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This is my 22nd year educating family medicine residents and medical students for our wonderful state. In spite of our state’s seven family medicine residencies, we are not meeting the growing needs of our patients and communities. The title of my article for this edition of The Scope of Family Medicine seems straightforward, but indeed it is not. I will save you the headache of trying to unravel all of the primary care statistics being produced and give you a dashboard view of where we are now. Did you know that 62 of our 67 counties are designated as Health Profession Shortage Areas (HPSAs) and that we require an addition of roughly 200 family physicians now to eliminate these shortages and about 350 family physicians to provide desired access to care? The recent Robert Graham Center report shows that we will need 206 primary care physicians by 2015, 374 by 2020 and 612 by 2030 above our current deficits. As in most states with large rural areas, there remains a disparity in urban versus rural primary care physicians. Alabama is no different. Our rural counties are seriously underserved. In our urban counties, we have about one family physician per 1,000 people, compared to one per 10,000 in Coosa County and one per 6,000 in Crenshaw, Lowndes and Henry counties. An optimal ratio is one per 1,200. Even in the urban counties, where it seems that we have adequate primary care, it is impossible to tease out those family physicians who are limiting their practices to urgent care, hospital medicine, emergency medicine or nursing-home care or are who working part time.

Let me attempt to lead you through the problems with filling our primary care physician shortages. Just one thing before we start. When national agencies say primary care, they mean family medicine, general internal medicine and general pediatrics. Only about 10 percent of those medical students entering IM and pediatric residencies who stay in primary care are far less likely to practice in a rural area compared to family medicine graduates. Therefore, primary care to me overwhelmingly implies family physicians in office-based settings providing preventive care and chronic-disease management over a continuum of time.

It seems natural to start at the medical-school level looking for students who want to do family medicine and, more importantly, practice in our most underserved areas. Unfortunately, starting at the medical-school level is too late. We have convincing evidence to show that most students who choose family medicine came into medical school wanting to do family medicine. Who are these students? They typically are from rural areas, smaller colleges, nonmedical parents, parental income less than $100,000, married and being a little older than the average student.

What are some of the barriers that keep students desiring family medicine out of medical school or from ultimately going into family medicine once they are admitted? Grade-point averages and MCAT scores have, likely unintentionally, deselected students wanting to do family medicine. Many of the medical-school applicants wanting to do family medicine have lower scores that likely come from their background rather than their lack of ability. Recent data shows that students admitted with an MCAT score of 24 are just as likely to graduate from medical school as those admitted with higher scores. Once in medical school, the focus must be to keep them in the family-medicine mindset. Unfortunately, when they begin their clinical years, they are often swayed away from family medicine because family physicians are often viewed as less prestigious and less capable in settings where specialists are being trained. Income-earning potential also becomes a factor when they see their educational debt crossing the $200,000 mark.

We are fortunate to have two programs through the University of Alabama School of Medicine targeting our rural students and mentoring them into and through medical school. These programs are the Rural Medicine Program and the Rural Medical Scholars Program. Be-
Currently, we have about 260 medical students graduating annually from our two state medical schools (I did not include ACOM, since it has not had any graduates). About 20 to 25 of the 260 students choose family medicine. This 9 percent or so is about nationally average. Medical schools that graduate between 16 and 24 percent of their students who choose family medicine focus on admitting students who are more likely to choose family medicine using the criteria I outlined at the beginning of this article.

Unfortunately, we only retain about 15 of these graduates in our state’s seven family medicine residencies. Our family medicine programs are located in Huntsville, Tuscaloosa, Birmingham (St. Vincent’s East), Montgomery, Selma, Mobile and a new program in Centreville that began in July 2013. We have 56 slots for first-year residents between these programs. With only about 15 students from our state’s schools filling these slots, we recruit and match an additional 41 first-year residents from outside of our schools. These additional residents are often from Alabama or living in Alabama. Some have gone to osteopathic medical schools outside of Alabama and are returning through the Alabama Medical Education Consortium effort. Others left to attend international medical schools, usually in the Caribbean, and others are international-born graduates immigrating and living in Alabama. Finally, smaller portions are coming into Alabama from other states to do residency. Let me stop here to say that I’ve educated more than 120 family physicians from all of the medical school locations mentioned above, and, by the time they graduate, they are all quite capable family physicians. Nothing should be inferred about superiority or inferiority of any one graduate.

Graduates from our state’s residency programs are more likely to remain in the state and practice if they are from Alabama or have family in Alabama. In fact, almost 100 percent of the resident physicians graduating from an Alabama residency program who were born and raised in Alabama, regardless of where they attended medical school, will practice in Alabama, and more than 50 percent of those who immigrated to Alabama and do residency here will remain to serve our state. Less than 50 percent of those who came

Continued on page 21
What is the Vaccines for Children Program?

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

What are the benefits of the VFC program?

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

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

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

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

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

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

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

Your strength is the ability to provide.

Alabama Department of Public Health
1.866.674.4807
www.adph.org/immunization
Thanks to the chapter’s Friends of Children-funded Recognition, Recovery and Resiliency program, 24 program sites participated in the campaign, sharing Norman Bridwell’s *Clifford and the Big Storm*, helping families understand the importance of preparedness in disasters, as well as helping young children cope more effectively once a disaster has occurred.

The UAB Family Medicine Residency Clinic at The University of Alabama in Birmingham, Huntsville Regional Medical Campus, has been a Reach Out and Read Alabama program site for six years, prescribing almost 13,000 books to children 6 months through five years of age. Reach Out and Read is a national nonprofit organization that trains and supports medical providers who give books to children and advice to parents about the importance of reading aloud at well-child exams. During regular pediatric checkups, Reach Out and Read pediatricians, family physicians, nurse practitioners and physician assistants give new, developmentally appropriate books to children and advise parents about the importance of reading aloud. The program builds on the unique relationship between parents and medical providers to develop essential early literacy skills in young children via the existing health care infrastructure.

Reach Out and Read delivers results. The program is a proven intervention, supported by 15 independent, published research studies. During the preschool years, children served by Reach Out and Read score three to six months ahead of their non-Reach Out and Read peers on vocabulary tests, preparing them to start school on target. Research shows that, the more parents read and speak to their children, the greater the size of their child’s vocabulary in the first few years — which translates to a strong foundation of language for kindergarten and beyond. The landmark Hart-Risley study on language development documented that children from low-income families hear as many as 30 million fewer words than their more affluent peers before the age of 4. A recent study from Stanford shows that, by as early as 18 months of age, “toddlers from disadvantaged families are already several months behind more advantaged children in language proficiency.”

“Books Build Better Brains is the phrase most heard in the 69 program sites in 28 counties throughout Alabama as we help parents and communities understand the importance of reading daily to our children,” said Polly McClure, statewide coordinator for the program. “Reading in the beginning of life is a wonderful way to help prepare the brain and lay the groundwork for a successful start to pre-K or kindergarten.”

For more information about the program, visit, www.roralabama.org. Join the conversation on Facebook at www.facebook.com/RORAlabama, and find us on Twitter: @ReachOutReadAL.

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**Tar Wars® Challenge for FMIGs**

Deliver the Tar Wars® Message to Kids in Your Community and Win up to $500

Educate kids in your community about the harmful effects of tobacco use with Tar Wars®. Medical students who present Tar Wars® to the most children and communities between September 1, 2013, and April 1, 2014, have the opportunity to win up to $500 for their FMIG.

**Awards**

Tar Wars® will grant three awards to the FMIGs with the most outstanding community-service efforts of presenting Tar Wars® to the most kids. **Awards will be granted by May 1, 2014.**

- First prize: $500
- Second prize: $300
- Third prize: $200

**How Can I Participate?**

Prepare for your presentation with Tar Wars® materials. **Presentations must occur between September 1, 2013, and April 1, 2014.** Remember: The more you present, the higher your chances to win and the more you can spread the word about the harmful effects of tobacco use in your community.

To apply for the award, each medical student must complete the AAFP Tar Wars® Feedback Form for Presenters by **April 1, 2014**, with the number of Tar Wars® presentations and number of children reached since September 1, 2013.
Agile Development, Collaboration Results in Successful System Launch

From the outset, the task of creating a new eligibility and enrollment system that would comply with the requirements of the Affordable Care Act posed a challenge. There was a short timeframe to complete it, many new federal requirements had been issued, multiple state agencies were involved, and it was a technically complex project.

However, thanks to the collaborative efforts of the Alabama Medicaid Agency, the Alabama Department of Public Health and the Alabama ALL Kids program, the first phase of a new online system has been successfully developed, tested and launched on schedule and at a saving to taxpayers. Members from the governor’s office and the Alabama Department of Human Resources have been involved on the project team as well.

Launched October 1, the new online portal allows applicants to create accounts and submit applications for ALL Kids coverage for children or for Medicaid coverage for children, pregnant women or women seeking family-planning coverage only through Plan First. The portal is also available for those applying for tax credits or other subsidies to purchase health insurance through the federally facilitated insurance exchange (FFE). During the portal’s first month of operation, 1,350 new accounts were established, and 658 new applications were submitted through the portal. Applications for Medicaid and All Kids will be processed as they are received, while applications for tax credits or subsidies will be forwarded to the federal exchange for action.

The new system will eventually replace the existing architecture and structure of the current Medicaid system, which is more than 30 years old and suffers from inefficiencies common to older, outdated systems. By developing the system in-house through ADPH, the two agencies expect to save $20 million in state and federal funds.

Because of the project’s short timeframe and other limitations, developers and staff members worked closely together using an agile design methodology, an adaptive process based on iterative and incremental improvements, allowing for flexible and rapid development, according to Medicaid Deputy Commissioner of Beneficiary Services Lee Rawlinson.

Once the decision was made to build the system in-house, several teams worked concurrently to review policies, determine workflows, and design and test the system. “What we have learned is that, by using an agile approach, the final product not only met our expectations but met with federal approval as well,” she said.

Once the first phase is completed, the next step will be to add the state's Elderly and Disabled programs to the system by the end of 2015. The state also plans to add Department of Human Resources programs such as TANF, SNAP and Child Care. If approved by the Centers for Medicare and Medicaid Services, these programs would be integrated into the new system by December 2015 as well.

New Rules, Web Portal Established to Register RCO Collaborators

As directed by state law, the Alabama Medicaid Agency has established new rules and a new Web portal for individuals and entities who wish to cooperate, negotiate or contract in the establishment of the Agency’s planned Regional Care Organizations.

According to Acting Alabama Medicaid Commissioner Stephanie Azar, “Since the law was signed in May, the Agency has been researching and drafting rules and regulations that are consistent with the legislative mandate.” An emergency rule, or change to the state Administrative Code, was filed October 11, outlining the requirements for those individuals and entities seeking a Certificate to Collaborate in the establishment of an Alabama Medicaid Regional Care Organization. A permanent rule was filed October 21.

To register, potential collaborators will need to go to the Agency’s website at www.medicaid.alabama.gov and click on the “Regional Care Organizations” icon on the left-hand side to access the Web portal. Once the applicant creates a profile, a short application can be completed and submitted for review. Approved collaborators will receive a certificate and will be required to follow specific standards and file periodic reports.
Commission Explores Medicaid Pharmacy Savings Possibilities for State

At two separate meetings in October, members of the Alabama Medicaid Pharmacy Study Commission heard presentations from other state Medicaid pharmacy program administrators and from pharmacy benefits management programs and other organizations with new ideas for reducing pharmacy costs to the state.

An October 10 meeting focused on the experiences of three southern states — Arkansas, Georgia and Mississippi — to manage pharmacy costs in their respective Medicaid programs. On October 24, the Commission heard presentations on use of three different approaches to include a pharmacy benefits management (PBM) organization, a state-based joint venture with existing vendors and a preferred provider system.

“Now that we have heard from these states and organizations, our next step is to have Medicaid’s actuary take the results of these presentations and try to give us some assessment of how much money we would potentially save,” said State Health Officer Dr. Don Williamson, commission chair. “After that, we would attempt to determine the economic consequences of those options.”

The next meeting of the Commission was held November 14, at the Montgomery County Health Department.

The commission was created in June 2013 by Gov. Robert Bentley to identify potential opportunities to save money for the state Medicaid program. Commission members are specifically charged with analyzing the current system, comparing Alabama’s program with other states’ operations, identifying alternative pharmacy systems that could maintain quality and save money for Alabama, and the estimated savings and economic impact for each described system if implemented. The commission was to report its findings to the governor no later than December 1.

Update on National Health Service Corps

The National Health Service Corps Loan Repayment Program is expected to open for applications in early 2014. This program offers primary-care medical providers the opportunity to have their student loans repaid while serving in communities with limited access to care. For more information on the NHSC Loan Repayment Program, please contact Carolyn Bern at carolyn.bern@adph.state.al.us.

The Alabama Office of Primary Care and Rural Health (PCO) completed a Retention of National Health Service Corps (NHSC) Clinician Report. This report was part of an ARRA-funded Retention Evaluation Activity (REA) Grant funded by the Health Resources Services Administration (HRSA). Highlighted survey results showed that 87 percent of NHSC clinicians rated their actual rural practice experiences as expected, above expectations or well above expectations. Clinicians’ reasons for remaining at their NHSC site included the positive relationships they established with their patient base, their site administrators and their co-workers.

The survey findings demonstrate that communications with newly hired clinicians on a regular basis enhanced their sense of belonging and inclusion with site staff members, administration and patients. NHSC clinicians who had access to specialists and technology were more likely to remain at their sites. Clinicians without these amenities felt the quality of patient care was lower than they were willing to accept.
Primary Care Week at UAB was quite a success. With the help of Dr. William Curry, associate dean for primary care and rural health, a committee of second-year medical students worked together to put together a series of lunch lectures that promoted primary care. The week started off with a primary care panel, with physician representatives from family medicine, internal medicine, med-peds, pediatrics, OB/GYN and geriatrics. The panel was followed with a talk on primary care and the ACA that drew a large crowd as the students showed interest in the changes in health care policy. On Thursday, Carolyn Bern from The National Health Service Corps and Kelly Parker from the Board of Medical Scholarship Awards presented some loan repayment options for those who agree to go into primary care in medically underserved areas. Dr. Andrea Cherrington gave a very insightful lecture on health disparities and preventive medicine on Friday.

The week was wrapped up with an energetic lecture on health advocacy and the anti-tobacco movement from Dr. Alan Blum, the first holder of the Gerald Leon Wallace Endowed Chair in Family Medicine at the University of Alabama’s College of Community Health Sciences.

These lectures touched on a few areas that put primary care in a positive light. With an average turnout of almost 100 students each day, the goal of promoting primary care to medical students was reached. To continue the promotion of primary care among students and the community, drink huggers were handed out, and T-shirts were available for purchase. The 2013 Primary Care Week was one of the most successful of these events to date.

UASOM – Tuscaloosa Campus
The Tuscaloosa Campus of UASOM hosted Primary Care Week
October 28 through November 7. The FMIG at Tuscaloosa sponsored many activities through the week. A procedure workshop was offered with 18 students participating and five residents and five attendings instructing. Students were taught casting and splinting, suturing, and intubation. There were some premedical Rural Medical Scholars who also participated in the Skills Workshop.

FMIG also sponsored a few talks involving primary care and the PPACA legislation. A discussion from a health care attorney was well received and stimulated great conversation among the medical students, residents and faculty members. On Saturday morning, the FMIG was again shining through as it offered a free Health Screening at the Midtown shopping complex during its Fall Festival/Fair. BMI screenings, blood-pressure and blood-sugar screenings were done, as well as health education at the end of the screening. We had close to 100 participants walk through the screening, and a few were referred to local providers for primary care followup.

**USA-COM**

“Primary Care Week was a huge success at USA-COM! The Family Medicine Interest Group conducted two forums that piqued students’ interests. The first was a doctor-patient lounge luncheon. We invited three sisters to speak about their personal experiences and struggles working with medical professionals while all three received Social Security disability benefits.

The finale of the week was our Roundtable Dinner, where we recruited family physicians from a broad range of specialties to discuss the daily happenings in their offices and answer any questions the students posed about life after medical school. “The dinner was very beneficial to show students the variety of specialties family medicine offers,” M2 Anna Crutchfield said.
The Rural Medical Scholars Program (RMSP) at The University of Alabama was established in 1996 at UA’s College of Community Health Sciences (CCHS) and is directed by John Wheat, MD, MPH, professor of community and rural medicine and internal medicine. RMSP is open only to college seniors and graduate students from rural Alabama who plan to go to medical school and practice medicine in a rural area of the state. RMSP offers rural Alabama students an encouraging and supportive environment in which to prepare for their future as rural primary care doctors. http://cchs.ua.edu/crm/rural-health-programs/rms/

Muhammad (Omair) Ata of Scottsboro, earned his BS degree this year from The University of Alabama at Birmingham, where he was an active member of the premed society (Alpha Epsilon Delta or AED) and Students for Healthier Communities (another premed society). He served on the Executive Board for the Habitat for Humanity chapter in Birmingham and volunteered with a number of community organizations. He has shadowed many doctors from his hometown in Scottsboro and also volunteered at Crestwood Medical Center in Huntsville, Alabama. He became interested in medicine at a very early age because two of his uncles passed away from colon cancer. Omair sees himself practicing medicine in one of Alabama’s small rural towns.

Nicholas (Nic) Cobb of Bridgeport graduated from North Jackson High School, where he played football, baseball, and basketball. While attending Northeast Alabama Community College, he heard of the Rural Medical Scholars Program, and the idea of practicing medicine in his hometown intrigued him. He decided to pursue that dream after shadowing Drs. Ronald Calhoun and Mandi Allen-Bell to assure himself that family medicine is what he wanted to do. Nic transferred to The University of Alabama and earned his bachelor’s degree in human environmental science in 2013. He looks forward to practicing in his hometown some day and being able to give back to his community.

Kathryn Cox of Scottsboro, graduated magna cum laude from The University of Alabama. Kathryn was a member of Alpha Epsilon Delta and of the Honors College, through which she traveled last summer to the University of Oxford in Oxford, England, for a month of study in art and literature. Kathryn participated in many service projects, including a weeklong medical mission trip to Nicaragua and a three-year research project on intellectual disabilities with Dr. Ed Merrill of the UA Department of Psychology studying intellectual disabilities, particularly Down syndrome. Her father is a retired radiologist, her mother is a registered nurse, and her sister is a first-year family medicine resident in Tupelo, Mississippi; and she has had numerous shadowing experiences to validate that medicine is also the right path for her. She spent many weeks with Dr. Mark Cooper, a family physician in her hometown, “falling in love with rural primary care more each time,” she says.

Jacob (Jake) Guin from Coker was in the top 10 in his 2009 graduating class at Tuscaloosa County High School, where he was on the track team. He is currently a senior biology major at The University of Alabama. Formerly an athletic training major, he worked with the Crimson Tide football team and staffed the Capitol One Bowl game as an athletic training student. Jake spends most of his time hunting and fishing when he is not in school or working. Jake has been active in Alpha Epsilon Delta at UA and has made local mission trips with Mt. Olive Baptist Church, which he has attended since he was a child, and where he assists as a Sunday school teacher and youth leader.

Whitney Hudman grew up in Jemison in Chilton County. She was valedictorian of her high school class and earned her BA in psychology (with minors in Spanish and chemistry) at UAB. Whitney completed a Spanish for Specific Purpose Certificate in 2011 and earned her MPH degree this year. While at UAB, she shadowed 10 physicians, compiling more than 300 hours of shadowing experience. She also volunteered in the community and worked as research assistant in the fields of neurobiology, public health, obesity (one of which provided services to the Hispanic community) and scoliosis, a condition she has. Her personal experience with scoliosis (she had the corrective surgery at age 11) initiated her interest in medicine, and Whitney’s ultimate goal is to be a family doctor in a rural area. She is interested in public health research to help alleviate health disparities in rural communities.

Bhavika Patel of Andalusia graduated in 2008 from Andalusia High School, where she was president of the National Honors Society, senior class vice president and youth ambassador for the city of Andalusia. Bhavika graduated cum laude from UAB with a BS in health care management and a minor in chemistry in 2012. She received the School of Health Professions Dean’s Diversity Scholarship and was on the Dean’s and President’s Honors List. In college, she was in several honors societies, including Alpha Epsilon Delta, the National Society of Collegiate Scholars and Golden Key, and she served as president of Gamma Sigma Alpha. She was a peer mentor, a senator in student government and a volunteer at Spain Rehab Center. Bhavika was a lab facilitator at McWane Science Center for the UAB Center for Community Outreach Development. Bhavika hopes to return to Andalusia to practice medicine.
Marshall C. Pritchett III of Thomasville attended Alabama Agricultural and Mechanical University on a provost scholarship and graduated magna cum laude with a BS in biology in May 2012. Marshall served as an ambassador for the university and as a member of the university’s Honors Program, the Pre-Professional Club and the Beta Kappa Chi National Scientific Honor Society. He was also president of Alpha Phi Alpha Fraternity, Inc. Marshall worked as a phlebotomist for Grove Hill Memorial Hospital and developed an interest in medicine. “Along with the support of my family, the members of New Greater First Baptist Church and the city of Thomasville, those interactions at Grove Hill Hospital really solidified my decision to pursue a career as a physician,” Marshall says.

Paul Strickland of St. Stephens (Washington County) graduated magna cum laude from The University of Alabama with a B.S. in political science and a minor in computer-based honors. Paul’s research during college addressed traumatic emergency disparities in rural and urban Alabama, the effects of sleep and fatigue on EMS performance and how chromium affects glucose levels in mice. Through the “Medicine & Community” Program for honors premied students, Paul worked and shadowed in a free hypertension clinic in Marion, Alabama. During his senior year, Paul was selected to be one of three student directors for the program. Throughout college, Paul continued with the St. Stephens Volunteer Fire Department as a firefighter and EMT-first responder, and he worked game days with Tide EMS. Paul was selected for the Blackburn Institute, a leadership development organization that explores issues in Alabama; studied abroad in New Zealand; and interned in Washington, D.C., with Rep. Jo Bonner. His interests include music, sports, the outdoors and traveling. Paul looks forward to returning to a rural Alabama community as a family practitioner.

Myra J. Vickery of Double Springs, Alabama, graduated summa cum laude from Bevill State Community College, where she was awarded the 2004 Biology Award for Outstanding Achievement in Biology. Myra transferred to UAB and was awarded a two-year Phi Theta Kappa scholarship. Majoring in biology and minoring in chemistry, she graduated cum laude in May 2007. She was a member of the American Medical Student Association, the AED premied honor-

Dana Watson of Hartselle graduated cum laude from The University of Alabama in 2011. At UA, she won the Howard Hughes Biomedical Research Internship and participated in molecular and behavioral research laboratories. She was inducted into several honoraries and was active in community service at Cullman Good Samaritan Clinic, Tuscaloosa’s T-Town Paws, Focus First and UA Greek Disaster Relief. Dana was on the scholarship and philanthropy committees of the Alpha Phi sorority at UA, organizing events to raise awareness of women’s heart disease. Dana has shadowed family physicians Thomas Matthew (formerly of Hartselle Primary Care) and Dale Christensen in Tuscaloosa. Since graduation, she has completed graduate courses while working as a medical assistant at Dr. Christensen’s office. Dana aspires to become a primary care physician in rural Alabama.

Jared Willis grew up in Wetumpka (Elmore County). He attended Auburn Montgomery for a year and transferred to The University of Alabama, where he graduated with a degree in biology in December and will earn his master’s degree in rural community health in the summer of 2014. While at UA, he started a student volunteer program at University Medical Center; was active in AED, the prehealth honor society; and worked in Dr. Edwin Stephenson’s biology lab. He participated in intramural football and volunteered at University Medical Center as well. “I have always wanted to return to the Wetumpka area and practice medicine. My parents are both from rural backgrounds and supported me in my decision to return to the area I grew up in,” Jared says. “I have shadowed many physicians ranging from larger practices in University Medical Center to a small rural practice like Dr. Spencer Coleman’s in Wetumpka. I prefer the rural medicine setting because of the personal relationships you build with patients, families and the community. I would enjoy working and having the same lifestyle that I’ve had all my life.”

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 email him at rsanders@southernhealthlawyers.com.
The Rural Medicine Program (RMP) is a jointly sponsored program between The University of Alabama School of Medicine (UASOM) and Auburn University’s College of Sciences and Mathematics (COSAM) and is directed by Bill Coleman, MD, PhD, director of the office for Family Health, Education & Research, UAB Huntsville Regional Campus. It is a “sister” program to the Rural Medical Scholars Program (RMSP), jointly sponsored by UASOM and the College of Community Health Sciences (CCHS) at the University of Alabama. Both programs are designed to increase the number of family-practice physicians serving rural Alabama. http://www.auburn.edu/academic/cosam/departments/student-services/pre-health-programs/ruralmedicine/

Samantha Ryan Ashley
I was born and raised in Wellington, Alabama, a small community outside of Gadsden, Alabama. I attended Alexandria Elementary and Middle School and graduated as valedictorian of the Alexandria High School class of 2007. I received a scholarship to The University of Alabama at Birmingham, where I took the “premed track,” as well as studying foreign languages. I graduated with honors in 2011 with a bachelor’s degree in foreign languages with a concentration in Spanish and a minor in chemistry. I was honored to be accepted into the RMP class of 2018 and plan to practice family medicine near my hometown. I have always admired the vital leadership role that a family practitioner can play in a rural community and look forward to establishing strong bonds with the members of the community in which I will practice.

Scott Berry
My name is Scott Berry, and my hometown is Scottsboro, Alabama, a rural town in north Alabama. I graduated from Auburn University in 2007 with a degree in building science. I have worked for a family-owned construction company since then, but the recent passing of my father has led me to re-evaluate my life goals and given me the opportunity to follow a dream of mine: becoming a medical doctor. I have always had the desire to help others, and being a rural physician will allow me to help people of my community daily for years to come.

Alicia Lyn Darracott
My name is Alicia Darracott, and I am from Killen, Alabama. I received my bachelor’s degree in professional biology from The University of North Alabama. Ever since I can remember, I have wanted to be a physician. I knew that I wanted to be a doctor in a small town because it is home for me, and I wanted to have a career that would allow me to give back to the community. The RMP and RMSP are programs that provide someone with my background the opportunity to become a primary care physician. Growing up with siblings who required continuous medical care, and being from a small community, I have been able to see firsthand the challenges that rural communities in Alabama face when it comes to accessing health care. I am thankful for programs like RMP and RMSP because they understand that there is a need for doctors in these rural communities. They are helping students like me accomplish the goal of providing access to health care providers in these small communities throughout the state of Alabama.

Wade Edwards
I grew up in Guntersville, Alabama, in Marshall County. My uncle, Dr. John Boggess, is a fourth-generation family physician in Guntersville and had a profound impact on my decision to enter medicine. Shadowing him and seeing the way he treated patients and how much the practice of medicine can be beneficial to a community cemented my desire to practice medicine. I have lived in Guntersville since beginning school and have a great desire to return to Guntersville to practice; I have always enjoyed the beautiful lake and the outdoor opportunities. I have also developed an appreciation for living in smaller communities since living the past few years in Birmingham. I completed my undergraduate degree at The University of Alabama and also my master’s degree in business administration at The University of Alabama at Birmingham.

William Griffin
I am from the Comer community in rural Barbour County, Alabama. After graduating from Eufaula High School in 2009, I attended Auburn University and graduated with a bachelor’s degree in biomedical sciences in 2013. Growing up in the country, I realized and came to appreciate the special, tightly knit relationships within a rural community; the family values; and the work ethic. This has contributed greatly to my motivation for becoming a rural physician. Additionally, having the opportunity to practice medicine and truly know all of my patients; being close to the outdoors, where I can do the activities I enjoy; and being able to, one day, raise a family in a good environment are all benefits I see in my future. I want to be able to practice in a place where I can be a positive role model and leader in my community and where I can give back to the place like the one that gave so much to me.

Brantley Judah
I grew up in the small town of Rehobeth, which is in the southeast corner of Alabama with a population of about 1,400. In Rehobeth, everyone is like a neighbor and knows your entire family history. I have dreamed of becoming a physician from a very early age, but, until college, I was not sure exactly why that was or what I really wanted to focus on. I am a graduate from The University of Alabama with a BS in nutrition sciences and a minor in biology. During my time at Alabama, I started to contemplate my decision of becoming a physician and my purpose for it. What I discovered was a passion for getting to know people, a passion to teach, a desire to mentor and a love for learning. All of these attributes, combined with my love for my rural community, made me realize that I wanted to do family medicine. I missed my small town while in college and wanted to be able to give back to my community through medicine. I want to see multigenerational families come through my office and build a special relationship with each of my patients. I have learned so much about the need for family physicians in rural areas, and I want to be that special physician who helps fill the needs of the people in these areas.
Erin Lambert
I grew up in Trussville, Alabama, a small suburb of Birmingham. I elected to earn my undergraduate degree at Auburn University, where I majored in English while also meeting premed requirements. Although I entered college knowing that I wanted to practice medicine, I was inspired to pursue a career in rural family practice after participating in a monthlong volunteer trip to Ghana, where I worked closely with low-resource and poverty-stricken citizens. I realized on this trip that I had a passion for working with the medically underserved and that I could utilize this passion by serving rural Alabama. My hopes are to one day practice as a family physician with a focus in obstetric care in a small town in Alabama.

Kyle Haden Lewter
I am a lifelong resident of the Ardmore (Alabama/Tennessee) community. I graduated from The University of North Alabama in Florence, Alabama. I am very honored to be in the Rural Medicine Program. My dream has always been to become a family medicine physician in my rural hometown. I have been very blessed to have the support of my family, friends and community throughout my entire life. It is my goal to care for those members of my community who have always cared for me. In doing such, I am hopeful to make an impact on reducing the shortage of primary care physicians in rural Alabama.

Tim Littmann
My name is Tim Littmann, and I’m from Alexander City. I graduated from Auburn in 2011 and 2013 with degrees in zoology and molecular biology. I have always been interested in practicing medicine in a rural area because I feel at home in small towns. I want to specialize in family medicine so that I can give the most complete care to those whom I serve.

Zeke Nichols
I am from Moulton, Alabama. I went to college for four years at The University of North Alabama, graduating in May (2013) with a degree in biology. I want to become a rural physician in Alabama because I want a career that has a foundation in science but also one that can directly help people. I also knew I was going to return to my hometown after school, so being a rural physician is the perfect way for me to satisfy these needs.

Victoria Sue Underwood
I am from the wonderful town of Cullman and attended Samford University, where I received a degree in biology. For as long as I can remember, I have had a keen desire to serve as a primary-care physician in a rural community. My personal values, my life experiences, my strong work ethic and my desire to make the world a better place have all reaffirmed my desire and strengthened my determination to pursue my calling. The Rural Medical Program is a perfect fit for my goals and personality.
Why a Patient’s Story Matters More Than a Computer Checklist

by Dr. Regina Harrell

I am a primary-care doctor who makes house calls in and around Tuscaloosa, Alabama. Most of my visits are in neighborhoods, but today my rounds start at a house located down a dirt road a few miles outside of town.

Gingerly, I cross the front walk; Mrs. Edgars told me that she killed a rattlesnake in her flowerbed last year.

She is at the door, expecting my visit. Mr. Edgars sits on the couch, unable to recall that I am his doctor, or even that I am a doctor, but happy to see me nonetheless.

We chat about the spring garden and the rain, then we move on to Mr. Edgars’ arthritis. Earlier on in his dementia, he wandered the woods, and his wife was afraid he would get lost and die, although the entire family agreed that this was how he would want it.

Now, in a strange twist, his knee arthritis has worsened enough that it’s curtailed his wanderings. I suspect that Mrs. Edgars is under-treating the pain in order to decrease the chance that he’ll wander off again.

We talk about how anxious he grows whenever she’s out of his sight, and how one of his children comes to sit with him so that she can run errands. She shows me a quilt remnant found in a log cabin on their property; it likely belonged to her husband’s grandfather, making the rough-edged fabric about a century old. I leave carrying her parting gift, a jar of homegrown pickled okra.

When I get back to the office, I turn on the computer to write a progress note in Mr. Edgars’ electronic health record, or EHR. In addition to recording the details of our visit, I must try to meet the new federal criteria for “meaningful use” that have been adopted by my office, with threats that I won’t get paid for my work if I don’t.

Under the History of Present Illness (HPI), I enter “knee pain.” Up pops a check-box menu: injury-related (surely the chronic wear on Mr. Edgars’ knees from his work as a farmer is some sort of injury, but I don’t think that’s what the computer programmer had in mind); worsening factors (none apply, as he couldn’t give his own history); relieving factors (there’s no check box for a tired, sleep-deprived wife who’s purposely keeping the dose of acetaminophen low); and so on. Nothing fits, so I exit the HPI and type in “follow-up” (f/u), for which my EHR doesn’t have a pop-up menu. It cedes a blank screen.

I type the Edgars’ story in my own words, so different from the computer-speak generated by the check boxes. I move on to the Review of Systems — another pop-up menu.

I used to simply write “patient is an unreliable historian” at the beginning of this section, but the computer doesn’t understand that this statement could apply to the entire review. Using a template, it generates a page of 13 sentences, one for each body system, and, under each sentence, the option “Positive: Other: unreliable historian.”

Sometimes I wonder if it is disrespectful to a patient to say 13 times in one progress note how unreliable a historian he or she is, but I remember that this is great data to mine for research, so I plug on.
Under Physical Exam, there is a template for geriatrics. I pretend that the computerspeak it generates creates logical sentences, although I know better. In the check boxes, a person can be oriented to person, place and time, or not. Mr. Edgars is oriented to person and place; he knows that he is with his wife and at home and is happy nowhere else. He no longer cares what year it is. There isn’t a check box for that.

I remember that I must go back to the Social History and document tobacco use. It occurs to me that, if you have not tried tobacco products by your 80th birthday, you are unlikely to suddenly change your mind. Especially when you can’t remember where the store is to buy them. So I slog through the series of check boxes for “never smoker,” an extra six mouse clicks.

After 15 minutes, the note is finished. And on goes my day of house calls — five in all. There aren’t enough physicians to see all the homebound patients in my area, so I try to visit as many as I can safely care for.

At day’s end, I review my meaningful use.

I spent more time checking boxes than talking to patients and their families.

I could see twice as many patients if I could write their notes at the bedside while visiting with them. I would happily do this on paper or using an EHR that created a logical note within the same amount of time. But that is not an option.

The reality is that I spend more time talking to the information technology people about Internet connections, firewalls and box-checking than I do answering messages from concerned family members.

As a teaching doctor, my feedback to the residents now consists mainly of explaining how to document their visits so that we will all get paid, instead of teaching them how to take care of frail elders in their homes.

Then I look at my pickled okra. I think of the hands that I’ve held, the shoulders that I’ve patted, the words and smiles that I’ve exchanged with my patients.

And I know where my meaningful use lies.

About the Author
Regina Harrell is a geriatrician and assistant professor in family medicine at the College of Community Health Sciences at The University of Alabama, Tuscaloosa, Alabama. She teaches the art and science of home visits to undergraduates, medical and nursing students, residents and anyone else who will shadow her. “In my head, running around at all times, are thoughts about my patients, my home to-do list, a new idea for one of my hobbies (canning and sewing are current favorites) and a story, which sometimes jumps out onto paper.” She offers special thanks “to my colleague Dr. Alan Blum, who has patiently encouraged my writing.”

Originally published in Pulse – voices from the heart of medicine (October 18, 2013).
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from another state to do residency here will remain here. When you attempt to calculate this, you will find that, of the 56 graduates annually from our residency programs, we have about 38 who will remain in our state to practice medicine.

According to MASA data, we have about 70 new licenses issued to family physicians annually. If 38 are our graduates, then we have another 32 from outside the state. Some of these are our medical-school graduates who chose to do residency elsewhere and are returning. Some are not from Alabama but are moving here for family or opportunity reasons, and the final group is an array of physicians doing locums tenens and such. All in all, we have about 50 to 60 new family physicians calling Alabama home annually. It has been impossible to gain an accurate count on the number of family physicians leaving the state, retiring or simply changing the scope of their practice to non-primary-care activities. We are likely barely breaking even. While their remains a heavy focus on the number of graduates from medical school choosing family medicine, a major bottleneck exists in the number of family medicine residency slots available. During the last 10 years, we have had four family medicine residencies close due, in most part, to lack of funding. Those were UAB, Carraway-Birmingham, Anniston and Cooper Green-Birmingham. This resulted in a decrease of 20 graduates annually. Fortunately, the Tuscaloosa, Huntsville and Montgomery programs recently were able to expand, adding about seven graduates annually; and, as mentioned, we have a new program in Centreville adding four extra residents per year.

What are the answers? We need to get more students into our schools who are likely to choose family medicine. These students should be able and willing to serve as true primary care physicians and in our most-needed areas. This will require the schools to change their admission efforts. We need more residency training programs in family medicine and/or to further expand our current programs. This is limited by a lack of graduate medical education funding. We need financial incentives that are readily available to any graduate who chooses true primary-based family medicine to help offset his or her large debt burden and income disparity. Each of these suggestions stands alone as a vital link in the chain of events that must occur. In spite of an entire nation recognizing the need for more primary care, each has been met with great resistance.

What is occurring currently that should make a difference? Both of our state’s allopathic medical schools, UASOM and USA, have expanded their class sizes. UASOM is opening a third branch campus in Montgomery in 2014 targeting students interested in primary care. The Alabama College of Osteopathic Medicine began its first class in Dothan this year and has plans to create additional primary care residencies. Lastly, the Rural Medicine and Rural Medical Scholars Programs with UASOM added four additional slots last year.

Without a doubt, eyes are more focused on primary care than in previous years. We have challenges in our state, but no different than most states. We must think of ways to meet the needs of our patients and rethink the approach to providing high-quality primary care that is affordable and accessible. Simply getting insurance coverage for everyone and rearranging Medicaid doesn’t begin to solve the problem. In fact, it will likely increase some of the burdens in the short run.
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