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The Scope of Family Medicine
Summer 2015

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Contents
From the President.................................................................7
Tar Wars First-Place Winner.................................................7
State Continues Implementation of
Health Information Exchange ..............................................8
Patient Tracking and Follow-Up ...........................................9
Presenting ... the AAFP Awards! ......................................10
Cybersecurity: Protecting Your Electronic Health Records..12
Telemedicine Benefits and Risks........................................14
University of Alabama College of Community
Health Sciences to Introduce Geriatrics Fellowship ...........16
MSMC Outstanding Resident Award...............................17
New Contract Review Program for Residents ....................17
$1,000 Stan Brasfield, MD, Scholarship for Alabama
AFP Residents Is Available.............................................17
Consultants Directory.......................................................18
Thank You, Advertisers....................................................18

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Reflecting on the Ride

What a ride this has been! Thank you for entrusting your organization to me over the past year. I have truly enjoyed representing you all at many state and national meetings. Through the year, I have had the opportunity to engage with many of the family physicians within our state. I can assure you, we are well-represented and are a prominent stakeholder in multiple arenas as we go forward.

During this year, I have seen our Academy join with other like-minded organizations to advocate for SGR repeal (win!), advocate for an ICD-9 delay (single-year win!), advocate for stabilization of graduate medical education funding (in process), advocate for adequate medical student education funding (in process) and emphasize primary care for our current in-state medical education institutions (continual). While speaking to state and national representatives, their appreciation for you is obvious. We as family docs are carrying the torch well and will continue to do so in Alabama.

As family physicians, we are poised to be the answer to many future health care concerns. We are ready to fill the provider gaps. We are able to think through processes to save insurers money while appropriately advocating for our patients. The continued impact of the Affordable Care Act in our communities will be felt for years to come, and we are the answer! We will continue to be your voice as you continue to be the influence for your patients.

After a year of leadership, many might reflect and ask, “What now? Where do I go from here?” Well, as my wise patient said one day, “You just keep on keepin’ on.” Stay the course. Run the race. Keep your eyes on the prize. What is that prize? It varies for us all. As primary care providers, we are very compatible, and generally, there will be a list of goals:

1. Improved health for our community
2. Stabilization of provider pools
3. Adequate support for you and your practice
4. Ensuring the viability of your practice (and care for your patients) after you retire
5. Leaving a positive legacy in the community you serve

There are likely many others that are more personal to you, but these are powerful goals that can be attained through organizations that support your mission, of which the Alabama Academy of Family Physicians leads the charge.

As we are completing the “graduation season,” a time of reflection is appropriate. What are your goals? What is attainable? What needs to change to support your objectives? How can we as an Academy foster an environment that will help you? We are ready. We want success for each of you and are your advocate. Who better to be on your team than a group of people just like you?

My hope is that you will read this and come alongside your Academy to be a leader among your peers. We have a great Academy and look forward to promising things ahead.

Tar Wars
First-Place Poster Winner

Congratulations to Christian Kilgore! Christian is a fifth-grade student at Collins Intermediate School in Scottsboro, Alabama.
Every day in Alabama, health professionals and patients exchange information during patient visits and other interactions. With good information, patients’ health care needs can be managed effectively. However, this is not always possible despite the proliferation of the Internet, smartphones, tablets and cloud technology.

Reports from specialists or testing facilities may be lost or delayed. Patients may forget what medicines have been prescribed by other doctors, and in an emergency, patients may go to the hospital or to an urgent care center and report incomplete, incorrect or even no information in the stress of the moment. This was particularly evident in the aftermath of the April 2011 tornadoes across Alabama or when Hurricane Katrina brought hundreds of frightened evacuees to shelters in Alabama without medicine, records or in-depth knowledge about their medical conditions.

All that is changing.

Today, One Health Record®, Alabama’s Health Information Exchange (HIE), is not only operational but is emerging as an important tool as Alabama Medicaid and other organizations move toward value-based health care systems. The project is now under development as a pilot initiative in eight east Alabama counties where eight hospitals and 19 practices have connected or are in the process of connecting to have data exchange capability. Between February and May 2015, more than 260 individual users sent and received approximately 1,128 secure messages, while nearly 54,000 query transactions to pull data were recorded.

The move to implement health data exchanges nationally has been fueled by a number of organizations such as Medicare and private insurers as emphasis shifts to quality and outcomes over visits and volume. Medicaid’s planned Regional Care Organizations hope to incorporate the HIE system as well. State Health Information Technology Director Paul Brannan explained that the state’s One Health Record® system offers providers options ranging from secure messaging to query-based exchange. “Providers now can log on and see all of Medicaid’s and CHIP (AllKids) claims information or look at the Continuity of Care Documents (CCD),” he said.

At a minimum, providers can see a claims-based patient history to include visits to the hospital or emergency room (ER), along with information on drug, lab and outpatient encounters. Providers may also securely email other providers in the system and exchange information on patients whom both are serving. Providers who connect to the interoperable or query-based exchange also have the opportunity to obtain information on a real-time basis. That not only includes claims but also information from other providers connected in the system. Having more complete data can reduce adverse drug events and patient safety errors. And if providers are interested in connecting their own electronic medical record systems, Brannan and his staff are available to work with the provider’s EMR vendor to make the necessary connections.

One of the most important things to know about One Health Record® is that security and protecting patient health data are a top priority. To do that, the Alabama’s HIE has taken steps to meet or exceed all industry standards for data protection and security while still making data sharable, according to Brannan.

“We understand that security of health information is critical to success,” Brannan emphasized, noting that an external group conducts a security assessment every six months. “We not only have continued to pass with flying colors, but we have implemented measures beyond the minimum.”

In addition to system security, the system is set up for providers to flag patient records with substance abuse and mental health diagnoses so they will not be shared. Providers are also required to provide patients with an opportunity to “opt out” of the One Health Record® system.

Future plans call for adding system capability to offer ADT (admission, discharge, transfer) alerting so physicians know of these important transitions proactively instead of after the fact. It would enable the documentation of care coordination between the hospital, the ER and the primary medical provider, which is expected to be required under Meaningful Use 3, Brannan said.

“I encourage providers to reach out to us, because we want to hear from you about any functions and capabilities that are not there. It is our goal to be open and responsive to the needs of providers, because we share your interest in providing better care,” Brannan said.

If the state is successful in gaining federal approval of its 1115 request now before the Centers for Medicare & Medicaid Services, Brannan hopes to have funds to support provider connectivity on a statewide basis.

However, connectivity is just the beginning, he says. “We hope that by connecting, providers will have greater opportunities for professional collaboration, that there will be enhanced communication between providers and patients and, ultimately, better care based on timely and complete information.”

More information is available at www. onehealthrecord.alabama.gov.
Lapses in patient care, including follow-up, can lead to dire consequences beyond those to patient well-being. Substantial malpractice settlements and verdicts have been paid as a result of “lost” diagnostic reports and physicians’ failure to review and follow-up.

Patients who miss or cancel appointments risk undetected and untreated medical conditions, threatening continuity of care. If the patient later experiences an illness or injury, he or she may hold you responsible. The best way to prevent such lapses — and the corresponding malpractice allegations they create — is to develop written policies and procedures. The goal is to effectively track lab and diagnostic tests, as well as missed appointments and referrals.

Lab and Diagnostic Tests
Establish a tracking system that documents and follows patients referred for diagnostic imaging or laboratory testing. An effective system will verify the:

- Test is performed
- Results are reported to the office
- Physician reviews the results
- Physician communicates the results to the patient
- Results are properly acted upon
- Results are properly filed

It is important the physician or allied health professional (AHP) review, authenticate and date all diagnostic test results as soon as they are available — before filing. When test results are abnormal, it is important to let the patient know both the results and the need for follow-up. If the patient does not follow through as advised, it is prudent to make — and document — repeated efforts to encourage the patient’s return.

Cancellations and No-Shows
Tracking missed or canceled appointments will help you improve patient care and reduce liability risk. When patients miss or cancel appointments, attempt to reschedule and document both the reason for cancellation and each of your efforts to reschedule.

We suggest the AHP review all missed or canceled appointments and discuss them with the physician to determine if follow-up is necessary. More aggressive follow-up may be necessary for patients with urgent conditions. Document all such efforts in the medical record.

Consultations/Referrals
Plan to develop an effective system to identify and track patients who are scheduled for referrals and consultations. Document in the patient’s medical record all recommendations that a patient see a specialist for consultation or continued care. Include any letters or other communications between physicians in the medical record.

Types of Tracking Systems
Tracking systems do not have to be complex or expensive; they just have to work. Many medical practices use simple and inexpensive methods, such as logbooks. Others utilize tracking functions provided in their electronic medical records system. Whatever tracking method you choose, be sure to follow up on laboratory and diagnostic tests, cancellations, no-shows and consultations.

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The Alabama Academy of Family Physicians (AAFP) is pleased to announce the establishment of several awards to recognize our physicians. Beginning this year, the AAFP will honor outstanding individuals in the Alabama health care industry who truly exude the characteristics of a quality family physician or future family physician, with awards presented at the AAFP Fall Forum, December 13-14, Embassy Suites, Hoover, Alabama.

For more information on the academy awards available for nomination, including more detailed descriptions, please review the information provided.

Each award category will be under the auspices of the AAFP Nominating Committee. The Nominating Committee will annually solicit and accept nominees through all appropriate avenues available. Again, individuals may be nominated by others or may be self-nominated. All nominations will be due to the AAFP office, located at 19 South Jackson Street, Montgomery, Alabama 36104, no later than 11:59 p.m. on November 20, 2015. Winners will be contacted after a decision has been made, and a formal announcement will be made to the AAFP membership following.

ALABAMA ACADEMY OF FAMILY PHYSICIANS LIFETIME ACHIEVEMENT AWARD

Nomination Supporting Materials

The nominator must submit a cover letter summarizing why he or she believes the nominee should receive this award. The nominator should include specific examples of how the nominee has distinguished his or herself in at least one of the following areas, with such accomplishments recently occurring or throughout a lifetime of service:

- Distinguished service to the Alabama Academy of Family Physicians
- Distinguished service to the specialty of family medicine
- Distinguished service to the community at large, including the local, state, national or international levels

- Nominator must submit at least one letter of recommendation from another individual familiar with the nominee’s credentials (no family members) in support of the nomination

The FAMILY MEDICINE EDUCATOR OF THE YEAR award is designed to recognize an individual who has made outstanding contributions to education for family medicine in undergraduate, graduate and continuing-education spheres.

Eligibility
The nominee for this award must be an active AAFP member in good standing who spends at least 50 percent of his or her time in patient care. All previously nominated physicians who weren’t selected are eligible for reconsideration but must be renominated.

Nomination Supporting Materials

The nominator must submit a cover letter summarizing why he or she believes the nominee should receive this recognition and include specific exami-

The OUTSTANDING FAMILY MEDICINE RESIDENT OF THE YEAR award is to recognize a family medicine resident (PGY-1, PGY-2 or PGY-3) who exhibits qualities of exemplary patient care, demonstrates leadership among his or her colleagues, displays a commitment to the community at large, contributes to scholarly activity, and has dedicated himself or herself to the specialty of family medicine through involvement in the AAFP and American Academy of Family Physicians, service to his or her residency program, and/or other family medicine organizations.

Eligibility
The nominee for this award must be a resident member of the AAFP at the time of nomination. Note: Residents who have graduated within one year of a nomination being submitted are eligible to receive this award.

Nomination Supporting Materials

The nominator must submit a cover letter/ statement summarizing why he or she believes the nominee should receive this recognition and include specific exami-
The **FAMILY PHYSICIAN OF THE YEAR** is selected annually from nominations by AAFP members. The award is presented to a physician who exemplifies the tradition of the family doctor and the contribution of the family physician to the continuing health of Alabama citizens.

**Eligibility**
The nominee for this award must be an active AAFP member in good standing who spends at least 50 percent of his or her time in patient care. All previously nominated physicians who were not selected are eligible for reconsideration; however, he or she must be renominated.

**Nomination Supporting Materials**
• The nominator must submit a cover letter summarizing why he or she believes the nominee should receive this recognition, as well as the nominee’s accomplishments and contributions to the continuing health of Alabama citizens, including participation in community affairs.
• The nominator must submit three letters of recommendation, including:
  ○ A letter from one of the nominee’s patients in support of the nomination
  ○ A letter from the nominee’s physician colleagues, hospital administrators, etc., who can attest to why the nominee should be awarded this recognition
  ○ A letter of recommendation from a community leader to showcase the nominee’s participation in community affairs

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**CCM ESTIMATED REVENUE**

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<td>254 patients with 2+ chronic conditions</td>
<td>$121,920</td>
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<td>$40 / patient / month of possible CCM reimbursement</td>
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**CHRONIC CARE MANAGEMENT TOOL**
A provider with 350 Medicare patients could be generating $121,920 more a year. Our EHR has the tools to assist providers with meeting the requirements for accurately and thoroughly billing and documenting for Chronic Care Management (CCM).
With the increased use of technology comes increased risk of cyberattacks. Anything transmitted or stored electronically is at risk of being stolen by a hacker.

Many people don’t believe — or understand why — medical information is valuable or at risk. According to a compilation of data breach statistics, there were 783 security breaches in the United States in 2014. Of those, 42.5 percent were breaches of medical or health care information. This equated to over 8 million individual records being accessed or stolen by cyberattacks.1

Large health care systems, hospital networks and individual health care providers have all been attacked, but the size of the entity is no clear indication of the size of the breach. For example, one Blue Cross Blue Shield attack yielded only 300 records, while a large system in Tennessee yielded approximately 4.5 million records. Several individual physician practices were breached as well, yielding as many as 7,500 records from one practice.2

Why Are Medical Records Targeted?
Medical records seem to be targeted because they contain all of an individual’s personal information: finances, Social Security numbers, health information and family information. This gives thieves more potential uses for the stolen information, including applying for credit cards, store accounts or other lines of credit. They also can use the information to steal health care services. These are just a few reasons why a medical record can fetch up to $50 on the black market, while a credit card number may only earn $5.3

Another example of how valuable a medical record may be: A security firm CEO shared an example of a black-market advertisement to sell 10 Medicare numbers. “It costs 22 bitcoin — about $4,700, according to today’s exchange rate.”4

The transition to electronic health records has given criminal hackers more opportunities to steal medical records. The chief information officer for a hospital system in Salt Lake City states his hospital system “fends off thousands of attempts to penetrate its network each week.”5

Another reason is ease of access. Some hospitals and health care providers are using systems that have not been updated in more than 10 years.6 While hospital systems and health care providers rush to prepare for ICD-10 implementation and meaningful use, cybersecurity seems to be falling through the cracks. Many health care systems “do not encrypt data within their own networks.”7 Once a hacker penetrates whatever security the system does have, the unencrypted information is there for the taking.

Medical records seem to be targeted because they contain all of an individual’s personal information: finances, Social Security numbers, health information and family information.
Criminals also use stolen medical records to fraudulently bill health care insurance providers and Medicare/Medicaid. The victims may not discover the theft for several months — or even years. In some instances, victims have received debt collection requests for medical services they never received.

What Can You Do to Safeguard Electronic Medical Records? When implementing or updating an EHR system, talk to your vendor about cybersecurity. Ask whether the stored information is encrypted. It also is a good idea to determine if or when the vendor will provide security updates for your EHR software.

Organizations may need to “invest more money and employee talent in shoring up the walls around their electronic data.” Cybersecurity is a highly specialized area that requires a certain expertise. Your EHR vendor may be able to provide some assistance in this area, but remember, its expertise is creation and functionality. Hiring in-house cybersecurity experts or contracting with a cybersecurity firm specializing in this area may be the best options to protect your organization and your patients.

Several organizations, such as the Department of Homeland Security, the American Hospital Association, the Centers for Medicare & Medicaid Services, and the National Institute of Standards and Technology, offer guidance and resources on cybersecurity. Their Web addresses are included in the references of this article. These are just a few of the vast number of resources available to organizations regarding cybersecurity.

### References
Telemedicine Benefits and Risks
by Jeremy A. Wale, JD, ProAssurance Risk Resource Advisor

The health care landscape has changed radically in recent years. Implementation of the Affordable Care Act, expanding roles for nurse practitioners and physician assistants, meaningful use, and ICD-10 preparation are just the highlights. But one change that often gets overlooked is the rapid expansion of telemedicine.

Forty years ago, hospitals used a form of telemedicine to reach patients in remote areas. Triaging a patient over the phone is, after all, just another form of telemedicine. Modern technology has opened up many new avenues for patients and physicians to communicate. Today, telemedicine encompasses a vast array of services offered by virtually all medical specialties. Telemedicine is defined as “the ability to provide interactive healthcare utilizing modern technology and telecommunications.” It includes interactive video, home monitoring devices, scanning and emailing photos, and myriad other ways physicians and patients can communicate without a face-to-face interaction.

Telemedicine is expanding not only by volume but also by services offered. In 2013, a consulting firm estimated worldwide telemedicine use would grow by 18.5 percent per year through 2018. Another source opines that the U.S. telemedicine market “will grow from $240 million in revenue in 2013 to $1.9 billion in 2018” — an annual growth rate of more than 50 percent.

Telemedicine not only could increase revenue but also decrease spending. One study revealed a health insurer saved approximately $10 million over six years using telemedicine. The study followed 3,000 congestive heart failure patients receiving in-home monitoring of weight, blood pressure, heart rate and pulse oximetry. Readmissions dropped by 44 percent for these patients, boosting savings. Although this study represented a small sample size, the savings realized were significant — just using common telemedicine tools. As telemedicine expands and services become more accessible, cost savings presumably will grow.

Drivers
Several factors are driving the telemedicine explosion, and convenience may be the biggest. A patient can sit in his or her living room and consult with a dermatologist who can view the problem area. A cardiologist can review monitor readings from his or her office while the patient is at home. Diabetics can check blood sugar levels and upload the results for their physicians to monitor.

Cost effectiveness makes telemedicine an attractive alternative to traditional health care models. Telemedicine allows physicians to consult with more patients within a smaller timeframe. This increases revenue for the physician, saves patients money on travel expenses, and decreases patients’ time away from work and family.

Consultations also can be more efficient for all parties involved. Rather than sending X-rays or medical records to another provider through the mail, images and documents can be sent electronically. The consulting physician can conduct an electronic visit with the patient. This convenience decreases the potential for noncompliant patients (especially with regard to specialist follow-ups), saves time and increases physician-to-physician collaboration.

Rural communities with limited means to access health care still benefit from telemedicine. Someone living 200 miles from the nearest urban area needs to see a dermatologist but does not have the means to travel the requisite distance. Telemedicine offers that individual an opportunity to speak with a specialist through a computer screen. These patients may end up being treated for something within a couple of days — even hours — for an ailment that, 20 years ago, may have gone undiagnosed for several years.

Drawbacks
While technological advances have helped drive telemedicine, technological failures can be one of its biggest drawbacks. Networks are subject to interruptions, delays, system overloads or other technical difficulties. Because telemedicine is wholly dependent on working technology, its effectiveness is severely hampered when technology fails.

Privacy, security and confidentiality are other potential problems. Even when health care providers take necessary security precautions, hackers may still access electronic communications — and the Health Insurance Portability and Accountability Act (HIPAA) extends to the patient’s living room. It’s important to take necessary precautions to ensure telecommunications are as protected as possible. Use encrypted emails, consult with cybersecurity experts when setting up your telemedicine practice, and develop a well-written consent form that addresses the risk factors of telemedicine.

It also is important not to overlook physical interactions between physicians and patients. Sometimes patients need a physical exam for an effective diagnosis (e.g., broken bones). Seeing patients in person helps establish a trusting, cooperative relationship that may be challenging to

It is important patients and health care providers are aware of both the advantages and limitations telemedicine presents.
build electronically. Both parties may be more engaged if conversations are conducted in person. This may be less of an issue if you only use telemedicine for established patients. It is still a good idea to suggest an annual in-office examination.

**Mobile Apps**

Mobile app use is booming. According to one estimate, mobile app revenue will reach $13 billion in 2015, with a compounded annual growth rate of 40 percent over the next six years. The implications are equally enormous.

In January, the Food and Drug Administration (FDA) approved an app for glucose monitoring via a mobile device. This app allows health care providers to track patient glucose levels via a smartphone or tablet.

Mobile apps can be used for anything from monitoring patients remotely to facilitating physician/patient communication. A brief review of cardiology-related mobile apps revealed several that allow physicians to demonstrate, illustrate or show videos to patients to help explain certain conditions. Mobile apps also can provide decision support for physicians or help with diagnoses.

Dermatology apps can help patients track moles and other skin lesions to document changes. One app, developed by University of Michigan physicians, includes a skin cancer risk calculator. Another dermatology app claims to be 70 percent accurate in predicting the severity of a mole; dermatologists are about 85 percent accurate, according to the same article.

**Risk Management Considerations**

Increased availability and real-time data are key telemedicine benefits. But while these two factors seem to foster patient/physician communication and nurture that relationship, they also may increase your risk exposure.

If you offer electronic availability to your patients, consider how it could negatively impact you when something doesn’t go as planned for a patient. A plaintiff’s attorney could present to a jury your claim to be available and then state the patient didn’t receive the type of response promised. The attorney could assert your failure to be immediately available directly led to the patient’s negative outcome.

Real-time data also can present challenges. On one hand, it may increase your effectiveness as a health care provider. However, it also can create professional liabilities, particularly in the event of a claim. Consider: If you receive real-time blood sugar results from a patient and fail to notice a large spike or depression, could you be held liable for a negative outcome? A juror might look at this information and ask, “Why didn’t the doctor notice this sooner?”

These examples highlight the importance of full disclosure and informed consent when it comes to telemedicine. It is important patients and health care providers are aware of both the advantages and limitations telemedicine presents.

Services providing online consultations to the general public, like HealthTap, InteractiveMD or MYidealDOCTOR, are another area of liability concern. While these sites are great for patients and provide immediate access, physicians need to consider certain risks before participating:

- Are you licensed to provide medical care in the state the patient is contacting you from?
- Are you required to be licensed in the state the patient is contacting you from?
- How can you track and follow up with patients if necessary?
- How will calls be documented?
- If a liability claim arises, in which state will you have to defend yourself?
- How can you verify treatment recommendations?
- Will your service provider be involved in any way if you have a claim filed against you? (Review your contract with your provider.)
- Does your state’s medical board prohibit this practice across state lines?
- Does the patient’s state prohibit this practice?
- Are you allowed to prescribe any medications?
- Is the service HIPAA-compliant?

Before entering into any agreement, be sure to thoroughly research and consider all of the pros and cons. You also may wish to consult with your insurance agent to determine if your current policy covers Internet-based services.

### References

For family medicine residency graduates seeking training to provide additional needed services in communities, the College of Community Health Sciences has offered fellowship programs in obstetrics, sports medicine, hospitalist medicine, behavioral health and rural public psychiatry. Now, the College is adding a geriatrics fellowship in August 2016, says residency director, Dr. Richard Friend.

“We have very few geriatricians in our community, and we have an ever-aging population,” Friend says. “We hope that graduates of the program stay in the area and serve the needs of Alabama. These physicians will be specially trained to understand the complex problems of the geriatric population, and as the population in Alabama ages, they’ll be in the unique position to assist with those needs.”

The one-year program will accept two physicians per year. Leading them will be Dr. Anne Halli-Tierney, assistant professor in family medicine and director of the geriatric clinic at University Medical Center, which the College operates.

Halli-Tierney says that about 300 geriatricians graduate from fellowship programs each year — not nearly enough to sustain the number of retiring practitioners who have training to care for the older population.

“And with the baby boomer population surging toward old age, primary care practitioners definitely need training in how to deal with the problems of older adults,” she says.

Rural populations in particular have a higher percentage of older residents than the United States in general, says Dr. Richard Streiffer, dean of the College. He and Dr. Tom Weida, associate dean of clinical affairs and chief medical officer of the College, will serve as key clinical faculty for the fellowship.

“It’s critical we dedicate additional resources as a society to the aging population,” Streiffer says. “Hence, at CCHS, we intend to enhance the geriatrics training for all our medical students and family medicine residents. Development of the geriatrics fellowship will help us do that by adding to our collective expertise and focus in the field while also creating an expanded training opportunity for those interested in providing leadership in geriatrics or whose clinical setting will demand that expanded skill set.”

The College provides training in subspecialties of family medicine to suit the needs of communities as part of its mission to improve the health of individuals and communities in Alabama and the region. In addition to the geriatrics fellowship, the College’s other programs have responded to the needs of the state, with a concentration on rural areas.

The Obstetrics Fellowship, for instance, was created in 1986 to address the overwhelming need for obstetric care in rural and remote areas of Alabama. Since then, the College has graduated 19 physicians from the program — the majority of whom practice in rural Alabama.

The College’s University Hospitalist Fellowship, a yearlong program that offers training at DCH Regional Medical Center in Tuscaloosa, is one of only a few nationwide that includes a rural focus. As a result, many of the family medicine physicians who complete the program practice in rural areas as rural hospitalists.

The Behavioral Health Fellowship is for family medicine physicians, particularly those planning to practice in rural communities. Family medicine physicians say that as much as half of their patient caseload can involve psychiatric and mental health issues.

Halli-Tierney says the addition of the geriatrics fellowship to the College’s programs supports its mission.

“We are interested in preparing physicians who will go out into communities and practice and impact patients’ lives through direct care. When the fellows graduate, they will be able to function effectively in multiple arenas, whether it be long-term care, end-of-life care or quality primary care for elders in their communities. Patients in some rural areas may not be able to travel to see a specialist, so if their primary care provider has geriatrics training, this will help the elder receive aging appropriate care close to home.”

From left, Dr. H. Joseph Fritz; Lisa Brashier, CRNP; Dr. Anne Halli-Tierney; and Dr. Grier Stewart provide geriatric care at University Medical Center and UMC-Warrior Family Medicine. The College will offer a geriatrics fellowship for family medicine resident graduates starting in August 2016.
All resident-members of the Alabama Academy of Family Physicians are eligible to apply for the annual Stan Brasfield Memorial Scholarship. The family of the late Dr. Brasfield created the scholarship fund to honor his memory; it is to be given annually to a first- or second-year resident who meets certain criteria.

Dr. Brasfield, a Montgomery native, earned his medical degree in Alabama. He died at the untimely age of 33 while practicing in Florida.

The scholarship is in the amount of $1,000. The criteria are as follows:

- The award will go to a first- or second-year Alabama family medicine resident who has demonstrated financial needs, as expressed in a short (one page or less) essay submitted by the applicant.
- The recipient will preferably be married and have an Alabama connection of some kind. Please tell us of any such connection.
- The deadline for receipt of essays will be Wednesday, December 31, 2015; send your essay to the attention of Chapter EVP Mr. Jeffrey Arrington at: alafamdoc@charter.net.

Raised in Dothan, Alabama, Jonathan “Ryan” Humphreys graduated from Auburn University and the UAB School of Medicine. Following graduation, he deferred surgical residency to conduct research at Vanderbilt University investigating vascular development. After completing a surgical internship at Vanderbilt, he worked full-time in the Veterans Hospital as the outpatient general surgery clinic physician.

Dr. Humphreys transitioned to family medicine residency in Montgomery after completing two years of service at the Nashville Veterans Hospital. He served on the Baptist Health GME committee as well as the committee to revise the noon conference curriculum.

During undergraduate and graduate training, Dr. Humphreys traveled to the Dominican Republic, the Philippines and Costa Rica on medical outreach teams. He raised over $3,000 for leukemia/lymphoma research while running the Mercedes Marathon. His hobbies include running, fishing and snow skiing. He and his wife, Elizabeth, live in Montgomery with their son, Jonathan, and their dog, Minnie.

The Academy is pleased to announce that it has negotiated an arrangement with The Sanders Law Firm, P.C. in Birmingham that will benefit resident and fellow members of the Academy. Specifically, The Sanders Law Firm will review a draft employment agreement for any Academy member, discuss the draft employment agreement with the member and recommend changes where necessary, for a flat fee of $500. Rich Sanders, the firm’s president, has spoken at the Summer and Fall Forum meetings of AAFP since the late 1990s, and he has previously assisted Academy members with HIPAA and corporate compliance programs. If you have any questions about this new contract review program, please call Rich Sanders at 205-930-4289 or via email at rsanders@southernhealthlawyers.com.

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Montgomery Family Medicine Residency program is seeking a Board Certified Family Medicine physician to join the faculty. This growing, fully accredited, 8-8-8 community-based program prefers that candidates have at least 2-3 years experience in office-based practice, be skilled in hospital and ICU medicine, and be very well versed in all forms of information technology. OB experience is not required for this general medicine position. Typical duties of a faculty member include hospital and ICU medicine, private patient duties, precepting, lecturing, scholarly activities, and curriculum management.

This position offers a competitive academic salary with a production bonus, as well as relocation assistance. EOE

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- Shakespeare Theatre / Museum of Fine Art / AA Baseball Team “Biscuits”
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Baptist Health is a faith-based, three hospital system located in Montgomery, the state capital of Alabama. We are affiliated with the UAB Health System and enjoy clinical relationships with UAB through teaching activities and services agreements. In 2014, we proudly opened the new UAB School of Medicine Montgomery Regional Campus on the campus of Baptist Medical Center South, central Alabama’s regional tertiary medical center. Baptist Health is the market leader for health care services and provides a full spectrum of specialty services and primary care.

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To learn more about Baptist Health and our community, please visit our website at www.baptistfirst.org/physicians.

For more information about this opportunity, please contact Ginger MacLean, physician recruiter, (334) 273-4260 or gpmaclean@baptistfirst.org.
The University of Alabama Family Medicine Residency — Tuscaloosa

The College of Community Health Sciences celebrates 40 years of educating family doctors.

More than 400 physicians have graduated from the College’s Family Medicine Residency, one of the oldest and largest such residencies in the nation. Many of those graduates now practice in the state, fulfilling the College’s mission to improve and promote the health of individuals and communities in Alabama and the region.

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