved in AED, Chi Omega Fraternity and ASRHA, and I was a Board member for the ARHA. ASRHA membership solidified my desire to return to a rural area. During my sophomore year, I participated in the Huntsville Rural Pre-Medical Internship and I did research with USA's Family Medicine Clinic and the Alabama Department of Public Health. Spending time with family medicine and a doctor in Eufaula opened my eyes to the need for a practice with patient care as its guiding principle.

Amanda Stisher
My name is Amanda McDaniel Stisher, and I am from Ashville, Alabama. After graduating from Ashville High School, I attended the University of Alabama at Birmingham as an undergraduate, where I received my bachelor's degree in biology with a Spanish minor. After serving on a medical missions team in several rural communities in Costa Rica during my undergraduate career, I was inspired to return to a rural community like the one in which I grew up to practice family medicine, serving the underserved people of my home state. After completing my medical training, I intend to receive further training in obstetrics so that I am better equipped to handle a wider variety of needs in the rural communities of Alabama.

Chandler Stisher
My name is Chandler Stisher, and I grew up in Baileyton, Alabama. I completed my undergraduate coursework at the University of Alabama at Birmingham, where I received a bachelor's degree in general biology. While at UAB, I worked for four years in a laboratory doing cancer genetics research, and I was involved with Spirit of Luke, an organization serving rural communities throughout the Black Belt of Alabama. Upon graduation from medical school and completion of my residency training, I plan to return to a rural area to practice family medicine. Eventually, I would like to teach and mentor medical students and residents who are pursuing a career in rural family medicine.
Muhammad (Omair) Ata of Scottsboro, Alabama, is the son of Muhammad and Nabila Ata. He graduated from Randolph School in Huntsville in 2010 and earned his B.S degree from The University of Alabama in Birmingham, where he was an active member of the pre-med honor society (Alpha Epsilon Delta) and also part of Students for Healthier Communities (another pre-med society). He served on the Executive Board for the Habitat for Humanity chapter in Birmingham and has volunteered with a number of other organizations, including the Scottsboro Public Library, Project Downtown and Cahaba Valley Health Care. Ata became interested in medicine at a very early age because two of his uncles passed away from colon cancer. He has shadowed doctors from his hometown, including family physicians Charles Bradford, MD, and Andrew White, MD, as well as his father, Dr. Muhammad Ata, an internal medicine specialist now located in Pisgah. He also volunteered at Crestwood Medical Center in Huntsville, Alabama. He sees himself practicing medicine in one of Alabama’s small rural towns.

Claire Davis is the daughter of Mr. and Mrs. William Davis of Letohatchee, Alabama, in Lowndes County. She graduated summa cum laude from The University of Alabama (UA) in May 2013 with a B.A. in English and a minor in computer-based honors. She worked under Dr. Patrick Frantom in the UA Chemistry Department for two years doing undergraduate research into enzymes and presented a research poster at the Southeast Enzyme Conference in Atlanta. Claire earned her master’s degree in rural community health at UA last year. She was a research analyst and a graduate research assistant at UA’s Center for Advanced Public Safety. Claire has also enjoyed volunteering with special-needs children in her hometown and in Tuscaloosa, made a medical mission trip to the Dominican Republic with the UA Community Service Center, volunteered with West Alabama Aids Outreach, and mentored local teens in teen pregnancy programs in Tuscaloosa city and county schools. She has shadowed family physician Dr. Lacy Smith in Centreville and several Baptist Health System doctors in Montgomery and Greenville, including Dr. Rebecca Miller (OB/GYN), Dr. Stephen Davidson (oncology/hematology), Dr. David George (cardiology) and Dr. David McGowin (surgery). Claire plans to return to Lowndes County to practice medicine.

William (Will) Mitchell is the son of Danny Mitchell and Jenny Koch of Haleyville, Alabama. He graduated from Haleyville High School in 2009 and then attended The University of Alabama (UA). Before earning his bachelor’s degree in biological and chemical engineering in the fall of 2013, he participated in the engineering co-op program and worked three semesters with Daikin America, Inc. in Decatur, Alabama. He was also part of a UA research team that partnered with EPRI (Electric Power Research Institute) to examine post-combustion capture of CO₂ using membranes in coal-burning power plants. That partnership’s research resulted in two publications in 2014. When not working on his studies, he spent time mentoring undergraduates as part of the Mentor UPP program at UA and assisted with free health screenings through the Saving Lives Initiative, where he still remains active. Mitchell originally became interested in the Rural Medical Scholars Program after hearing about it from his hometown family physician, Dr. Jerry Harrison, who discussed it with him during the time he shadowed Dr. Harrison. He also had the opportunity to shadow with Dr. David Stallworth in Monroeville, Alabama. While there, he accompanied Dr. Stallworth in surgery, ER shifts and post-operative visits. It was during his time shadowing Dr. Harrison and Dr. Stallworth that he realized he wanted to become a physician and specialize in family practice. He looks forward to practicing in an underserved rural town and hopes to play an active role in improving the health of the community.

Allison Montgomery, daughter of George and Andrea Montgomery, grew up in Talladega, Alabama. She graduated from Talladega High School as valedictorian in 2011. In high school, Allison was heavily involved in community activities and First Baptist Church ministries. She has always wanted to pursue a career in the medical field and was particularly drawn to the idea of primary care while participating in the health science program at Talladega High School, which falls under the direction of Amy Stephens. Mont-
Carson Perrella of Salem is the daughter of Mr. Guy Perrella and JoAnn Perrella, DVM. Perrella graduated from Beau-regard High School in Opelika in 2010. She is currently a senior at The University of Alabama (UA) pursuing a degree in chemical and biological engineering while participating in the UA Rural Medical Scholars Program. She has been in the Million Dollar Band at UA for four years and enjoyed attending both the 2011 and 2012 National Championships. In addition to marching band, she is a regular volunteer at the Good Samaritan Clinic in Northport, Alabama. This volunteer-operated clinic offers free health care to people living below the poverty line. Perrella says, “I find this experience to be one of the most educational and rewarding of my life. As an undergraduate, I became increasingly interested in rural family medicine and the Rural Medical Scholars Program.” To explore her interest and gain experience shadowing primary care physicians, she participated in the Huntsville Rural Pre-Medical Internship in the summer of 2013. While participating in this program, she had the opportunity to shadow Dr. Charles J. Veale of Auburn, Alabama. Perrella says she is “working toward becoming a family physician in a rural area through the Rural Medical Scholars Program” and looks forward to her future as a rural physician.
Josh Price is the son of Donnie Price and Michelle Price of Arley, Alabama. In 2010, Josh graduated from Meek High School and then enrolled at The University of Alabama at Birmingham (UAB). Price was active in the UAB chapter of Alpha Epsilon Delta, a pre-health honor society, where he served for two years as an officer. He learned about the Rural Medical Scholars Program from his personal family physician and Rural Medical Scholar graduate, Dr. Terry James. While on school breaks, Price returned home to shadow Dr. James, which is what solidified his passion and interest in becoming a rural family physician. He also volunteered with Cahaba Valley Health Care and A Promise to Help, which are both dedicated to providing health care to those with limited access to care or lack of financial support. He has also worked with the Muscular Dystrophy Association (MDA) as a summer camp counselor and fundraising volunteer for the past three years. In April 2014, Josh graduated from UAB with a Bachelor of Science degree in biology. He is excited and anxious to earn his MD in order to return to his hometown or a similar area and begin to help his community.

Crystal Hewitt Skinner of Duncanville in Tuscaloosa County is a 2003 graduate of American Christian Academy and has earned two bachelor’s degrees from The University of Alabama. She has two daughters: Ruth Ann, age 4, and Nora Catherine, who is 10 months old. She is married to Daniel Skinner of Gordo and is the daughter of Tommy and Debbie Hewitt of Tuscaloosa. Skinner graduated from The University of Alabama in 2008 with a B.S. in health care management. In 2011, she completed her second B.S. degree at The University of Alabama, majoring in biology. Skinner also has her master’s degree in biology through the University of Nebraska, Kearney. Her graduate research focused on the effects of caffeine on aortic elasticity. Skinner was born and raised in south Tuscaloosa County. She has extensive shadowing experiences with Dr. Larry Skelton of Moundville, who has, she says, most greatly influenced her desire to enter family medicine. She has also has shadowing experience with Drs. Robert Posey, Christopher McGee, Elwin Crawford and David Fernandez at Med Center in Demopolis. “When people ask me what I want to be,” Skinner says “my reply is always a family medicine doctor. But the reality is that there is so much more. I want to be the person a mom calls when her babies are sick, the one who Grandmama comes to when something’s just not right with Granddaddy. I want to be there when the kids are born, when they graduate from high school and college, when their children are born. I don’t want to be just another family medicine doctor. I want to be family.”

Chelsea Southard is the daughter of Danny Southard and Carolyn Keith of Athens, Alabama. She graduated fifth in her class from West Limestone High School in 2010. In August 2014, she graduated from The University of Alabama with a Bachelor of Science degree in psychology and a minor in biology. While at UA, she was a member of the Blackburn Institute, Alpha Delta Pi sorority and the UA Psychology Student Rural Health Association (ASRHA). During this next year as the membership chair of ASRHA, she will recruit new members to the club, while striving to educate those students on the issues facing the health care system in rural Alabama.

Hannah Zahedi is the daughter of Dawn and Michael Zahedi of Trussville, Alabama, and the granddaughter of Gene and Thomas Vaughan of Marion. Although she lives on the outskirts of Birmingham, she had a best-of-both-worlds childhood, as she spent many summers and holidays in rural Marion, Alabama, with her family and grandparents. Hannah graduated from Jefferson County International Baccalaureate School in 2011 and is presently a senior at The University of Alabama (UA). While pursuing a degree in biology, Hannah has found a great passion for community service and rural health. While at UA, Hannah has volunteered with the Health Hut as a peer health educator and held leadership positions with the UA Community Service Center. She has been involved in the Medicine and Community program of the Honors College and worked with UA’s Diabetes Education Team. Hannah participated in the Huntsville Rural Pre-Med Internship in 2013 and has gone on two medical mission trips to Nicaragua, an activity she hopes to continue throughout medical school. Hannah spent three weeks shadowing Dr. Shane Lee of Marion in the summer of 2013 and gained invaluable experience making home visits, touring nursing homes and talking with community members. Hannah enjoys knitting, fishing, gardening, and hunting in Marion and looks forward to working there as a family physician.
Dr. John Meigs

Dr. John Meigs is one of the most recognized primary care physicians in Alabama (pictured above with wife Molly). A graduate of the University of South Alabama and the UAB Selma Family Medicine Residency Program, he has practiced family medicine in Bibb County, Alabama, for over 30 years. His sphere of influence has been felt throughout the state of Alabama. Among the many positions he has held with the Alabama Academy of Family Physicians, Dr. Meigs has served as president and chairman of the Board. He is a member of the Board of Censors of the Medical Association; he is a member of the Alabama State Committee of Public Health, currently serving as vice chair; and he serves on the Alabama Board of Medical Examiners. Dr. Meigs also serves on the Alabama Family Practice Rural Health Board and the Alabama Board of Medical Scholarships. Nationally, Dr. Meigs is a Fellow in the American Academy of Family Physicians and serves on the American Academy of Family Physicians Board of Directors, and he currently (2014) serves as speaker of the Congress of Delegates. Dr. Meigs has received the Family of Rural Medicine Preceptors Award (2002), the Clinical Professor Award (2002) and the Argus Award for best attending in family medicine (2003). In addition to his numerous professional positions, Dr. Meigs is a deacon in the Brent Baptist Church and a member of the Brent Civitan Club, and he was named Bibb County Citizen of the Year in 2004.

Dr. George C. Smith Sr.

Dr. George C. Smith Sr., a native of Lineville, Alabama, through his dedication to family practice, compassionate and nurturing care for his patients, and his extensive involvement in organized medicine, has become a legend (pictured to the left with wife Wanda). He received a pharmacy degree at Samford University, worked with the Eli Lilly Co. and then obtained his MD degree from the Medical College of Alabama, followed by clinical training at Lloyd Noland Hospital in Fairfield. Dr. Smith has been active in a number of professional organizations, including the Clay County Medical Society, the Medical Association of the State of Alabama (MASA), the Alabama Academy of Family Physicians and the American Academy of Family Physicians. His important professional positions include serving as president and later chairman of the Board of the Alabama Academy of Family Physicians, chairman of the Board of Censors of MASA, chairman of the Alabama State Board of Medical Examiners, chairman of the Alabama State Committee of Public Health and a member of the Medical Licensure Commission. Among Dr. Smith’s honors are the Garber Galbraith Medical-Political Award from MASA, the Martha Meyers Role Model Award from the University of Alabama Medical Alumni Association and the naming of the Clay County Public Health building after him. He has also served as president of the Alabama Cattlemen’s Association. Dr. Smith’s strong commitment to his patients, family, church and community is highly commendable.

William H. Coleman Sr. Honored by AAFP Congress of Delegates

Dr. Bill Coleman, director of the Office for Family Health, Education & Research at the UAB Huntsville Regional Medical Campus and director of the Rural Medicine Program, was honored by the American Academy of Family Physicians (AAFP) with the Jack G. Walsh Award for Lifetime Contributions to Family Medicine. This award is only given by AAFP when it wishes to honor someone with a lifelong commitment to the promotion and support of family medicine. Dr. Coleman was presented the award at the Annual Meeting of the AAFP Congress of Delegates in Washington in October 2014.
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