Practice Management
Preparing Your Medical Practice for Tomorrow
PG 12

Congratulations to AAFP President-Elect
John Meigs, MD
PG 7

From left to right: Diane McDaniel, assistant secretary, Congress of Delegates; Javette Orgain, MD, speaker of the AAFP; John Meigs, MD, president-elect of the AAFP; and Molly Meigs.

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Medical Students, Schools Must Safeguard Peers’ Mental Wellness

by Tiffany Ho, MPH, Student Member of the AAFP Board of Directors

My friend was brilliant. He graduated valedictorian of his high school class and was salutatorian of his undergraduate department. He had other gifts, too, including a phenomenal singing voice that would put Sam Smith to shame.

He also had bipolar disorder, which recently led him to take his own life.

For some students at our medical school, the news of his suicide was shocking. For those closer to him, it was almost understandable.

From day one, medical school students are constantly exposed to a host of new and stressful experiences. Support from family and friends can make a significant difference, but this type of encouragement may be limited for those who are in a completely new environment and far from home. Too often, we try to process these situations in isolation, or we may try to cope in potentially harmful ways, such as through excessive alcohol consumption.

According to a study on mental health in medical students published in *JAMA: The Journal of the American Medical Association* several years ago, 14 percent of students surveyed at the University of Michigan Medical School had moderate to severe depression, and another study suggested that nearly one-fourth of med students met depression criteria. More shocking, more than one in 10 students (11.2 percent) surveyed in a study assessing burnout reported experiencing suicidal ideation in the previous year. Third- and fourth-year medical students reported higher rates of suicidal ideation than did first- and second-year students.

Although medical students are at particular risk for experiencing mental health issues, we’re unlikely to seek help. One commonly cited reason is stigma. Earlier in our lives, we were somehow molded to react uncomfortably to topics such as depression, schizophrenia, substance use or suicide. Medical school culture then builds high expectations in which weakness is not accepted. Some of us think that disclosing a mental health condition would lead us to be viewed as incompetent.

Even when students decide to seek help, we face additional barriers. Offentimes, our busy class or clinical rotation schedules prevent us from scheduling needed appointments. And even if we do have free time, getting an appointment with a therapist may take weeks, and it may be a few months before a psychiatrist is available.

Another friend battling depression sought help and found that the institution’s student mental health resources had a three-week wait. She decided to go to the emergency department that day to contract for safety.

Addressing student wellness has become a priority for medical schools. Initially, most schools focused on increasing access to post hoc, therapy-oriented services for individuals who develop mental disorders or significant distress. But in recent years, comprehensive wellness programs are increasingly being implemented to counteract or balance the negative experiences students may face.

My institution established a college advisory program modeled after Vanderbilt University School of Medicine’s wellness program. Students are divided into four colleges (similar to the Hogwarts houses in the *Harry Potter* books). Within each college, we are further divided into “molecules” of five students with one faculty member who advises us on wellness and provides career counseling throughout medical school.

We meet with our faculty advisers after each clinical rotation to reflect on experiences from the past eight weeks. The most recent discussion focused on personal growth. A third-year student tearfully spoke about the insecurities he faced on his first rotation. He thought he constantly disappointed his team because he hadn’t met clinical expectations. He didn’t realize the expectations of writing complete progress notes on every patient before rounds and providing sign-out to the night team were beyond the scope of a medical student. Furthermore, his team regularly criticized his oral presentations. Hearing fellow third- and fourth-year classmates relate to his experience and offer advice on future rotations seemed to comfort the student, but the fact remains that he should have been supported earlier in his clerkship.

Additional measures taken to improve student wellness have included a dramatic move from assigning grades (honors, high pass, pass, fail) to using a simple pass/fail system. During the preclinical years, most lecture days end by noon. This provides students time to pursue extracurricular activities that range from conducting research to playing intramural sports to visiting family.

Yet even with these changes in place, my classmate struggled with his mental illness. He refused to seek mental health services and attempted to self-medicate. Ultimately, his strongest support was a small group of classmates who, despite his initial resistance, constantly reached out to him during both his highs and his lows. When he first expressed suicidal ideation, our classmates brought him to the emergency department. When he had his first manic episode, those classmates called police for help. They went through so much with him, and now that he has passed, they are the ones left hurting. Their mental health cannot go unaddressed, nor can the mental health of my classmate’s family and loved ones.

This sad experience offers a strong reminder that we future physicians are not invincible. It is acceptable for us to show weakness and to seek help. After all, if we cannot care for ourselves, how can we care for our patients?
Congratulations to AAFP President-Elect John Meigs, MD

Dr. Meigs is past president of the Alabama Academy of Family Physicians and began his medical career in private practice in Centreville, Alabama, his hometown, and practiced there from 1982 to 2013. In 2013, he merged with another practice to become a part of Bibb Medical Associates, which is housed in a clinic at Bibb Medical Center, a 25-bed rural hospital in Centreville. He also serves as chief of staff at Bibb Medical Center.

Before being named AAFP president-elect, Dr. Meigs served four years as speaker and three years as vice speaker of the organization’s governing body, the Congress of Delegates. He has been an active member of the Alabama Academy of Family Physicians, serving on its board of directors, including terms as president and chair. He also serves on the Alabama Family Practice Rural Health Board and the Alabama Board of Medical Scholarship Awards.

Dr. Meigs is a clinical associate professor in the Department of Family and Community Medicine at the University of Alabama and a clinical professor in the Department of Family Medicine at the University of Alabama School of Medicine. In 2003, he was awarded the University of Alabama School of Medicine Argus Award for “Best Attending Physician in Family Medicine.”

He earned his undergraduate degree from the University of Alabama and his medical degree from the University of South Alabama. He completed his family medicine residency at the University of Alabama Birmingham Selma Family Practice Residency Program where he also served as chief resident. Dr. Meigs is board-certified by the American Board of Family Medicine and has the AAFP Degree of Fellow.

To read more about Dr. Meigs, visit www.aafp.org/about/governance/board-directors/john-meigs1.html.

Dr. Tom Miller Appointed as State Health Officer

The Alabama State Committee of Public Health has appointed Tom Miller, MD, MPH, as acting state health officer, effective November 1, upon the retirement of Donald E. Williamson, MD.

When the committee announced his appointment, Dr. Williamson said, “Dr. Miller has been an invaluable member of our team, and I have every confidence in him. He has done yeoman’s work, especially in the past three years when I have been very involved with the Alabama Medicaid Agency.”

Dr. Miller received his medical degree and completed his residency in obstetrics and gynecology at the University of South Alabama in Mobile. He received a master’s degree in public health from the University of Alabama at Birmingham.

In his more than 25 years with the Alabama Department of Public Health, Dr. Miller has gained experience in leading many areas. His most recent position has been as chief medical officer, in which he has overseen the bureaus of Family Health Services, Clinical Laboratories, Communicable Disease, and Home and Community Services. His current responsibilities include maternal and child health, family planning, WIC, dental, lab testing, immunizations, TB, STD, HIV/AIDS, epidemiology, and home care services. In addition, he works with the Bureau of Health Provider Standards and the Office of Radiation Control.

Dr. Miller is an active member of several professional organizations at the state and national level. In 2012, he finished his third term on the Prattville City Council, where he served as president pro tempore and president, and is involved in a number of community enrichment initiatives. He serves on the boards of the Autauga County United Way and the Prattville YMCA. He is a member of his local Rotary Club and of Toastmasters International. For the past four years, he has traveled to the Dominican Republic on medical mission trips.

He is active with the Alabama Medical Association’s Foundation for Continuing Medical Education. In 2013, he became a member of the Committee for Review and Recognition that is part of the national Accreditation Council for Continuing Medical Education and was elected recently to a three-year term on its Board of Directors.

Dr. Williamson is concluding 23 years as Alabama’s state health officer and 29 years of service in the department. We wish Dr. Williamson the best in his new role as CEO of the Alabama Hospital Association and look forward to working with Dr. Miller as he takes over at the Department of Public Health.

Photo courtesy of Lori Quiller
Luke Bailey
My name is Luke Bailey. I am from Grant, Alabama. I graduated from Auburn University in 2015 with a Bachelor of Science degree in biomedical science. In my spare time, I like to read, exercise, be outdoors, and spend time with my friends and family. Upon completion of medical school, I plan to return to Marshall County to practice medicine.

Rhyann Danielle Davis
Hi, my name is Rhyann Danielle Davis, and I am from Butler, Alabama. After graduating high school from Patrician Academy, I attended Huntingdon College as an undergraduate where I received my bachelor’s degree in cell biology and minored in English. After participating in the Huntsville Rural Premedical Internship and Summer Health Enrichment Program, and shadowing two summers at Choctaw General Hospital in Butler, Alabama, I was inspired to return to my hometown to practice family medicine. Growing up in a rural area made me aware of the boundaries of limited health care that many areas within our state suffer from. I hope to one day be able to make a difference in this need and serve a community that really needs my help.

Bryan Duhe
My name is Bryan Duhe. I am from Coden, Alabama. I graduated from the University of South Alabama in 2014 with a Bachelor of Science in exercise science. In my spare time, I like to read, fish, hunt and run. Upon completion of medical school, I plan to return to Coden to practice medicine.

Ashley Ford
My name is Ashley Ford. I am from Florence, Alabama. I graduated from The University of Alabama at Birmingham with a bachelor’s degree in molecular biology. I enjoy taking hikes on nature preserves in my free time, as well as spending time with family and friends. After completing my medical training, I intend to go back to Florence, Alabama, and practice family medicine.

Alan Dale Howard
My name is Alan Dale Howard. I am from Glencoe, Alabama, and went to Glencoe High School. I graduated from The University of Alabama at Birmingham in 2015 with a Bachelor of Science in neuroscience. In my spare time, I like to play guitar and piano and go to concerts. Upon completion of medical school, I plan to return to Glencoe to practice medicine.

Phillip Ingram Jr.
My name is Phillip Ingram Jr., and I am from Sylacauga, Alabama. After graduating from Sylacauga High School, I received my bachelor’s degree from Auburn University in biomedical science with a Spanish minor. In my spare time, I enjoy watching movies, sports, and listening to and playing music. After completing medical school, I plan on gaining further training in obstetrics in order to become as much of a traditional family medicine doctor as possible. I plan to practice somewhere in rural Alabama, where I know I will feel most comfortable and provide the most care.
Whitney Lee

My name is Whitney Lee. I am from Wetumpka, Alabama, and I am currently in my senior year at Auburn University. In my spare time, I enjoy hiking, fishing and kayaking on the Coosa River in Wetumpka. Upon completion of medical school, I plan to go back to Wetumpka or somewhere similar to practice family medicine.

Charles Wesley Minor

My name is Charles Wesley Minor. I am from Cordova, Alabama, and graduated from Cordova High School. After graduation, I attended The University of Alabama at Birmingham and obtained a bachelor’s degree in chemistry. In my spare time, I enjoy fishing and hunting. Upon completion of medical school, I plan to return to Cordova to practice medicine.

Dallas Moran

My name is Dallas Moran, and I am from Glencoe, Alabama, where I attended Southside High School K-12th grade. After graduating from Southside High School, I attended Jacksonville State University for two years before finishing my biology degree at The University of Alabama at Birmingham. During my time in college, I spent many hours volunteering with organizations that give aid to underserved and rural areas throughout Alabama and the Southeast. After completing medical school, I hope to return to a small town in Alabama similar to my hometown, where I can serve the community as a family physician.

Michael Tran

My name is Michael Tran, and I am from Castleberry, Alabama. I went to T. R. Miller High School, and I graduated from The University of Alabama at Birmingham in 2014, getting my bachelor’s degree in nuclear medicine technology. My dream is to become a doctor and practice in my hometown. In my spare time, I like to play tennis and golf.
The 20th class of The University of Alabama Rural Medical Scholars (RMS) entered the program this fall. The program was initiated in 1996 by Dr. John Wheat at the UA College of Community Health Sciences as part of a sequence of “rural pipeline” programs exclusively for Alabama’s own rural students to help meet the needs for rural doctors. The RMS graduates began entering rural practice in 2004. After two decades, the Rural Medical Scholars Program (RMSP) has admitted 199 students from 54 counties and has seen 70 percent of Rural Medical Scholars enter primary care fields. More than 60 percent of RMS graduates who have finished training and started practice are working in rural areas of Alabama as primary care doctors, chiefly in family medicine. Ninety percent of RMS graduates practice in Alabama, even if they went out of state for residency training. Though a few RMS graduates practice in Alabama cities and some have entered medical specialties such as surgery, cardiology and radiology, the RMSP is meeting its goals to help find and train rural primary care doctors for the state.

Meet This Year’s Class

Anooshah Ata, the daughter of Dr. Muhammad Ata and Mrs. Nabila Asghar of Scottsboro, Alabama, graduated from Huntsville’s Randolph School in 2012 and attended The University of Alabama at Birmingham (UAB). She plans to graduate in December as a member of the University Honors Program with a bachelor’s degree in neuroscience and a minor in chemistry. She worked for three years in Dr. Clinton’s research lab in UAB’s Department of Neurobiology researching neuronal activation patterns in the brain associated with stress-coping styles. Ata has also volunteered at the Red Crescent Free Clinic since sophomore year and has been volunteering with the Boys and Girls Club since high school. She first heard about the Rural Medical Scholars Program through the pre-health honors society, Alpha Epsilon Delta, at UAB. She shadowed two RMS graduates, Dr. Andrew White and Dr. Amanda Bell, who are both family physicians in Scottsboro. Ata looks forward to returning to her hometown to practice family medicine.

Helen Cunningham, from Fairhope, Alabama, is the daughter of Martin and Randolph Cunningham. She attended high school at Bayside Academy and enrolled at the University of Richmond in Richmond, Virginia, where she studied medical humanities focusing on public health. She was also a Division I scholar-athlete during college, and she and her tennis team won four consecutive conference championships, advancing to the NCAA tournament each time. After graduating, she was elected into the Centers for Disease Control and Prevention Undergraduate Public Health Scholars Program, where she studied health disparities, epidemiology and public health issues at Columbia University in New York City. “I worked with NYC Mayor Bill de Blasio on key public health initiatives,” Cunningham said, “communicating with key collaborators and researching topics such as the quality universal pre-kindergarten program.” However, Dr. Michael McBrecarty, a family physician in her hometown, has significantly influenced her and her career path into clinical medicine. Cunningham shadowed him during the summer she participated in the Huntsville Rural Pre-Medical Internship program. She ultimately decided “to pursue a career in medicine and never looked back.”

Tanner Hallman is a senior at The University of Alabama pursuing a bachelor’s degree in biology. “I spent the majority of my life in Arab, Alabama, graduating from Arab High School, but I spent the first few years of my life in Tuscaloosa and have somewhat of a family connection to this great town.” His parents, Chet and Susan Hallman, both grew up in Tuscaloosa. His grandparents, Lee Allen and Mary Nell Hallman and Vaudie Hallman, are all long-time residents of Tuscaloosa, and his mother’s parents, Ray and Linda LaGrone, lived in Tuscaloosa for several years, but now live in Alpharetta, Georgia, Hallman explains. Hallman has worked with the West End Health Project, a free health clinic in West Tuscaloosa opened in the fall of 2014. He has also worked for the last two years as both a student and director in the Honors College class, Medicine & Community, which is devoted to the training and preparation of pre-med students for future work in the field of primary care. “Some of my favorite times have come serving as mentor to fellow pre-med students and incoming first-year students as an A-Team leader at Camp 1831,” he said. Hallman spent significant time shadowing his family physician, Bo Morgan, in Arab. He also shadowed Rural Medical Scholar Dr. John Adams at University Medical Center. “Even though I didn’t shadow her, I would like to acknowledge Dr. Jennifer Clem [family medicine faculty member at The University of Alabama College of Community Health Sciences] for the insight into the life of a doctor she provided as adviser for Medicine & Community,” Hallman said. “Thanks to these individuals and experiences, I plan to pursue a career in family medicine in underserved areas in Alabama.”
Gloria (Storm) McWhorter is the daughter of Morris and Leslie Capp of Pike Road in Montgomery County and Edward McWhorter, a physician’s assistant in the Army. In 2011, she graduated from Prattville High School and enrolled at Huntington College in Montgomery. At Huntington, McWhorter was a member of the women’s lacrosse team and the captain of the women’s volleyball team. She was a member of Phi Mu and was elected president, Panhellenic Council. She spent summers volunteering at the local humane shelter and shadowing Dr. Kupferberg (anesthesiologist) and Dr. May (OB/GYN) of Baptist South Hospital in Montgomery. In the summer of 2014, McWhorter participated in the Huntsville Rural Pre-Medical Internship, during which time she shadowed multiple physicians and residents in the Huntsville Hospital and family physicians Dr. Carpenter of Prattville and Dr. Marlow of Huntsville. It was through this program that McWhorter learned about the Rural Medical Scholars Program and fell in love with the practice of rural medicine. She graduated summa cum laude from Huntington in 2015 with a degree in chemistry. She won the Margaret Read Scholarship medal for the highest GPA in her graduating class. She was also honored as the 2015 chemist of the year at Huntington after working under Dr. Murphy studying vitamin and mineral content of organically grown fruits and vegetables versus those non-organically grown, a project presented at the 2014 American Chemical Society Convention. McWhorter also helped to annotate the genome of the Drosophila fruit fly under Dr. Jones at Huntington. McWhorter hopes to return to a rural area in Alabama as a family doctor.

Carson Perrella, of Salem, Alabama, is the daughter of Mr. Guy Perrella and Dr. JoAnn Perrella, DVM. She graduated from Beaufregard High School in Opelika in 2010. She graduated with honors at The University of Alabama in May 2015, with a degree in chemical and biological engineering. Perrella participated in UA’s cooperative education program and worked three semesters at MeadWestvaco in Cottonton, Alabama. She worked as an undergrad for Dr. Christopher Brazel in UA’s Chemical and Biological Engineering Department researching magnetic nanoparticles. Perrella played alto saxophone in the Million Dollar Band at UA for four years, attending both the 2011 and 2012 national championships. She also volunteers at the Good Samaritan Clinic in Northport. This volunteer-operated clinic offers free health care to people in need. She finds this experience to be very educational and rewarding. To explore her interest in rural family medicine and gain experience, she participated in the Huntsville Rural Pre-Medical Internship in 2013 and shadowed Dr. Charles J. Veale of Auburn. She is working toward becoming a family physician in a rural area through the RMSP and looks forward to her future as a rural doctor.

Jayla Robinson is the daughter of Dale Robinson and Joyce Robinson of Addison, Alabama. She learned of the Rural Medical Scholars Program while she was in the Rural Health Scholars Program as a rising high school senior. After graduating as the valedictorian of Addition High School in 2012, she enrolled at The University of Alabama. Throughout her undergraduate years, Robinson enjoyed volunteering at the Alabama Institute for the Deaf and Blind, taking prospective UA students to lunch, working as a Vacation Bible School leader at her local church, and serving as a counselor for the Rural Health Scholars Program. She was named Outstanding Senior in the College of Human Environmental Sciences last year. In May 2015, Robinson graduated summa cum laude from UA with a bachelor’s degree in general human environmental sciences. She plans to someday return to a small town in northwest Alabama near her home to practice medicine.

Harriet Washington, the daughter of Harold Washington and Castella Washington, grew up in Carrollton, Alabama, in Pickens County. She is a 2011 graduate of Aliceville High School. She is now a senior biology major at The University of Alabama. Washington learned of the Rural Medical Scholars Program through her participation in the Rural Minority Health Scholars Program, and she has also served as a counselor for classes coming after her in that program. Her interest was strengthened while shadowing two former Rural Medical Scholars, Dr. Julia Boothe and Dr. Phillip Robbins. Washington also studied and shadowed at Howard University Summer Medical and Dental Educational Program in Washington, D.C., where she accompanied several doctors in the specialties of family medicine, OB/GYN and pediatrics. She has enjoyed volunteering with Tuscaloosa Emergency Services and Tuscaloosa Boys and Girls Club, mentoring boys and girls at Martin Luther King, Jr. Elementary School, and serving her community through several programs and service initiatives with her sorority, Alpha Kappa Alpha, of which she is the president. Washington looks forward to returning to Pickens County to improve the health and well-being of its residents while leaving an imprint on their lives much like the one they have already left on hers.
If you are a physician in a small to midsize practice, have you ever watched what your manager does? If not, it could be eye-opening when you actually see what he or she does, and what he or she can’t get done.

In most practices, managers are dealing with operations ranging from making sure the office is staffed for the day, bills are being paid, revenue is being collected, financial records are being maintained, the facilities are clean and maintained, and, most importantly, patients are seen appropriately and have a positive health care experience they can relate to their friends and family. At any given time, any or all of these things may be going on in addition to myriad other operational issues.

Once you know what is being done on a daily basis, ask the manager if he or she is involved in trade organizations like the Medical Group Management Association (MGMA) or specialty associations for managers. When does he or she have time to think about the future? Do you take the time to talk to him or her about where you want to go with your practice? If you answer “no” to any of these questions, the result might be that things may be working fine for now, but you may not be ready for the future.

In the meantime, claims may get rejected because of a coding change (ICD-10 is here); incentive money is being lost; more and more focus is being placed on pay-for-performance, requiring better documentation and processes; and other issues that will affect you long-term are being lost in the shuffle. In addition, there are Meaningful Use requirements to stay on top of, Physician Quality Reporting System incentives/penalties to manage, and changes in payment models coming over the next few years to prepare for.

Examples of what you will be dealing with in the years ahead include a major push by Medicare to merge the various quality and financial programs in existence. What payment options will you participate in or miss? Could the designation as a patient-centered medical home help you receive bonuses from Medicare? The answer is “yes.”

Many changes will really begin impacting you in 2018. That’s two years from now and requires preparation starting today. Blue Cross and Blue Shield (BCBS) of Alabama has a strong incentive program in existence for primary care and some specialties. To put a value on this, consider that a 5 percent increase in payments for cognitive services for primary care physicians may mean an increase in annual revenue of $7,000 to $9,000 from BCBS. BCBS already has its program in place where that increase could be up to 30 percent. What could you do with an extra $40,000 to $60,000 per year, every year? Then, on the expense side, what new tools and ideas exist for you to take advantage of to reduce operating costs? We all have a tendency to think things will not happen to us. However, the need for compliance plans, employee policies, appropriate insurance and other items that are not income-producing but, rather, income-protecting should be obvious.

Medical managers are not endowed at birth with the knowledge and background to deal with all these issues. Their education may give them the basics, but all education needs to be ongoing. Like any other professional, they have to have their own education and support options to stay on top of issues. Too often, managers miss out on education opportunities because of time and cost.

If there is an MGMA chapter near you that offers monthly luncheon meetings and your manager does not have time to go, how can you help create a situation where he or she can attend? If the answer is, “They can pay for it and attend when they have time,” that does not fall into the realm of encouragement. Instead, spend the extra money (a small investment) to have the manager join his or her local and state MGMA chapters, or the many specialty associations for managers, and attend meetings. Not only is the education in the meetings important but also the development of information and support networks.

If your manager is swamped and you don’t want to pay for additional staff, do you have available external experts who can assist your manager on an as-needed basis? This is often available through your accounting firm or through independent consultants. These organizations can help audit processes, develop plans and implement new programs. A fair question to ask here is: Will utilizing an external service make or save me money? Ask them and have them show projections.

The business side of health care is complex and changing. Planning for the future is critical. There’s a saying that goes, “If you don’t know where you are going, any road will get you there.” This is true of any kind of business: Having a thought-out plan based on information is essential. It doesn’t have to mean a plan that has to be developed over a weekend planning session but one that has buy-in by the major stakeholders in the organization. It needs to be clearly stated and one that is flexible based on constant change.

The bottom line: Treat your operations as a business, and supply it with the education and resources needed for success.
Join Other Alabama Physicians in Preventing Human Papillomavirus (HPV)
Improve Your Patients’ Vaccination Rates Through the HPV QI Project

Across the United States, 27,000 men and women are diagnosed with human papillomavirus (HPV) cancers annually, and 4,000 women die of cervical cancers. Currently, 300,000 cervical procedures are performed each year because of cervical dysplasia largely caused by vaccine-preventable HPV.

"Why remove a cervix when you can get a shot instead?" Vaccination could decrease the need for cervical procedures by 46 percent or, even better, by 75 percent if the HPV series is completed by age 14. Yet currently, only a third of Alabama’s females are fully vaccinated against HPV. For males, only a quarter are estimated to have received the first dose.

Improve your patients’ vaccination rates by participating in the Prevent HPV Cancers Today: Alabama Child Health Improvement Alliance (ACHIA) HPV Quality Improvement Collaborative, a virtual Maintenance of Certification Part IV project to be held March through August 2016, co-sponsored by the Alabama Academy of Family Physicians (AAFP), the Alabama Department of Public Health (ADPH) Immunization Division and the Alabama Chapter-American Academy of Pediatrics (AAP).

“The goal of the project will be to increase patient uptake by developing a strong provider message and reducing missed opportunities for vaccine delivery,” said Ashleigh Butts-Wilkerson, MD, FAAFP, family physician champion for the project.

Benefits of Project Participation for Practices
• Satisfies continuous quality improvement requirement for practices seeking patient-centered medical home status
• Satisfies requirement for Stage 2 Meaningful Use Public Health Objectives
• Increases adolescent visits – a Medicaid-incentivized measure
• Offers 20 Points Part IV (FPs), pending approval
• Offers quality improvement coaching, customized tools and materials
• Compares your practice’s vaccine rates to others in the collaborative
• Provides better health outcomes in cancer prevention

Requirements for Project Participation for Practices
• Participate in ADPH Immunization Division pre-assessment
• Attend six Learning Collaborative lunchtime webinars led by the ACHIA faculty
• Collect data and annotate run chart in the AAP Quality Improvement Data Aggregator (QIDA) monthly for three consecutive months – 10 patients per practice for each of the three months
• Submit three monthly practice project update forms
• Implement project interventions to improve HPV vaccination rates: strong provider recommendations to improve series initiation and/or reminder/recall, standing orders, or provider prompts to improve series completion
• Conduct practice-level team meetings to review data on a monthly basis and to discuss ideas for change
• Must be member of the AAFP in order to obtain Maintenance of Certification
• Identify a lead physician and lead clinical staff in each practice

This is a no-cost, value-added benefit to members of the AAFP and the Alabama Chapter-AAP!

If your practice is interested, please contact AAFP Executive Vice President Jeff Arrington at alafamdoc@charter.net for more information and an enrollment form. Enrollment closes mid-January 2016.
Should Physicians Provide Interpreters for Hearing-Impaired Patients?

by Cheairs M. Porter, JD, LLM, Medical Association of the State of Alabama General Counsel; and Angela Barentine, MPA, Paralegal

The Medical Association of the State of Alabama has received inquiries from physicians asking if they must provide an interpreter for their deaf or hard-of-hearing patients. Title III of the Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities by places of public accommodations. This applies to private health care providers regardless of the number of employees. Additionally, Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in services that receive federal financial assistance.

The law requires health care providers to communicate effectively with any individual with hearing loss who is seeking or receiving their services, as well as that person’s parent, spouse or companion. Using auxiliary aids and services, this communication must be as effective as communication with others. Assistance in communication could include qualified interpreters, assistive listening devices, note-takers, written materials, real-time captioning and telecommunications devices for the deaf (TTYs, sometimes called TDDs). A qualified interpreter is someone who is able to interpret effectively, accurately and impartially in both receiving and conveying information using any necessary specialized vocabulary.

Below are answers to some of the most frequently asked questions regarding this issue.

Can I charge my patient for these services?
No, health care providers cannot charge patients or their insurance carrier for the cost of providing auxiliary aids and services.

Can I charge if my patient does not show up for the appointment?
No, even if the patient does not show up for the appointment, you cannot charge the patient for the services you scheduled to provide.

Can I require my patient to use a family member or friend as an interpreter?
No, health care providers cannot require a companion to interpret, but a health care provider may rely on a companion to interpret in two situations as provided by the Office of Civil Rights:

“(1) In an emergency involving an imminent threat to the safety or welfare of an individual or the public, an adult or minor child accompanying a person who uses sign language may be relied upon to interpret or facilitate communication only when a qualified interpreter is not available.

(2) In situations not involving an imminent threat, an adult accompanying someone who uses sign language may be relied upon to interpret or facilitate communication when a) the individual requests this, b) the accompanying adult agrees, and c) reliance on the accompanying adult is appropriate under the circumstances. This exception does not apply to minor children.”


If there is another means of communication other than an interpreter and the patient agrees, then the interpreter may not be necessary.

Can I use the patient’s family member or friend as an interpreter?
Yes, however, it is the health care provider’s responsibility to make sure the communication is effective. It is not appropriate to rely on a companion if there is reason to question that person’s impartiality or effectiveness. In a health care setting, a patient may argue after the fact that the companion was unable to properly relay complicated medical information or was conflicted about relaying bad news.

Do I have to provide the exact accommodation requested by the patient?
Health care providers are not required to provide a specific requested aid or service, but are encouraged to consult with the person to discuss what is appropriate given the nature, length, complexity and context of the communication, as well as his or her normal means of communication. Providers may require reasonable advance notice, but guidance suggests that walk-in requests must be honored to the extent possible.

Are there any exceptions to these requirements?
Health care providers must provide aids and services required for effective communication unless it would result in an undue burden or would fundamentally alter the nature of goods or services they provide to the public. To determine whether a service or aid would result in an undue burden, providers must consider the nature and cost of the service relative to their size, their overall financial resources and overall expenses. In New Jersey, a trial court found that a physician who was sued for breach of an obligation to provide an interpreter breached his duty to the patient, even though the interpreter cost over $200 per visit and the physician was reimbursed for seeing the patient less than $75 per visit. The case later settled.

What happens if I do not follow these laws?
Failure to communicate effectively could result in negative consequences on the health of the patient and expose the provider to a negligence or malpractice suit. Violation of the ADA is actionable in federal court by private attorneys or by the Justice Department and can subject the provider to civil penalties as high as $55,000 for first-time violations. Note that many malpractice policies do not cover violations of the ADA.

The Office of General Counsel is prohibited from giving legal advice to the members of the Medical Association of the State of Alabama. The information contained in this article is provided to give general guidance and should not be construed as legal advice.
Interventional Radiology

Interventional Radiology has become an integral part of comprehensive patient care, providing less invasive techniques for the diagnosis and treatment of a range of health problems. At Children’s of Alabama, physicians and physician assistants provide patient follow-up through clinic visits or phone calls. All attendings perform IR procedures, and all procedures (except for after-hours cases) can be performed at Children’s.

This rapidly evolving field includes the management of tumors and provides therapeutic treatment options in:

- Biliary Diseases
- Urologic Diseases
- Deep Vein Thrombosis
- Liver Tumors
- Other Benign and Malignant Tumors (cancer)
- Painful Bone Metastasis
- End-Stage Renal Disease requiring Hemodialysis or Peritoneal Dialysis
- Arteriovenous Malformations
- Swallowing Disorders (Gastrostomy and Gastrojejunostomy)
- Abscesses and other collections
- Varicoceles
- Pelvic Congestion Syndrome and other related diseases
- Peripheral Artery Disease

Interventional Radiology offers a full spectrum of procedures, often performed on an outpatient basis.

Annually, an estimated 100,000 crying infants are treated for pyloric stenosis with a new, minimally invasive procedure performed at Children’s. The use of radiology processes has expanded over the past 30 years. The introduction of a variety of minimally invasive techniques for the treatment of conditions that were previously treatable only with open surgery offers the patient a less invasive alternative to more traditional surgical methods.

Consultants Directory

NEUROSURGERY
Neurosurgical Associates P.C.
Charles H. Clark III, MD
Carter S. Harsh, MD
Thomas A.S. Wilson Jr., MD
Ron Philley, PA-C
Laura Nugent, PA-C
800 St. Vincent’s Dr., Ste. 700
Birmingham, AL 35205
205-933-8981
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Operated by the College of Community Health Sciences of The University of Alabama, University Medical Center-Northport is a new, state-of-the-art medical practice offering patient-centered primary care for the whole family. The site serves as a community-based location for the College’s Family Medicine Residency, where resident physicians gain additional skills and experience from some of the most experienced and talented physicians in the area.

Located in the Fitness One Building on McFarland Boulevard in Northport, University Medical Center-Northport is now open to existing and new patients and offers the full spectrum of services - from preventive care and wellness exams, to management of chronic conditions, to treatment of acute illness and accidents. Contact us today for more information or an appointment.

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