Making a Home:
How Becoming a PCMH Transformed a Small Practice — And Why It Was Worth it
PG 7

Medical Home Pilot Benefits Patients and Physicians to Alabama
PG 10
“As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection.”

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians: our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine and understand my business decisions. In spite of the maelstrom of change, I am protected, respected, and heard.

I believe in fair treatment—and I get it.

To learn how we can help you lessen the uncertainties you face in medicine, scan the code with your smartphone camera.
## Contents

From the President ................................................................. 5

Making a Home: How Becoming a PCMH
Transformed a Small Practice – and Why It Was Worth It ... 7

Medicaid Reform Imminent .................................................. 8

Chapter Secures Provider Meeting with Medicaid regarding
January Payment Increase .................................................... 8

“Payer of Last Resort” Rule Maximizes Taxpayer Dollars for Medicaid ................................................................. 9

AAFP Contract Review Program for Residents ................. 9

Medical Home Pilot Program Benefits Patients and Physicians in Alabama ................................................................. 10

2012 Alabama Health Care Hall of Fame Inductees ............ 11

Congratulations! .................................................................. 11

Organizations Fight to Repeal Call for New Payment Methods ................................................................. 12

UAB 2012 Rural Medicine Program Class .......................... 12

UA Rural Medical Scholars Class 17 ................................. 12

Save the Date! ..................................................................... 13

Annual Meeting and Scientific Symposium .......................... 14

## Advertisers

Alabama Department of Public Health, Epidemiology Division ........ 6
Alabama Department of Public Health, Immunization Division ......... 4
Belk & Associates, Inc. ................................................................. 6
Children’s of Alabama ................................................................. 6
Coastal Insurance Risk Retention Group, Inc. .......................... 15
ECR Pharmaceuticals ................................................................. 9
Healthcare Workers’ Compensation Self-Insurance Fund ............. 13
ProAssurance Group ................................................................ 2
The University of Alabama College of Community Health Sciences 16

---

**Officers**

- Allen Perkins, MD, President
- Tom Kincer, MD, President-Elect
- Drake Lavender, MD, VP Northwest ('14)
- Pamela Tuck, MD, VP Southeast ('15)
- Jarod Spear, MD, VP Northeast ('16)
- Boyd Bailey, MD, VP Southwest ('13)
- Mike McBrearty, MD, Treasurer
- Jeffrey E. Arrington, Executive Vice President

*indicates member of the Executive Committee*

**Board of Directors**

- Tonya Bradley, MD, Chair
- Jerry Harrison, MD, At Large ('13)
- Julia Booth, MD, At Large ('15)
- Pamela Tuck, MD, At Large ('14)
- Nelson Cook, MD, Calhoun County Branch
- Michael McBrearty, MD, Gulf Coast Branch
- Lisa Columbia, MD, Jefferson County Branch
- Tracy Jacobs, MD, Resident Chapter President

**Congressional District Reps**

- Vacant – District 1
- Beverly Jordan, MD – District 2
- Michael Goodlett, MD – District 3
- Laura Lee Adams, MD – District 4
- Krissy Crandell, MD – District 5
- Albert Smith, MD – District 6
- Bob Grubbs, MD – District 7

**AAFP Delegates**

- Melissa Behringer, MD ('14)
- Steve Furr, MD, ('13)

**AAFP Alternate Delegates**

- Tonya Bradley, MD ('14)
- Jerry Harrison, MD ('13)

**Scope Managing Editor**

Jeffrey E. Arrington
Alabama Academy of Family Physicians
19 South Jackson Street
Montgomery, Alabama 36104
334-954-2570
Toll-free: 877-343-2237
Fax: 334-954-2573
alafamdoc@charter.net
www.alabamafamilyphysicians.org

**Mission:** The Scope of Family Medicine is intended to provide timely and useful information of interest to our chapter members, as well as provide information about the policies and activities of the chapter.

**Advertising Policy:** Advertising is accepted that is deemed to be in harmony with the mission of Scope and the interests of the members of the Alabama Chapter. Advertising of tobacco and alcohol products is expressly prohibited. Additionally, material that is found to be unethical, misleading or morally objectionable is also not permitted.

The views and opinions expressed in Scope do not necessarily reflect the policy of the Alabama Academy of Family Physicians.
What is the Vaccines for Children Program?

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

What are the benefits of the VFC program?

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

- Reduce referrals of eligible children to the public clinics for vaccination, thus allowing them to stay in their medical homes and ensuring the continuity of care.

- Save money on your vaccine purchase because you will receive public-purchased vaccines under the program.

- Receive technical assistance to help improve your vaccination rates, such as record-keeping, vaccine handling, and vaccination opportunities.

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

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

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

Your strength is the ability to provide.
The Patient-Centered Home and Meaningful Use

As I go to meetings and talk to family docs, everyone agrees on one thing … the job of the family physician has become more difficult. Our “partialist” colleagues have been catered to for the last 10 years by hospitals and insurance companies and are living the high life. We feel like we have been cast into the wilderness, saddled with increasing responsibilities and decreasing margins. The mandate to introduce the electronic health record into the office setting, while well-intended (and actually at least partially funded), is seen as just another example of government overreach. The movement toward Patient-Centered Medical Home-modeled care is seen as merely putting a label on what we do anyway.

Although not a popular sentiment among physicians, I tend to be a contrarian in this matter. As a taxpayer, I look at the waste that occurs as my patients seek care in a disorganized and uncoordinated fashion. I am glad that at least someone is attempting to bring some order to this chaos and looking for ways to pay us for providing the complex, coordinated care that reduces health care costs.1 As a physician who practices as part of a larger system, I see how improving the health experience could lead to reduced waste and better patient outcomes.2 As a physician with training in public health, I can see how improving care delivery and reducing costs will allow us to more effectively target resources. For example, better diabetes care has led to a reduction in amputations by 75 percent during the last 10 years, and we can do even better with better organized, proactive care.3 Seen in this way, the Patient-Centered Medical Home becomes a way to better organize the hard work we do, rendering it easier and allow us to demonstrate accountability. Meaningful Use (the measurement tool the government is using to determine how much money practices get for installing electronic health records) could be seen as a way to hold us accountable for the purchase of a piece of software necessary to achieve PCMH designation.

We have elected as a group to work to achieve NCQA PCMH certification for our practice. It is in part because it will help us to deliver measurably better care. Mostly it is because Blue Cross of Alabama established NCQA certification as necessary to achieve their highest level of quality for primary care physicians and is using it as a measuring stick to determine if we get paid more. We purchased an electronic health record (Next-Gen) that has sufficient bells and whistles to help us achieve Meaningful Use. This was in a large part because the government uses the Meaningful Use rules to determine if the taxpayers should help us to foot the bill for the purchase. As the leader of a clinical practice that is striving to achieve both, I am aware that the rules are complex and require a lot of effort to achieve compliance. I also see evidence that the rules are written to be complimentary and by achieving both we will ultimately improve our care delivery.4

There are many resources which demonstrate the synergy between the two sets of requirements. Going to the NCQA website (www.ncqa.org), the following “crosswalk” demonstrates just how closely aligned the two sets of requirements are. To achieve Meaningful Use, there are only two activities (reporting family history as structured data and reporting data into a disease registry) that do not occur in the PCMH requirements. In short, by achieving one, we are able to achieve both. By achieving both, we are going to deliver measurably better care for our patients. Equally as important, we will become eligible for additional money from our insurers and become eligible for additional money for our practice overhead. I encourage you to consider the same.

References
The Scope of Family Medicine

Important information for physicians:

- Competitive remuneration, mileage, lodging, and malpractice insurance provided

Contact Belk & Associates, Inc.

- Locum Tenens and Permanent Jobs for Physicians
- 1.888.892.4DRS
- www.BelkStaffing.com
- KBelk@BelkStaffing.com
- Send CV to 256.389.9000 FAX

Family Medicine
Internal Medicine
Pediatrics
Urgent Care
Emergency Medicine
General Medicine
Occupational Medicine
Hospitalist

“Your Resource for Medical Staffing”
Making a Home: How Becoming a PCMH Transformed a Small Practice — and Why It Was Worth It

by Eugene Heslin, MD, Head Physician at Bridge Street Medical Group, a Six-Physician Family Practice in Saugerties, New York

If a small family practice tucked deep in the Hudson Valley of New York can make the transition to a patient-centered medical home, so can you.

You could say we’re the classic small-town practice. We serve a rural community of about 18,000. I can head out of the front door of my office, walk about a half-mile, throw a rock and hit a cow. Our community is close-knit, and my practice serves entire families, from tiny babies to centenarians. If I see a 60-year-old patient in my office today, it’s likely I’m also caring for her husband, her sister, her daughter and her grandson.

Despite our size and relative isolation, in 2009, we decided to adopt the medical home model. This wasn’t something mandated by a payer or the government. It arose from our passion for high-quality patient care.

We became part of a collaborative effort called the Hudson Valley Initiative (HVI). HVI’s sponsoring organizations — Taconic IPA, THINC and MedAllies — led 236 physicians at 11 primary care practices at 51 sites throughout the Hudson Valley to achieve NCQA Level 3 PPC-PCMH patient-centered medical home recognition in 2010. Hundreds more in the region have since followed in our footsteps.

HVI’s philosophy reflects many of my own core beliefs:

• Health care should be patient-centered, coordinated and accessible
• Financial models used to pay for health care should result in lower cost and increased quality
• Health information technology should be used as a tool to improve patient care and community health

Our experience shows that, with proper support, transformation is possible regardless of practice size or type. We’re not part of an integrated health system or a large multispecialty practice. We’re just rural family doctors who turned our practice into a thriving medical home.

Health IT support
We could not have accomplished this without the intelligent use of EHRs. I know some practices see health IT as an obstacle — even a threat. But meaningful use of health IT is inevitable. Moreover, health IT supports practice redesign. Ultimately, meaningful use of health IT is about delivering appropriate, patient-centered care. Why have I embraced EHRs and other health IT tools?

Because of our patients. Because my practice wants to provide good family care. And we want the tools to do so.

Value Over Volume
Because we have achieved medical home status, we are reimbursed for tasks that haven’t been traditionally covered, such as care management for chronically ill patients. My fellow physicians and I can now pursue the intellectual aspect of practicing medicine — not just the procedural. We are paid for the value we provide; it is reimbursement through achievement.

We now see fewer patients per day, and I can devote plenty of time to those I do see. This enhances the quality of care. That’s not just my opinion: We can measure our quality, and we’ve seen our quality indicators rise.

One way we’ve been able to provide value is through population health management. We’ve always provided excellent care for the patients who came to our office. Becoming a medical home taught us to effectively manage an entire population of patients — not just the ones who walk through our doors in a given week or month. That enhances our efforts at disease prevention and helps us better care for our patients with chronic conditions.

Satisfaction Across the Board
Patients, as part of the team, have clearer — and higher — expectations for the management of their health. They are more likely to adhere to a regimen. That’s because it’s not our regimen — it’s theirs. Patient satisfaction has improved. So has staff morale.

We have created a friendly, competitive environment, and we are working “smarter.” We do more with less. Our staff members, working at the top of their licenses, have come together as a team that works collaboratively to improve the practice.

A Return on Investment
Don’t misunderstand: Transformation takes financial and sweat equity. Most of all, it takes time. You will encounter more hurdles than you anticipate. We did, and we overcame them. So can you.

I’m not offering my practice as a blueprint. The path we took to become a medical home won’t be the one you take. But Bridge Street does demonstrate how a small rural practice can accomplish PCMH transformation — gradually, thoughtfully and thoroughly, leaving no patient or staff person behind.

Today, my staff and fellow physicians are satisfied with their work. My patients are happier, healthier and more engaged. I have no doubts: It was worth the effort.
Medicaid Reform Imminent

Don Williamson, MD, who is leading the Medicaid transition, said that the YES vote on September 18 was much-needed and will buy time as the state explores ways to sustain the program for the long term. One happy change is that the Agency reversed provider payment cuts effective October 1. Now, state leaders are taking action to reform Alabama Medicaid like never before, focused on three areas — financing, delivery and payment — in order to address rising costs in the program, increases over time in the number of recipients, and impacts of the Affordable Care Act.

Two bodies are largely responsible for this reform effort: the Joint Legislative Committee on Medicaid Policy, chaired by Rep. Greg Wren, and the new Alabama Medicaid Advisory Commission, created by Gov. Robert Bentley with the goal of reforming Medicaid by improving financial stability and patient care. The chapter has had representation at numerous meetings of these bodies since the summer.

“We are committed to increasing efficiency, eliminating fraud and maintaining patient care,” Gov. Bentley said. “We believe we can deliver higher-quality care while also controlling costs. The Alabama Medicaid Advisory Commission will help us accomplish this.”

Chaired by Dr. Williamson, the commission will evaluate the Alabama Medicaid Agency’s financial structure and identify “ways to increase efficiency while also helping ensure the long-term sustainability of the agency,” according to a release from the governor’s office.

As part of this process, chapter board members have also lent their experience and expertise to out-of-state consultants who have been contracted by the Alabama Hospital Association to assess the best options for our state. The findings of this analysis will likely feed into the decision-making process of the commission. The commission will be asked to recommend plans for reforming Medicaid to the governor prior to the Legislature’s 2013 Regular Session, which begins in February.

“It is crucial for our voice to be heard in this process and working closely with other provider groups to make the best decisions for the patients and providers of Alabama will continue to be a priority of the Academy,” Chapter Executive Vice President Jeff Arrington said.

Through this process, the consultants are exploring models from other states to radically change how the program is funded, institute more quality benchmarks, etc. Models under consideration include accountable care organizations and care coordination organizations, among others. The Medicaid Advisory Commission is tasked with not only studying the issues laid out above but also with recommending a course of action for Gov. Bentley and state leaders to follow to make Medicaid financially sustainable and available to deliver care to recipients going forward.


Chapter Secures Provider Meeting with Medicaid re:
January Payment Increase

Complicating the Medicaid funding equation further, certainly a bit of good news is the Affordable Care Act’s provision that will raise Medicaid payment to Medicare rates for primary care providers who qualify beginning January 1 (the difference fully funded by the federal government for two years).

In an effort to assure that the payment increase for primary care providers takes effect in January, the chapter formally requested a meeting with the medical directors at Medicaid. Chapter Executive Vice President Jeff Arrington attended the meeting in early November, along with representatives from the medical association and the Alabama chapter of the American Academy of Pediatrics. Medicaid reported that it is working on the required State Plan Amendment, relying on consultants to determine the average Medicare rates to match, and has established its process for determination of physicians who will get the increase.

The first step of this process will be checking providers for board certification. If the Agency determines that a provider is not board-certified by the applicable board, then Medicaid will review that physician’s claims data to attest that at least 60 percent of all of the Medicaid services for which he or she bills are for E&M and vaccine administration codes specified for the payment increase. If a physician is still ineligible based on the “60 percent rule,” then Medicaid will send him/her a letter and ask for self-attestation.

Once average Medicare rates are determined, Medicaid will set up a new reimbursement rate for the applicable codes, which will be paid per claim. One question for which we are seeking clarification is the rule regarding physician extenders. The chapter will relay more information on this as it is known.
“Payer of Last Resort” Rule Maximizes Taxpayer Dollars for Medicaid

Many people are surprised to learn that Alabama Medicaid recipients often have private health insurance as well. To maximize state taxpayer dollars, the Alabama Medicaid Agency’s Third Party Division is charged with the responsibility of ensuring that Medicaid is the “payer of last resort.” Generally, this means that providers are responsible for filing for reimbursement from the primary insurance prior to billing Medicaid, according to Keith Thompson, director of Alabama Medicaid’s Third Party Division.

However, there are some federally required exceptions to this rule:
1. When the service is a preventive pediatric service
2. When the service is for prenatal care provided outside of managed care

Under these federal exceptions, Medicaid is required to pay the claim if Medicaid is billed first as the primary insurance. Medicaid then bills the other insurance plan for reimbursement — a process known as “pay and chase.” Please NOTE: The federal rule is a Centers for Medicare and Medicaid (CMS) requirement for Medicaid to pay if they are billed first. This is not a federal requirement for the health care provider. Providers may choose to bill preventive pediatric services (such as EPSDT screenings and preventive dental services) to the other insurance plan first before billing Medicaid. Billing the other insurance plan first is acceptable and eliminates the need for Medicaid to “pay and chase” the claim.

Procedure codes with modifier EP are used for billing EPSDT screenings and are included in the preventive pediatric services “federal exception” group. These codes include:
- 99391EP/Under Age 1 yr
- 99392EP/Ages 1-4 yrs
- 99393EP/Ages 5-11 yrs
- 99394EP/Ages 12-17 yrs

Dental Procedure Codes included in “pay and chase” as a preventive pediatric service include:
- D0110
- D0120
- D1110
- D1120
- D1203
- D1204
- D1330
- D1351
- D1510
- D1515
- D1520
- D1525
- D1550

Providers with questions regarding benefit coordination, filing procedures or other billing issues should contact the HP Provider Assistance Center at 800-688-7989.

AAFP Contract Review Program for Residents

The Academy is pleased to announce that it has negotiated an arrangement with the Sanders Law Firm, P.C. in Birmingham that will benefit residents 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 Mid-Winter 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 contract review program, please call Rich Sanders at 205-930-4289 or e-mail him at rsanders@southernhealthlawyers.com.
Medical Home Pilot Program
Benefits Patients and Physicians in Alabama

There is an upcoming crisis in America—an aging population and a health system whose costs are already out of control. Combine that with a growing shortage of primary care physicians and this creates a recipe for disaster. Alabamians are fortunate that at least one of the companies that pay their health care bills have taken notice and is working to improve the environment for family physicians and other primary care physicians.

Since participating in the Call to Action Summit in Washington, D.C., in 2007, Blue Cross and Blue Shield of Alabama have looked for effective ways to facilitate improved primary care. They began with the Alabama Health Improvement Initiative Diabetes Program to improve diabetes care. Within two years, the number of recognized National Committee for Quality Assurance (NCQA) physicians in the state increased from one to 150, followed by a dramatic improvement in statewide quality metrics for diabetes care. Then, in early 2009, the concept of a patient-centered medical home gained national momentum. Blue Cross responded and, with input from key stakeholders, designed and implemented the Medical Home Pilot Program.

The Medical Home Pilot Program launched in September 2009 with 14 pilot clinics selected based on recommendations from local medical societies, including the Alabama Academy of Family Physicians. These 14 pilot clinics served diverse patient populations and included five family practices, five internal medicine clinics and four pediatrician offices.

All 14 practices, regardless of practice location or setting, earned recognition as NCQA Patient-Centered Medical Homes (PCMHs) by the end of the pilot program, and the success did not stop with certification. Pilot participants showed overall improvement in patient satisfaction, clinical outcomes and utilization metrics. Blue Cross estimates that this improvement in performance resulted in 560 fewer hospital days and 580 fewer emergency room visits for an estimated savings of $1.9 million.

Both doctors and patients found value in the patient-centered approach to care. An example of this value was in the use of extended history forms at Mobile Diagnostic Center. “[Despite] some resistance from patients and physicians, both found benefits,” says Dr. Robert W. Israel, a primary care internist. “A lot of these patients I’ve been seeing for 10 or 20 years. When we asked them to do this extensive history, I’d discover something important I didn’t know about that patient … [and the patients] become more involved in their own care.”

Dr. Tamara McIntosh, a family physician at Ohatchee Family Medical Clinic, explains that the program benefitted her patients through “having [a] regular and continuous source of health care, improved quality of care delivered in a more organized manner, improved education of patients’ medical problems, improved patient experiences at their primary care office, greater access to needed services, increased focus on preventive services, potentially reduced cost of health care, (and) decreased ER visits and hospitalizations.” Dr. McIntosh says physicians benefit from the program through “developing protocols for the office that make delivering health care more efficient, as well as improving the quality of care.” When all was said and done, after completing the requirements for the pilot program, Dr. McIntosh explains, “My greatest reward is having a more organized, standardized method of providing care to patients.”

In the words of Blue Cross Medical Director Dr. Kathleen Bowen, “The pilot demonstrates that the concept is achievable throughout the state.” In addition, she says, “The data support that care delivered in a Patient-Centered Medical Home improves patient satisfaction, health outcomes and access to care.”

Based on this success, Blue Cross is expanding the medical home approach with its Value-Based Payment Program. All primary care practices are encouraged to pursue NCQA PCMH Recognition through the 2012 Primary Care Value-Based Payment Program, which provides doctors with incentives for meeting efficiency, quality and patient outcome criteria. The Academy is committed to helping provide resources to those interested in achieving this goal.
Dr. Richard O. Rutland Jr., of Fayette, Alabama, and Dr. Steven Furr, of Jackson, Alabama, were 2012 inductees into the Alabama Health Care Hall of Fame.

Dr. Rutland, a past president of the Alabama Academy of Family Physicians who was instrumental during the 1960s in the development of the College of Community Health Sciences (CCHS) at the University of Alabama, was inducted into the Alabama Health Care Hall of Fame. While working with CCHS, he started a rural preceptorship for medical students and family practice residents to spend part of their training time in rural areas. He was appointed by the University of Alabama to assist in writing a history of the College of Community Health Science in Tuscaloosa and Huntsville.

In 1981, Dr. Rutland was recognized as the Family Doctor of the Year in the United States by Good Housekeeping magazine and the American Academy of Family Physicians. He was presented with a Certificate of Distinction for 50 years of medical practice by the Medical Association of the State of Alabama in 1999. He was also recognized for 50 years of practice by the American Academy of Family Practice and his medical school alma mater, Tulane University.

Dr. Rutland and his wife, Nancy Babb Rutland, have been married for 54 years. They have four children: Richard O. Rutland III, MD, of Gadsden, Alabama; Craig D. Rutland, MD, of Nashville, Tennessee; Cindy McBrearty of Fairhope, Alabama (wife of Michael McBrearty, MD); and Melissa Cathey of Washington state.

Dr. Steven Furr, who has been serving the people in the Jackson Alabama area for more than 30 years, was also inducted. In addition to previously serving as a board member on the Alabama State Board of Medical Examiners and the State Committee of Public Health, Dr. Furr has been president of the Medical Association of the State of Alabama, the Alabama Academy of Family Physicians (AAFP) and the Alabama Medical Directors Association. Dr. Furr currently serves as an AAFP Executive Board Member and Delegate for the Academy.

He received his undergraduate degree from the University of South Alabama, as well as his medical degree. He is currently the vice chair of the University of South Alabama Board of Trustees.

Dr. Furr has also been a general and jurisdictional conference delegate for the past four quadrennia, as well as serving on the Southeastern Jurisdiction Episcopacy committee. He was one of three lay people chosen to give the Laity Address at the 2012 General Conference.

He is married to Lisa Sheffield Furr, who works in the public school system as a teacher’s aide.

Congratulations!

Dr. John Meigs has been re-elected as the American Academy of Family Physicians Speaker of the Congress of Delegates.
The AAFP and several other groups have joined with the nation’s largest consumer advocacy organization — the AARP — in calling for a repeal of the sustainable growth rate (SGR) formula in favor of enactment of a more equitable Medicare payment system.

In a letter to House and Senate congressional leaders, the AAFP, the AARP, and four other physician and Medicare advocacy groups say that the need for payment reform is overdue and that “addressing the current flawed payment formula is a necessary and far-sighted course of action.”

“Congress has an opportunity to repeal the SGR — the first step toward enacting a better payment system — by redirecting money from the Overseas Contingency Operations fund the Pentagon says will never be spent,” states the letter, which also is signed by the American College of Physicians, the American Geriatrics Society, the Center for Medicare Advocacy and the Medicare Rights Center.

The SGR has called for steep reductions in the Medicare physician payment rate during the past 10 years — reductions averted only by last-minute action by Congress. Physicians face a 26.5 percent reduction in the Medicare physician payment rate on Jan. 1 unless Congress acts to block the cut. As the Jan. 1 deadline looms, the AAFP and other organizations have stepped up pressure on Congress to repeal the SGR and to put in place new payment methods to maintain Medicare access and encourage the delivery of high-quality care.

“The SGR has long recognized that the SGR is a poor method for establishing payment rates for health care providers paid under the Medicare physician fee schedule,” says the letter. “In each of the last 10 years, it has voted to override the cuts mandated under the formula. These stopgap measures have served to increase the size of future cuts, the cost of long-term reform and the insecurity among people with Medicare about their ability to maintain access to their doctors.”

The AAFP and the other organizations call on Congress to pass the longest possible SGR fix to allow Congress time to fix the situation permanently. But they also stress that it is important to keep Medicare affordable for beneficiaries.

Reprinted from AAFP News Now, November 26, 2012
Yes, it is possible to protect your employees while maintaining focus on your essential role as a healthcare provider. HWCF is your trusted partner, your expert resource and your ultimate peace of mind. Our comprehensive workers’ compensation coverage is designed exclusively to serve the Healthcare Industry of Alabama.

Partner with us today, and let us help you maximize your company’s injury prevention by providing you with personalized on-site consultation, claims verification and the thorough investigation you need.

Injury Prevention. On-site Consultation.
Claims Verification. Investigation.
**Physician’s name (as you prefer it on your name badge):**
_________________________________________________________________________
_________________________________________________________________________

**E-mail:**
______________________________________________________________________________
______________________________________________________________________________

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

### Full Four-Day Conference Registration Fees

<table>
<thead>
<tr>
<th></th>
<th>Pre-Registration</th>
<th>At-Meeting Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four-Day Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alabama AFP Member</td>
<td>$400</td>
<td>$500</td>
</tr>
<tr>
<td>Alabama AFP Life Member</td>
<td>$195</td>
<td>$295</td>
</tr>
<tr>
<td>Four-Day Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Member/Allied</td>
<td>$455</td>
<td>$555</td>
</tr>
<tr>
<td>Health Professional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Two-Day Conference Registration Fees

<table>
<thead>
<tr>
<th></th>
<th>Pre-Registration</th>
<th>At-Meeting Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-Day Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alabama AFP Member</td>
<td>$215</td>
<td>$315</td>
</tr>
<tr>
<td>Alabama AFP Life Member</td>
<td>$105</td>
<td>$205</td>
</tr>
<tr>
<td>Two-Day Non-Member/Allied Health Professional</td>
<td>$245</td>
<td>$350</td>
</tr>
</tbody>
</table>

### Activities Registrations and Fees

- Conference Registration (see prices above) $ _______
- 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

**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: _______________________________________
- E-mail: _____________________________________________
- Credit Card #: _______________________________________
- Expiration Date: _________
- Verification Code #: _________

*In order to process credit cards, all information must be completed, including e-mail 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 e-mail lynnaafp@charter.net or billicaafp@charter.net.

### Return to:

Alabama Academy of Family Physicians
19 South Jackson Street
Montgomery, Alabama 36104-3812
Fax: 334-954-2573
You take care of your patients.
We take care of you.

Every day, in countless little ways, you make sure that your patients enjoy the best possible health. Is your malpractice insurer doing the same for you?

At Coastal Insurance, we begin by ensuring a personal, one-to-one relationship. We suggest ways to help your practice. And, if a patient files a claim, we make you part of our defense team, allowing you to have a voice in how conflicts are fought or resolved.

Is your practice ready for the right brand of care? Call us today at 800-821-9605. Because if your malpractice insurer isn’t looking out for you, then who is?

Coastal Insurance
RISK RETENTION GROUP, INC.

More than insurance. A relationship.
Is your family physician a CCHS alum?

Our name says it all: Community. Health.

Did you know that approximately one of every eight family physicians practicing in Alabama trained at the College of Community Health Sciences at The University of Alabama? For 40 years, the College has been educating family physicians and placing many into practice in rural Alabama. Our trainees provide continuing comprehensive health care for the individual and family. This provides you, the patient, with a medical home, and, if necessary, a most trusted health adviser when the need for specialty care arises. The College of Community Health Sciences at The University of Alabama has trained 400 family physicians, many of whom practice in rural areas of the state.

Our College is dedicated to improving health care in this state by working with family physicians in the context of their community.

For more information about what CCHS is doing in your community visit cchs.ua.edu or call 205-348-5701.