The Scope of Family Medicine

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Medical Students, Family Medicine Residents Start New Culinary Medicine Course
PG 20

Zika Virus Update
PG 12
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- Physicians cannot delegate laboratories to report for them, but must report separately
- Laboratories are required to report electronically to EPI
- Expanded minimum data elements required
- Report “presumptive” within 4-hour (Polio) and 24-hour diseases (Diphtheria, Hib, Hepatitis A, Measles, Meningococcal Disease, Pertussis, Polio-nonparalytic, and Rubella)
- Report Standard Notification diseases (Hepatitis B, Mumps, Strep pneu invasive disease, Tetanus, Varicella) within 5 days
- Report ALTs with all acute hepatitis A & B reports

To learn more about VPDs, go to adph.org/immunization or call 1-800-469-4599.

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The Scope of Family Medicine

Spring 2016

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The 20th class of the Rural Medical Scholars Program was admitted by The University of Alabama (UA) College of Community Health Sciences, and a day of orientation was held for the class and this year’s class of Rural Community Health Scholars on August 18, 2015, at Camp Tuscaloosa Retreat Center in Northport, Alabama.

The orientation was more than introductions and program expectations — it was the starting point of a year of preparation to pursue scholars’ goals, said Susan Guin, associate director of the Rural Medical Scholars Program. 

“This coming year will be a time of developing lasting relationships with their peers and mentors who will be a source of friendship and support as they continue their education and into their careers,” Guin said. “Through the years, this support has come in many forms and from many sources, so we invite partners from around the state to join us in welcoming the newest class of scholars.”

The Rural Medical Scholars Program is for rural Alabama students who want to become physicians and practice in rural communities. The program includes a year of study, after students receive their undergraduate degree, which leads to a master’s degree in rural community health and early admission to The University of Alabama School of Medicine. Rural Medical Scholars spend the first two years of medical school at the School of Medicine’s main campus in Birmingham and then return to the college for their final two years of clinical education.

Members of the Rural Medical Scholars 20th class are: Anooshah Ata of Scottsboro, Helen Cunningham of Barnwell, Tanner Hallman of Arab, Storm McWhorter of Prattville, Carson Perrella of Salem, Johnson Pounders of Leighton, Jayla Robinson of Addison, and Harriet Washington of Carrollton.

The Rural Community Health Scholars Program is for graduate students not enrolled in the Rural Medical Scholars Program who are interested in health care careers. The program prepares students to assume leadership roles in community health in rural areas. The graduates of the program have entered the fields of public health, health administration, nursing and physical therapy, and they have continued their professional training to become nurse practitioners, physician assistants, public health practitioners, physicians, teachers and researchers.

Rural Community Health Scholars this year are: Januar Page Brown of Enterprise, Amellia Cannon of Duncanville, Dylan Drinkard of Thomasville, Caleb Mason of Guntersville, Johnny Pate of Moundville, Kristin Pressley of Harvest, and Jeremy Watson of Tuscaloosa County.

The orientation included an overview of the health needs of rural communities and the mission of the Rural Health Leaders Pipeline, a series of programs that recruit and support rural Alabama students who want to be health care professionals in rural and underserved communities.

Program directors and professors discussed academic expectations and community involvement, which include recruiting and outreach to rural youth.

Students spent time getting to know one another and were introduced to college faculty and other UA faculty associated with the program.
Physicians
1717-11
FACULTY OPPORTUNITY

Montgomery Family Medicine Residency program is seeking a Board Certified Family Medicine physician to join the faculty. This growing, fully accredited, 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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- Live in the State capital and enjoy a community alive with entertainment, history, cultural offerings and affordable housing.
- Numerous golf courses, water sports, hunting, recreational activities, organized youth sports and shopping galore!
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- Montgomery Symphony and Montgomery Ballet Company
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- Behavioral health facility
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CMS 1500 • UB04 • ICD-10

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CMS 1500 • UB04 • ICD-10

$60

www.MedLookUSA.com
Alabama’s family medicine residency programs have produced more than 800 doctors for the state since 1976, which is approximately 75 percent of all family doctors practicing in Alabama today. The programs are also the only major supplier of rural primary care physicians.

A detailed analysis of the demographics of Alabama’s family medicine residency graduates supports advocating for increased resources for these programs and for the development of educational models that produce more family physicians for Alabama. To provide this analysis, medical students at The University of Alabama at Birmingham (UAB) School of Medicine tracked the practice locations of every graduate of an Alabama family medicine residency from 1976 to 2014 and found 827 are currently in practice in Alabama. Historically, a little over half (52.3 percent) of these graduates set up practice in rural Alabama.

The state’s first family medicine residencies were at The University of Alabama School of Medicine campuses in Huntsville and Tuscaloosa. Both programs graduated their first classes in 1976. Since then, the state has seen a total of 11 family medicine residencies, with six programs currently active (Table 1).

The UAB medical students conducting this analysis received demographic data, including first practice location, for graduates from all the active residency programs. Information on graduates from closed programs came from a master list developed in the early 2000s.

Current practice locations were verified using online sources, including the licensee database of the Alabama Board of Medical Examiners and licensee databases of other states in which the graduates set up their first practices. U.S. Census data were used to determine if communities were classified as urban or rural. For this study, urban was defined as cities with a population greater than 50,000, and all other communities were classified as rural.

The retention rate of males is 52.7 percent and of females is 54.6 percent. FMG retention rate is 47.0 percent, with U.S. medical graduates at 54.2 percent retained.

In total, 71.1 percent of the graduates are male, and 28.9 percent are female, which is nearly identical to the distribution of retained graduates, with 71.3 percent male and 28.7 percent female. Of all graduates, 12 percent are foreign medical school graduates (FMG), with 9 percent of retained physicians being FMG.

Looking at practice location for all graduates, 39.3 percent are urban, and 60.7 percent are rural. The distribution is closer among the retained physicians in Alabama, with 47.7 percent in urban areas and 52.3 percent in rural communities (Table 3 and Table 4).
Of the retained graduates, 61.1 percent of the males and 52 percent of the females are rural. Among the retained FMGs, 55.2 percent are rural, and among the U.S. medical school graduates, 61.5 percent are in rural Alabama.

The Robert Graham Center for Policy Studies determined the economic impact of a family physician in the state of Alabama, adjusted for inflation, is $876,000 annually. The 827 physicians in Alabama who graduated from in-state residency programs have an economic impact of more than $724 million per year. If all graduates stayed in Alabama, the total yearly economic impact would be $1.25 billion.

The upward trend of the retention rate for the past four decades demonstrates the success of our family medicine residencies in supplying family physicians for both urban and rural Alabama. Increased resources, expanded programs and state incentives, such as the Board of Medical Scholarship Rural Practice Loan Service Repayment Program, will give our residencies the ability to increase the number of graduates. This means there will be more family medicine physicians staying in Alabama, which will increase the health of all our citizens and have a positive economic impact on the state.

The University of Alabama School of Medicine students Katie Butler and Ashley Carter did the data gathering and initial analysis for this study.

Table 4: Practice Location by Alabama County of the State’s Family Medicine Residency Graduates

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| Total   | 786   | 47   |
The Scope of Family Medicine

Outbreaks of Zika have been reported in tropical Africa, Southeast Asia, the Pacific Islands and, most recently, in the Americas. Because the mosquitoes that spread Zika virus are found throughout the world, it is likely that outbreaks will continue to spread. The Zika virus is transmitted to people primarily through the bite of an infected Aedes species mosquito, the same mosquito that spreads dengue and chikungunya viruses. Most infections are asymptomatic, with only about one in five people infected with Zika virus becoming clinically ill. The most common symptoms of Zika infection are fever, rash, joint pain and conjunctivitis. Other common symptoms include muscle pain and headache. The illness is usually mild, with symptoms lasting for several days to a week. Severe disease requiring hospitalization is uncommon, and deaths are rare.

Most concerning to the medical community is the potential effect that Zika virus can have on unborn children. While the infection with Zika virus usually causes only mild symptoms, there appears to be a link to birth defects and adverse pregnancy outcomes associated with infection during pregnancy. Congenital microcephaly, a condition characterized by an abnormally small cranium, has recently been recognized in Brazil in large numbers of newborns since the onset of the current Zika outbreak. Infants with microcephaly are at greatly increased risk for neurologic problems, including cerebral palsy, intellectual and developmental problems, and vision loss.

Another possible complication of Zika virus infection is Guillain-Barré syndrome (GBS), an immune-mediated neuropathy that can cause acute muscle weakness or paralysis. GBS has long been recognized to develop following acute infections of many types and has been reported in increased numbers in several countries during the current Zika outbreak, although direct causation by the virus has not been proven.

Out of an abundance of caution, Public Health is recommending that health care providers advise their patients who are pregnant to consider postponing travel to areas where the Zika virus is being transmitted, including areas in South and Central America, as well as the Caribbean. A list of countries that are currently experiencing Zika outbreaks can be found at www.cdc.gov/zika/geo.

While most cases of Zika are thought to have been transmitted by the bite of infected mosquitoes, transmission from an infected man to his sex partners has also been recognized. For this reason, men who have pregnant partners, and who reside in or have traveled to areas of Zika transmission, are advised to abstain from sex or to consistently use condoms for the duration of their partner’s pregnancy. Men who have this travel history, but who do not have a pregnant partner, might also consider abstaining from sex or consistently using condoms, especially if they have a reproductive age partner.

Alabama physicians are asked to follow current recommendations for testing and contact Public Health’s Infectious Diseases and Outbreaks Division at 800-338-8374 if they have male or nonpregnant female patients with a travel history and signs and symptoms consistent with Zika virus infection. Further, testing is recommended for pregnant women with a travel history, regardless of whether there have been clinical symptoms. Providers should request the Zika Virus Consultation Form and receive approval from Public Health prior to submitting specimens for testing.

While much about Zika remains unknown at this time, great strides are being made in understanding how to recognize, diagnose and manage the complications of this virus. For further information about Zika virus, including information about prevention and the steps that Public Health is taking, visit www.adph.org/mosquito.
WARNING: Travel Notice

CDC has issued a travel notice (Level 2-Practice Enhanced Precautions) for people traveling to areas where Zika virus is spreading.

For a current list of places with Zika virus, see CDC’s Travel Health Notices:

This notice follows reports in Brazil of microcephaly and other poor pregnancy outcomes in babies of mothers who were infected with Zika virus while pregnant.

What we know about Zika

- Zika can be spread from a pregnant mother to her baby during pregnancy.
- Infection during pregnancies may be linked to birth defects in babies.
- Zika is spread mostly by being bitten by an infected Aedes species mosquito.
  - These mosquitoes are aggressive daytime biters. They can also bite at night.
- To date, there has been no local transmission of Zika in the United States
- Because the mosquitoes that spread Zika are found throughout the tropics, outbreaks will likely continue.
- There is no vaccine to prevent or medicine to treat Zika.

What we don’t know about Zika

- If there’s a safe time during your pregnancy to travel to an area with Zika.
- If you are pregnant and become infected:
  - How likely you are to get Zika.
  - How likely it is that the virus will infect your baby.
  - How likely it is that the baby will develop birth defects from the infection.

Sexual transmission of Zika virus from a male partner is possible, so travelers should use condoms

adph.org/mosquito
Physicians should call 1-800-338-8374 for consultation.
Terminating the Physician-Patient Relationship

by Jeremy A. Wale, JD, ProAssurance Risk Resource Advisor

The physician-patient relationship is created by mutual agreement between the physician and the patient. As such, the physician may terminate the relationship for any nondiscriminatory reason. Valid reasons may include (but are not limited to) noncompliance with medical advice, combative or threatening behavior, or outstanding medical bills.

Patient noncompliance is one of the most common reasons for terminating the physician-patient relationship. Patients who routinely miss or cancel appointments or refuse to heed medical advice may be considered noncompliant.

Noncompliant patients might be your practice’s biggest liability risk. Patients are less likely to get better when they don’t comply with medical advice, placing them at higher risk for adverse outcomes. By properly terminating noncompliant patients, you may help reduce your risk of malpractice claims. It also is appropriate for practices to terminate hostile, aggressive or verbally abusive patients.

Proper termination is important to help avoid a claim of patient abandonment. While the legal definition of abandonment varies from state to state, the following elements typically exist in a patient abandonment claim:

• Termination of a professional relationship between the physician and patient without good reason or at an unreasonable time
• Termination occurred when the patient was in need of continuing medical care
• The patient was not given reasonable notice sufficient to secure an alternate physician
• The patient was harmed as a result

The American Medical Association (AMA) summarizes your responsibility this way: Once a physician-patient relationship exists, physicians are ethically obligated to place the patient’s welfare above all other considerations, including the physician’s own self-interest.

Once you’ve determined it’s prudent to terminate a patient from your practice, lower the risk of a patient’s claim of abandonment or malpractice by doing the following:

• Evaluate the patient’s condition and render stabilizing care, if needed. Avoid discharging a patient during treatment for an acute condition until the treatment is finished or the condition is resolved.
• When possible, discuss the termination and your reason(s) for termination with the patient. You may conduct the conversation via telephone or in person. We encourage the physician to have this conversation with the patient. Be sure to document this discussion in the patient’s medical record.
• Send a written letter to the patient confirming his or her termination from the practice. We suggest sending the letter by both regular mail and certified mail with return receipt requested. If you choose to include the reason for termination in the letter, be sure you are objective and tactful in your choice of words. We suggest you include the following:
  o A specified period of time during which you will continue to provide care. The AMA suggests at least 30 days’ notice; however, there is at least one state that requires at least 60 days’ notice. Review your state’s laws before you terminate a physician-patient relationship.
  o A statement encouraging the patient to find another physician as quickly as possible.
  o Referral services to aid the patient in finding another physician. These services may include the local medical society or the state board of medicine.
  o Information on how the patient can get a copy of his or her medical record. You may want to consider including a release of records form to make this process easier.
  o A signature. We encourage the terminating physician to personally sign the letter and retain a copy of the letter in the patient’s medical record.

We also encourage you to contact any third-party payer or managed-care provider that may be involved in the patient’s care. Some third-party payers and managed-care providers have specific contractual obligations you must follow prior to terminating one of their covered patients.
The Alabama Department of Public Health, Immunization Division, is requesting physicians, physician assistants and certified registered nurse practitioners to report all positive HBsAg test results for pregnant women. Prenatal care providers should test every pregnant woman for HBsAg, preferably in the first trimester, regardless if the woman has been previously vaccinated or tested.

To report a perinatal hepatitis B case, complete the VPD REPORT Card: www.adph.org/Extranet/Forms/Form.asp?ss=s&formID=5468. Providers are responsible for their own reporting and should not assume the lab is reporting.

Please include the name of the planned delivering hospital and the health care provider who will care for the newborn in the “Comments” section of the report.

For more information, go to adph.org/Immunization/Default.asp?id=534. If you have any questions, please contact Brenda Vaughn, Immunization Division, at 800-469-4599.
As of January 2011, Medicare beneficiaries are eligible for an annual wellness visit (AWV). This marks a major turning point with Medicare benefits as the focus has shifted from treatment to prevention. Even though the benefit has been active for over six years, the current utilization rate of the AWV in Alabama is 10.6 percent. The creation of this benefit, combined with the removal of out-of-pocket expenses for preventive services such as cancer screening, marks elimination of several system barriers and is a turning point in federal policy.

Older adults and individuals with disabilities often lack the preventive and wellness care they need to stay healthy and lead productive lives. In 2014, about 20 percent of women over the age of 65 reported not receiving a mammogram in the past two years, even though studies show that this screening reduces breast cancer deaths. In addition, although people over the age of 65 represent the majority of new cases of colorectal cancer, more than one-third have not received a colorectal cancer screening. Medicare’s new emphasis on preventive services and wellness care not only saves money for beneficiaries by eliminating copayments, coinsurance and deductibles, but it can also save lives.

There are likely many factors that lead to such a low utilization of the AWV benefit, ranging from patient education to availability of providers, among others. However, there are a few points that providers need to understand that can help increase the use of the AWV.

The AWV is not a physical exam. It is a visit that provides the opportunity to talk about prevention and what a patient needs to do to stay healthy.

Medicare covers the AWV if it is furnished by a physician, physician assistant, nurse practitioner, clinical nurse specialist or other medical professionals working under the supervision of a physician.

Initial AWV reimbursement is $172; subsequent visits, $111.

In short, this visit can be performed by most members of the clinical care team, does not require an extensive physical exam and provides sufficient reimbursement.

With the shift in focus from volume to value, the AWV presents a tremendous opportunity. This visit provides a chance to collect critical data, talk about important preventive services, address counseling or cessation needs, and better prevent additional health issues. As the paradigm shift continues, the opportunity that the AWV provides must not be overlooked. With the increased pressure facing primary care providers to address more problems in ever shorter patient visits, it often does not leave much time to talk about prevention. The AWV allows for the prevention discussion to take the front seat while spreading the workload around to the entire care team. Alabama has some of the highest incidents and mortality of cancer in the country. Together, we can help make a lasting impact by addressing prevention through the Medicare annual wellness visit.

The Alabama Academy of Family Physicians (AAFP) is partnering with the American Cancer Society and, in the coming months, will provide training opportunities for providers on how to implement the AWV in their practices, as well as providing some patient reminder and outreach tools that can be utilized for free by your practice. Be on the lookout for more information in the coming months.

More information regarding the AWV is available from CMS (goo.gl/i0AC3W) or through AAFP (goo.gl/ALwluP).
What is Smart & Safe?

Smart & Safe is an awareness campaign dedicated to fighting Alabama’s prescription drug abuse epidemic by encouraging the smart and safe prescription, use, storage and disposal of medication.

One-in-four Americans has a direct personal link to prescription drug abuse, and most first-time abusers get their drugs from a family member or friend. To combat this growing problem, the Medical Association is leading a multi-industry coalition of medical, business, health insurance and law enforcement organizations in the launch of a new initiative aimed at providing education on and encouraging the safe prescription, use, storage and disposal of medication.

Our goals with Smart & Safe are education and awareness, and we need your help to spread the message.

Education for the Public and Physicians

Patients play a big role in keeping powerful medications out of the hands of those who shouldn’t have them. And, continuing education is critical for physicians who prescribe. Smart & Safe brings educational opportunities for both doctors and patients together in one online location for easy access.

How to Get Help

Prescription abuse is a serious and deadly problem. Do you know someone who needs help? The Smart & Safe website offers links to find help and tips for family members about drug awareness.

Questions?

For more information about Smart & Safe, contact Lori M. Quiller, APR, at (334) 954-2580 or lquiller@alamedical.org.

Special thanks to our partners for sharing our message!
The seven third-year medical students at The University of Alabama School of Medicine’s Tuscaloosa regional campus, located at The University of Alabama College of Community Health Sciences, comprise the second class of TLC², an innovative medical education program that promotes deeper connections with patients and stronger student-teacher relationships.

As part of the program, students work with preceptors at the college’s University Medical Center, a multispecialty practice providing care to west Alabama, and at practices in rural and urban communities across Alabama, developing a panel of patients whom they follow and care for over nine months through various specialties and in all settings, including primary care and specialty clinics, hospitals, emergency rooms and nursing homes.

Students participating in this year’s program include: Chase Childers, Danielle Fincher, Maria Gulas, Courtney Newsome, Jessica Powell, Amanda Shaw and Caitlin Tidwell.

Under the traditional model of medical education, all third-year medical students receive clinical education in the areas of pediatrics, internal medicine, surgery, family medicine, psychiatry, neurology, and obstetrics and gynecology by working with physicians in clinic settings, and traditional rotation schedules consist of weeklong rotations through each specialty individually. But TLC² students spend most of their third-year working with a community physician, following patients throughout the diagnosis or disease, and covering the specialty areas continuously and often simultaneously.

Medical students participating in the Tuscaloosa Longitudinal Community Curriculum, or TLC², are now seeing patients alongside community physicians throughout the state.
The Edward Via College of Osteopathic Medicine (VCOM) in Auburn, Alabama, officially kicked off the start of a new school year in July 2015, as 162 students reported to campus for orientation. Excitement could be felt throughout the VCOM-Auburn campus as faculty, staff and students gathered for the welcome picnic Wednesday evening, July 29, 2015. Students from the class of 2019, along with their families, got to know VCOM-Auburn faculty and staff at this opening event.

Students gathered early the following Thursday morning to hear an inspiring opening address from several speakers, including VCOM’s chairman of the Board, John G. Rocovich Jr., JD, LL.M. After the opening speeches, students were briefed on a number of topics, including campus policies, developing effective study habits, financial aid and many other important subjects chosen to help them thrive as they pursue their studies. Students broke into smaller group sessions in order to get to know each other, as well as to get some good advice from current VCOM students from the Virginia and Carolinas campus.

Students and faculty were eager to get the school year started and excited to get to know each other. “Getting to know my classmates and people that I'll spend the next few years with was most important to me,” said William Hamrick of Eufaula, Alabama. “For the faculty and staff, it was great to finally feel the energy and experience the passion and determination this group of students brings with them,” said Jasmine Oliver, VCOM-Auburn director of admissions.

The new 100,000-square-foot VCOM-Auburn building offers the newest in learning technology for its students, including dual 200-person capacity teaching auditoriums, a modern anatomy lab, a micro lab, a spacious osteopathic manipulative medicine (OMM) lab, a library and a simulation center. Students can take advantage of study areas throughout the building, as well as a fresh food market, computers and copiers, on-site tech support, and on-site academic counselors and tutors. The VCOM-Auburn campus is located in the Auburn University technology park, adjacent to the Auburn University campus.

Kay Rainey, now a fourth-year medical student at The University of Alabama College of Community Health Sciences and who was a TLC² student in the program’s pilot year, examines a patient with Dr. John McDonald, assistant professor of obstetrics and gynecology for the college.

(Credit: Matthew Wood, UA Photography)
Medical Students, Family Medicine Residents Start New Culinary Medicine Course

Medical students and family medicine residents at The University of Alabama (UA) College of Community Health Sciences who are taking UA’s new culinary medicine elective had their first class January 26.

The course is a partnership of the UA College of Community Health Sciences (CCHS) — which serves as the Tuscaloosa regional campus of The University of Alabama School of Medicine, headquartered in Birmingham — and the College of Human and Environmental Sciences (CHES).

Through lectures, hands-on cooking classes and follow-up discussions, the class will teach CCHS medical students and residents, as well as CHES nutrition students, how to better educate patients about their diets. Students and residents will learn the fundamentals of cooking and how to share with patients the basics of preparing healthy and delicious meals so that they can be more helpful when addressing chronic disease management and obesity. Classes are held in the CHES teaching kitchen.

Dr. Bhavika Patel, chief resident at CCHS’s Family Medicine Residency, helped jumpstart the culinary medicine elective. After witnessing extreme malnutrition in India, where she received part of her medical education, then studying the effects of food deserts (geographic areas where affordable and nutritious food is difficult to obtain) and the high rates of obesity in the rural United States, she said she wants to combat these effects by being there for her patients beyond the exam room.

Patel said medical education has traditionally taught nutrition on a theoretical and cellular level, but that’s not helpful when a lifestyle
change is needed. “That’s where culinary medicine comes in,” she said. “It focuses on educating everything that is missing and could be valuable in teaching patients how to change their lifestyle and not just on what needs to be done. This is a much more powerful method of change rather than the more passive forms of education that physicians have been using for years.”

**Patel said medical education has traditionally taught nutrition on a theoretical and cellular level, but that’s not helpful when a lifestyle change is needed.**

Twenty-four students are taking the course — 10 medical students, eight nutrition students and six residents. The course is taught by Dr. Jennifer Clem, assistant professor in family medicine for CCHS, and Dr. Linda Knol, registered dietician and associate professor of human nutrition for CHES.

The course pulls from modules of the curriculum of the Goldring Center for Culinary Medicine at the Tulane University School of Medicine in New Orleans and includes principles of diabetes, weight and portion control, hypertension, sodium, carbohydrates, and the Mediterranean diet.

“I have patients who are overweight, who have diabetes, and that’s why I’m here,” Dr. Clem told the students.

During the first class, students divided into three teams of eight and participated in a cooking exercise. Teams prepared dinners of whole-wheat pasta, some topped with meat sauce and some with lentils and vegetables, as well as salads with lettuce, kale, carrots and other vegetables. After the cooking exercise, they discussed the nutritional content of the dishes, learning, for example, that using whole-wheat pasta increases the amount of fiber in one’s diet.

Dr. Richard Streiffer, dean of CCHS and a family medicine physician, touted the benefits of the interprofessional aspect of the course. “Doctors don’t learn enough about nutrition in medical school, and a great majority of chronic disease is nutrition-related,” he said. “Other disciplines have greater practice with this. We can learn from each other.”

**Investing in Alabama’s Health**

To expand access to quality primary medical care throughout the state, Blue Cross and Blue Shield of Alabama is introducing Circle of Care. This comprehensive initiative is an investment that will help improve access to healthcare services in Alabama. A $3 million scholarship program will help medical students finish their studies so they can practice in areas of the state in need of more doctors. This initiative will also strengthen partnerships with primary care physicians to enhance members’ health.

**The Need is Great**

Thousands of Alabamians lack access to primary care doctors. We are committed to changing this by increasing the number of primary care doctors through a scholarship program. In partnership with Alabama College of Osteopathic Medicine (ACOM), eligible medical students who commit to practicing medicine in Alabama’s under-represented rural areas can receive financial assistance to help them finish their studies.

“We know that access to high-quality primary care equals improved health and lower spending, including preventable emergency room visits and hospital care. That’s why we are making a long-term commitment to providing Alabamians access to the healthcare they need.”

-Terry Kellogg, President and CEO of Blue Cross and Blue Shield of Alabama

Another part of Circle of Care is the launch of the Primary Care Select Program. This program sets a new standard of support and collaboration between Blue Cross, our members and their primary care physicians.

**Circle of Care Highlights:**

- Scholarship investment for medical students who commit to practice in Alabama’s rural areas
- Exclusive support, tools and reimbursements for select primary care doctors
- Integrated partnerships to help select primary care doctors identify and implement solutions to strengthen the care of their patients

Blue Cross and Blue Shield of Alabama is an innovator in improving access to quality care for all Alabamians. We will continue to develop new ideas and invest in areas that better the health of our state.
REGISTRATION FORM

ANNUAL MEETING AND SCIENTIFIC SYMPOSIUM
June 16-19, 2016 • Sandestin Golf and Beach Resort, Destin, Florida

Physician’s name (as you prefer it on your name badge): ___________________________________________________________

Email: _____________________________________________________________________________________________________

Spouse/Guest name (as you prefer it on your name badge): __________________________________________________________

Full Four-Day Conference Registration Fees

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Two-Day Conference Registration Fees

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Activities Registrations and Fees

Conference Registration (see prices above) $ _______

Thursday

Business Breakfast for Members only: I will attend _______ I will not be able to attend _______ $ FREE
Get Acquainted Party: Number of people in family attending _______ $ FREE

You may pay by check or credit card. Please select your payment method.

MasterCard____ Visa____ Discover____ American Express____

Check (make check payable to: Alabama Academy of Family Physicians)____

Please Print Clearly

Card Holder Name: __________________________________________ Email: __________________________________________

Credit Card #: ____________________________________________ Expiration Date: ____________ Verification Code #: _________

In order to process credit cards, all information must be completed, including email address.

Address (NOTE: If paying by credit card, please give us the address where you receive your credit card bills)

Street: _____________________________________________________________________________________________________________________

City/State/ZIP: ______________________________________________________________________________________________________________

Signature: __________________________________________ Phone: (_____) __________________________________________

(Your signature constitutes an agreement to pay the amount indicated.)

Questions? Call 877-343-2237, Fax 334-954-2573, or email lynnaafp@charter.net or alafamdoc@charter.net.

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Consultants Directory

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Carter S. Harsh, MD
Thomas A.S. Wilson Jr., MD
Ron Philley, PA-C
Laura Nugent, PA-C
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Birmingham, AL 35205
205-933-8981
www.spinebirmingham.com

MediSYS
1717-10
An innovative medical education program that promotes deeper student connections with patients and strong student-teacher relationships is now offered at the College of Community Health Sciences, which also serves as the Tuscaloosa Regional Campus of the University of Alabama School of Medicine.

As part of the Tuscaloosa Longitudinal Community Curriculum, or TLC², third-year medical students receive their clinical education by following a panel of patients over nine months through various disciplines and settings – primary care and specialty clinics, hospitals and emergency rooms – and under the instruction of a community preceptor.

Be a part of this exciting program. Consider becoming a TLC² preceptor and together we can improve health in your community.

(205) 348-1384  
CCHS.UA.EDU/TLC2