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The Scope of Family Medicine

Meet the President: Jarod Speer, MD

Jarod Speer, MD, was born in Colorado Springs, Colorado. He graduated from the University of Montevallo, where he majored in chemistry and minored in biology. He attended medical school at the University of Alabama at Birmingham, where he graduated in 2005. He completed his residency at the St. Vincent’s East Family Medicine Residency, Birmingham, Alabama, and graduated in 2008. Dr. Speer currently practices in Childersburg, Alabama. The Scope of Family Medicine recently had an opportunity to sit down with our new president and get to know him a little better.

The Scope: What is your favorite part of family medicine?
Dr. Jarod Speer: I really enjoy the relationship with the patients. I think most family physicians chose this career because we enjoy helping others. Often we get distracted and bogged down with insurance claims, prescription formularies, EMRs, quality metrics and dozens of other things, but at the end of the day, most of us simply want to serve our patients and the community. Having patients who spend years relying on you as their family doctor is humbling and is something that very few people in this world have the privilege of experiencing.

TS: Why do you believe the AAFP is important to family physicians in Alabama?
JS: The AAFP is busy fighting the political battles and the insurance battles that physicians have a stake in but are too busy to fight. Our main focus is on our patients, and our training is in medicine. Individually, as physicians, we do not have the tools, resources or time to fight many of the battles we need to fight, but collectively, through the AAFP, we can have a voice and an impact in Montgomery and in Washington, D.C.

TS: Where do you see the practice of family medicine in 10 years?
JS: I think we can all agree that value-based medicine is here to stay. There are a lot of wrinkles that need to be smoothed out, and that system is not perfect, but our health care system cannot continue to support a strictly fee-for-service system. As the population ages and the physician shortage increases, a fee-for-service system will fail.

Although there are still many flaws to the system, a value-based system will favor family physicians. We already are providing quality care for our patients because we know it is the right thing to do. Now it is time that we get some recognition for all the hard work we do that does not fit into the rigid fee-for-service system.

Family physicians are in a perfect position to be leaders in these new value-based systems. We can control referrals, control excessive testing and control prescription costs. Currently, we are undervalued and rarely appreciated, but I think that will change over the next 10 years.

Dr. Speer lives in Birmingham, Alabama, with his wife, Kellie, and they have two boys, Sage and Baker. Please join us in welcoming your 2016-2017 president, Jarod Speer, MD.
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Alabama FPs Fight to Restore Full Medicaid Funding

by Michael Laff

Medicaid patients are among the most vulnerable populations in Alabama, and now the state legislature’s decision to cut program funding could jeopardize their medical care for years to come.

A 30 percent cut in Medicaid reimbursements went into effect on Aug. 1 after state lawmakers slashed Alabama Gov. Robert Bentley’s initial budget request. Rather than the $785 million Bentley’s budget proposal sought for Medicaid, the state legislature approved only $700 million, leading to a veto by Bentley that legislators overrode.

The cut also puts at risk $350 million in matching funds from CMS.

“Every year there is a battle to get Medicaid fully funded,” Alabama AFP President Jarod Speer, M.D., told AAFP News. “It’s always under threat. The 11th hour came and went, and we didn’t get a solution like we did in years past.”

In response to the threatened shortfall, Bentley convened the legislature for a special session (governor.alabama.gov) that began today during which he is asking lawmakers to consider two items:
• A constitutional amendment introduced Aug. 5 (governor.alabama.gov) that would establish a statewide lottery, with proceeds going to the state’s general fund, and
• Legislation to cover the Medicaid shortfall.

Effects on the Ground

The legislature’s move hit primary care physicians hard, forcing some to face difficult choices regarding practice management, and spurring many family physicians to press their legislators to find more money.

Family physicians from the Alabama AFP spoke in favor of restoring Medicaid funding at five press conferences hosted by a coalition of medical associations across the state this month. They urged residents to tell their legislators to close the $85 million shortfall in state Medicaid funding.

Speer, who spoke at a press conference in Birmingham, said the cuts forced him to lay off a nurse practitioner, and now his practice can see only half of the 12 to 15 Medicaid patients who used to come in each day. Medicaid is already the lowest payer in the state, and such low reimbursements make it difficult for practices to meet costs, he said.

After the practice reaches the limit of Medicaid patients it can see in a day, others will be scheduled for later, Speer explained. He noted that dropping Medicaid patients altogether would not serve his community well.

“I never had to turn patients away,” Speer said. “We are always eager to see patients. This is all new to me.”

Fallout for State’s Residents

Medicaid provides coverage for an estimated 1.2 million Alabama residents, including 50 percent of children and 60 percent of individuals in nursing homes.

Federal funding that sustained Medicaid payments for specified primary care services at Medicare levels expired at the end of 2014 despite calls for an extension from the AAFP and other medical organizations.

Although Alabama legislators say the portion of the state’s general fund budget allotted to Medicaid rose from 15 percent in 2007 to an expected 30 percent in 2017, former Alabama AFP President Beverly Jordan, M.D., told AAFP News that the comparison is flawed because state revenues fell as the economy weakened during that period.

“What we see as physicians is very different from what the general public and our legislators see,” Jordan said. “We are covering people who are least able to care for themselves and be advocates for their own care.”

Jordan’s practice of four primary care physicians and three nurse practitioners will continue to see its current Medicaid patients but

“The main purpose of the press conferences was to raise awareness about what truly will happen if we don’t fund our Medicaid program. Several legislators told us they are not hearing an outcry from the community. People aren’t aware of how much Medicaid really does in the state.”
will not accept new ones. She said a 30 percent cut in Medicaid reimbursements means it costs the practice more than it is paid to care for Medicaid patients.

“The main purpose of the press conferences was to raise awareness about what truly will happen if we don’t fund our Medicaid program,” said Jordan, who spoke at a press event in Dothan. “Several legislators told us they are not hearing an outcry from the community. People aren’t aware of how much Medicaid really does in the state.”

Jordan said the state’s only children’s hospital might be forced to close if the shortfall is allowed to stand. Coverage for outpatient dialysis, prosthetics and orthotics may be cut, as well as that for eyeglasses, dental services and prescription drugs for adults.

Also in jeopardy is the state’s plan to set up nonprofit regional care organizations, which are intended to be care coordination centers similar to accountable care organizations that would lower overall health costs. The state received a federal waiver for their implementation, but the plan will be halted if Medicaid is not fully funded.

“We need to find a short-term solution or we will spend years rebuilding the infrastructure that we lost because of the loss of funding,” Jordan said.

This article originally appeared on www.aafp.org on August 15, 2016.
The University of Alabama-Pickens County Partnership

The Partnership Will Provide Needed Health Resources to the Rural County While UA Students Will Receive Training and Experience in Their Fields.

by Leslie Zganjar and Brett Jaillet

About three years ago, Pickens County Medical Center found itself in the same situation as many rural hospitals in Alabama and across the country. What was once the rural county’s largest employer — it had more than 300 on staff at one point — the county-owned hospital in Carrollton, Alabama, faced financial challenges that had resulted in layoffs and furloughs, cuts to programs and services, and concern about the hospital’s ability to pay its bills on time.

It was feared that the 56-bed medical center, which had provided inpatient, outpatient and emergency services for the county’s nearly 20,000 residents since it opened in 1979, might close.

This is a familiar plight for rural parts of the state. By 2011, Alabama rural hospitals had closed in Florala, Elba, Clanton, Hartselle, Thomassville and Roanoke. Others cut services, particularly obstetrical care.

What makes this worse is that because of the characteristics of their populations, rural areas need greater access to health care, as their citizens are typically older, sicker and poorer.

In Pickens County, nearly one-third of the population lives below the poverty line, and health outcome rankings show that the county is 41st among the state’s 67 counties. Faced with the closing of the medical center and what it could mean for the community, a conversation began.

It started within Pickens County. The County Commission, in collaboration with Buddy Kirk, a retired attorney; Patti Presley-Fuller, the extension coordinator of Pickens County; and local businessman and state Rep. Alan Harper, formed a citizens committee, which came to be known as Friends of the Hospital in Pickens County. They knew action had to be taken if the hospital was to stay open.

The University of Alabama (UA) and its College of Community Health Sciences (CCHS) were brought into the discussion by several Pickens County physicians who are graduates of the college’s medical programs and who have served as clinical teachers for CCHS medical students and residents. After several months of brainstorming and discussions, those involved met with top UA officials in August 2014, including former UA President Dr. Judy Bonner.

“Ideas and support for a collaboration emerged from the conversations,” said Dr. Richard Streiffer, dean of CCHS. “They asked, ‘Could the rural county partner with UA to bring intellectual capital and energy from university faculty and students while simultaneously helping the county and its health care and providing real-life educational experiences for students?’”

The concept of a health care teaching county, allowing Pickens County to benefit from additional health services and UA students to learn from hands-on experiences, was born.

After further discussions between UA and the citizens of Pickens County, and with help from Harper, $600,000 was secured from the Alabama Legislature to initiate The University of Alabama-Pickens County Partnership.

Coordinated by CCHS, the partnership seeks to provide sustainable health care for the rural county and real-world training for UA students in medicine, nursing, social work, psychology, health education and other disciplines. With oversight from UA faculty and in partnership with Pickens County organizations, students will gain practice from internships and other learning opportunities, while the county will gain additional and needed health resources.

Coordinator
Hopkins Wilamena

Fellow
Anderson August

Fellow
Laura Beth Hurst

Fellow
Russell Judson

Fellow
Courtney Rentas
The college’s mission is to improve and promote the health of individuals and communities in Alabama and the region, and of one of the ways it seeks to do that is by engaging communities as partners, particularly in rural and underserved areas.

Dr. David Mathews, former UA president who was instrumental in the creation of the CCHS in the 1970s, said that the college was founded on the notion that communities play a role in health and that patient care should be provided in communities. Additionally, universities should take an interdisciplinary approach to improving the health of communities, he said.

“The vision was you could take a comprehensive state university and you had all of the other professions that you needed to mount an armada of health care,” said Dr. Mathews, who later served as secretary of the U.S. Department of Health, Education and Welfare and is now the president of the Kettering Foundation.

“You had psychologists, lawyers, business people, social work, education — there was a real potential that all of these would come together and the university would launch an armada of professional caregivers and support for these caregivers that would transform health in the state of Alabama.”

He said many of the issues facing the health of Alabama in the 1970s are still prevalent today.

“In some ways, they’re more intense because our rural communities are really taking a beating,” Dr. Mathews said. “The potential of a universitywide response is still there.”

The partnership is about more than just the Pickens County Medical Center, said Kirk, who lives in Pickens County.

“It could be a long-term solution for the hospital and for Pickens County,” Kirk said. “The idea of this partnership is very, very innovative. I’m not sure if there is another one in existence in the U.S.”

To date, the secured funds have been used to hire a project coordinator, to provide stipends for four fellows in Pickens County and to fund eight health projects proposed by UA faculty in partnership with Pickens County organizations, which will impact the county.

“It’s been a hard battle [with the hospital’s imminent closure],” Presley-Fuller said. “But we’ve turned the corner. We’re excited about the opportunities.”

The Coordinator
Wilamena Dailey joined CCHS in May as coordinator of the The University of Alabama-Pickens County Partnership. Dailey, who studied health care management at UA and has worked as an event and training coordinator for Maude Whatley Health Services, Inc. in Tuscaloosa, grew up on a farm in rural Archer, Florida.

“So I have a close connection with a rural community, and I understand rural communities really well,” she said.

Her interest in understanding health care systems in rural areas stems from personal experiences. Her great-grandmother was diagnosed with Alzheimer’s and was cared for in a nursing home. Dailey said she saw a lot of signs of neglect in her great-grandmother’s care, like bedsores and repeated urinary tract infections. That motivated her to explore the health care system and see what is effective and what needs to be changed.

She said she is excited that her position will allow her to focus on the health care of a community as a whole.

Her first steps have been to orient fellows, coordinate the startup of projects and educate the community. While she’s spending some time at UA, she will be located primarily in Pickens County.

“I’m the glue,” she said. “My role is to make sure the community is aware of the partnership and understands the partnership, and I’ll be making sure that we are headed in the right direction and that, at the end of this year, funding will continue. I will be making sure that we are introducing innovative ideas into the community and providing needed resources.”

The Fellows
The partnership also sought recent UA graduates for one-year paid fellowships that provide opportunities to serve in health-related capacities in Pickens County. Four fellows joined the partnership: August Anderson, Laura Beth Hurst, Courtney Rentas and Judson Russell.

They will spend time working in Pickens County in community engagement and project development, and they will also participate in seminars on health and public policy, social determinants of health and leadership.

“They’re so ambitious,” Dailey said.

The fellows will help implement health-promoting strategies in partnership with schools in the county, for example, to improve nutrition and increase physical activity and to raise awareness of health services. “For instance,” Dailey said, “they might hold up a banana and a cookie in front of a child and ask, ‘Which do you like better? Which is healthier?’” One nutrition-related project being discussed is the implementation of schoolyard gardens and ultimately community gardens.
“It’ll hopefully bring together the older generation that knows how to garden and the younger generation that is learning in their schools how to garden to come together to work the community gardens.”

Dailey said the fellows will seek community input and feedback in their projects.

“The things can always change once you hear the feedback too,” she said. “So we need to be prepared for anything.”

The Projects
A portion of funding obtained for the partnership will support eight projects that address Pickens County health issues. These projects, some of which are already underway, each includes UA faculty, UA students and a Pickens County community organization or similar entity.

The partnership steering committee approved grants for the following projects.

Disseminating the Power PATH Mental Health Preventive Intervention to Pickens County Community Action Head Start Program
» Principal investigator: Dr. Caroline Boxmeyer, associate professor of psychiatry and behavioral medicine at CCHS
» Co-principal investigators: Dr. Ansley Gilpin, assistant professor of psychology at UA, and Dr. Jason DeCaro, associate professor of anthropology at UA
» Collaboration: Pickens County Community Action Head Start Program

TelePlay: Connecting Physicians, Families and Autism Professionals to Increase Early Autism Identification in Pickens County
» Principal investigator: Dr. Lea Yerby, assistant professor of community and rural medicine at CCHS
» Co-principal investigators: Dr. Angela Barber, assistant professor of communicative disorders and the clinical research director of the Autism Spectrum Disorders Clinic at UA
» Collaboration: Dr. Julia Boothe, family medicine physician in Pickens County

Improving Pickens County Residents’ Knowledge of Risk Factors for Cardiovascular Disease and Type 2 Diabetes
» Principal investigator: Dr. Michele Montgomery, assistant professor at the UA Capstone College of Nursing

Development of a Rural Family Medicine Residency in Pickens County
» Principal investigator: Dr. Richard Friend, director of The University of Alabama Family Medicine Residency (operated by CCHS)
» Collaboration: Jim Marshall, CEO of Pickens County Medical Center, and Deborah Tucker, CEO of Whatley Health Services

Pickens County Medical-Legal Partnership for the Elderly
» Principal investigator: Gaines B. Brake, staff attorney with the Elder Law Clinic at the UA School of Law
» Collaboration: Jim Marshall, CEO of Pickens County Medical Center

Improving Access to Cardiac Rehabilitation Services in Pickens County
» Principal investigator: Dr. Avani Shah, assistant professor of social work at UA
» Co-principal investigators: Dr. Jonathan Wingo, associate professor of kinesiology at UA
» Collaboration: Sharon Crawford Wester, RRT, Cardiopulmonary Rehab Pickens County Medical Center

Alabama Literacy Project
» Principal investigator: Carol A. Donovan, professor of special education and multiple abilities at UA
» Collaboration: Jamie Chapman, superintendent of Pickens County Schools

Bringing Healthy Food Options and Ease of Preparation Home to our Senior Adults
» Principal investigator: Jennifer Anderson, director of Osher Life-long Learning Institute at UA
» Co-principal investigators: Suzanne Henson, dietitian and assistant professor in family medicine at CCHS
» Collaboration: Anne Jones, Pickens County Family Center, and Mayor Joe Lancaster, city of Carrollton, Alabama

Dailey said one objective of the projects is to connect and support community members and let them know about the expansion of health-related services that will be available as a result of the partnership. Ultimately, Dailey said she hopes people will be reintroduced to and feel positive about the hospital and health services in the county.

“I want the people of Pickens County to know that they are being heard,” Dailey said. “I hope that seeing a light shined on their community will boost their morale and that they will feel like they’re cared for.”

To learn more about the partnership, visit cchs.ua.edu/pickenscounty.
National Conference of Family Medicine Residents and Medical Students Recap

by Daniel Weeks, ALAFP Student President

This summer, the AAFP Alabama chapter sponsored 20 medical students from across the state to attend the National Conference of Family Medicine Residents and Medical Students. We were part of a record crowd this year, as we joined 4,200 like-minded students and residents in Kansas City for the largest resident- and student-led medical conference in the nation.

A great time was had by all, as each student took advantage of myriad options the conference had to offer. Some students met, mingled and exchanged ideas with other Family Medicine Interest Group leaders from around the nation. Some students literally got their hands dirty sewing up chicken legs at the suturing workshop. Some students expanded their horizons by attending lectures as diverse as “How to Start a Direct Primary Care Practice,” “The Need for a Single Payer System,” “Personal Finance in Medicine” and “Wilderness Medicine.” And some students got a head start on finding their perfect fit for residency training by perusing the expo hall, which served as the temporary home to the booths of over 300 residency programs.

But regardless of how we each molded our experience at the national conference to fit our particular needs, we all walked away feeling both impressed and encouraged after the main stage events. We left impressed and encouraged by the difference that individuals and small groups of family physicians are making in their communities. We left impressed and encouraged by the bright future of a more primary-care-centered health care system that our speakers see on the horizon. We left impressed and encouraged with the number of ways we can be involved in helping make that system a reality and by just how many medical students there truly are who are just like us — students who want to be able to treat patient of all ages, students who want to prevent illnesses rather than just cure them, students who want to have personal relationships with their patients, students who want to be family doctors.

So on behalf of all of the students sponsored, to all of those who helped make our experiences at the national conference possible, thank you.

Rep. April Weaver, House District 49, was on hand to help Cahaba Medical Care (CMC) launch its Reach Out and Read-Alabama program and help celebrate the program’s summer reading event.

Located in Centreville, Cahaba Medical Care is one of 14 Federally Qualified Health Centers (FQHC) in Alabama, and as Alabama’s only teaching health center, CMC receives funding for providing care to uninsured patients while simultaneously housing a family residency program. Cahaba Family Medicine Residency program is a three-year rural residency-training program designed to train physicians to provide primary care to all ages in underserved areas.

CMC currently serving over 200 children ages 6 months to 5 years and their families, and Lacy Smith, MD, the medical consultant for the new Reach Out and Read program, expects that number to increase rapidly with the expansion in three other clinic sites in Woodstock, Bessemer and Maplesville. “With 47 percent of our patients living in poverty, prescribing brand-new books to the children and families that we serve, and educating their parents and caregivers about the link between reading daily and brain development at each checkup will make a significant impact on the success of these children in school,” Dr. Smith said. This program fits perfectly into CMC’s mission to provide quality primary and preventative health care for families in Bibb and Perry counties for all ages, all conditions — regardless of ability to pay.

Since 2007, residents and physicians at the University of Alabama Huntsville Family Medicine Residency program have prescribed over 600 new books each year to children and families through Reach Out and Read. For more information about how your practice or program can increase school readiness in the children that you serve through implementing Reach Out and Read-Alabama, please visit www.reachoutandreadalabama.org.

Reach Out and Read-Alabama is a program of the Alabama Chapter of the American Academy of Pediatrics.
You may have heard the adage, “Don’t put anything on the internet that you wouldn’t want tacked to a bulletin board in the town square.” Thanks to smartphones and their applications, that adage is easier than ever to ignore — and isn’t always followed. Over the past several years, there have been numerous news stories of physicians being reprimanded after inadvertently identifying patients on social media, nurses being fired for posting photos taken during surgeries, etc. So what may a physician do to minimize liability risk when using smartphones? There are many areas of concern — social media, email and texts, and smartphone applications. While these may be viable tools for communicating with patients, there are inherent risks — confidentiality, data security and the potential for email and text to replace open communication. The following tips may help minimize your risk.

Social Media

Social media has exploded from Facebook and its ancestor Myspace to Twitter, LinkedIn, Pinterest — the list goes on — and according to Facebook’s third quarter 2014 earnings, more than 1.3 billion people use Facebook monthly.

You’ve heard ad nauseam that patients who perceive they have a good relationship with their physicians are less likely to sue, even in the event of an adverse outcome, and heard more times than you can count that communication is the cornerstone of your relationships with your patients. But that advice is prof- ered for the therapeutic, professional setting.

So how do you navigate the boundary between therapeutic and personal — or social?

When asked about the topic, Hayes V. Whiteside, MD, chief medical officer and senior vice president of risk resource at ProAssurance, said, “As a physician, I understand the perceived value of the ways in which patients tend to rely on Facebook to communicate with family and friends. However, we physicians need to be sure of a couple of things. One, communication about a patient’s therapeutic course happens face-to-face and, at times, is supplemented with phone conversations, with the common thread of give-and-
take interaction. And two, ethically, we don’t blur the line between therapeutic care and the social relationship.”

Generally, the best advice is to keep your professional and personal lives separate when using Facebook — and not accept friend requests from patients. Facebook friends typically have access to all other friends, to photos posted, and also to notes and messages posted on your wall. No matter how tightly you lock down your privacy settings, there’s no guarantee of privacy.

If you decide to use Facebook or other social media professionally, it’s a good idea to set up an account for your practice only and consider these suggestions:

- Add a disclaimer statement along the lines of, “Our clinic cannot give medical advice to any individual over Facebook. This Facebook page is for general informational purposes only and should not be used in place of a consult with your regular medical provider. The information presented here is not intended to be used as a diagnosis or treatment. If you need emergency medical attention, please call 911 or go to the nearest emergency room. If you need to be seen in our office by a physician, please call [telephone number] for an appointment.”
- Frequently monitor privacy settings and the page itself.
- Create guidelines or policy for staff regarding who may post updates to the page and under what circumstances, including who will redirect questions on the page to appropriate physicians for follow-up when a question is not general enough to be answered on the practice’s page, or when doing so would compromise patient privacy.
- Ensure patient confidentiality. Refrain from publicly posting any protected health information — whether in discussion with a patient or other physician on the practice’s Facebook page. Doing so could result in a Health Insurance Portability and Accountability Act (HIPAA) violation.

The American Medical Association (AMA) has issued “Opinion 9.124 – Professionalism in the Use of Social Media,” and it may be found here: www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9124.page?.

Communicating Via Email and Text
While email and, to a certain extent, texts may be viable tools for communicating with patients, there are some inherent liability risks. Issues such as confidentiality, data security and the potential for email to replace open communication are examples of those risks.

Confidentiality and security become issues of primary concern. Who will be processing the messages? Will physicians obtain informed consent from patients regarding transmission of information via email? Who has access to the email account? To the computer where emails are stored? If email is used, risk management experts recommend physicians refrain from sending time-sensitive, highly confidential, or emergency information. Information concerning prescriptions, lab results, appointment reminders, and routine follow-up inquiries are generally appropriate to transmit via email. Physicians should also print emails to and from patients and place them in the patient’s medical record.

Our clinic cannot give medical advice to any individual over Facebook. This Facebook page is for general informational purposes only and should not be used in place of a consult with your regular medical provider.

The AMA in its “Opinion 5.026 – The Use of Electronic Mail” recommends physicians don’t establish a relationship via email and notes that the same ethical obligations that apply to any other encounter apply to communication via email.

Regarding texts, medical/legal experts note that they are subject to the same considerations and parameters as emails when it comes to privacy and protected health information, such as incorporation into the medical record. Risk management experts recommend avoiding using text to communicate patient information, treatment advice, etc.

The AMA’s opinion may be found here: medicaledconomics.modernmedicine.com/medical-economics/content/tags/hipaa/text-messaging-patients-steps-physicians-must-take-avoid-liabil?page=full.

Smartphone Apps
With eight out of 10 physicians using smartphones for professional purposes, according to mhealthwatch.com, it’s wise to be concerned about potential risk management implications. While such medical apps are great tools, there are innate risks — the unsecured smartphone, for example. Risk management experts recommend evaluating the types of information stored on a personal device. Research apps such as Epocrates should not be subject to HIPAA risks if used for research purposes only. However, apps allowing mobile dictation of information that can be transferred to an electronic medical record may be, as they may contain confidential patient health information. Another consideration is security — apps that transmit information may be vulnerable to hacking. Some medical apps bill themselves as HIPAA-compliant. It is wise to examine an app’s privacy policy and take reasonable steps to verify security. It’s also wise to keep in mind that no apps — especially free ones — are 100 percent secure.

Regardless of whether a smartphone app transmits, stores or simply accesses patient health information, physicians should ensure the apps are HIPAA- and HITECH (Health Information Technology for Economic and Clinical Health)-compliant.

Tips to Keep in Mind:
- HIPAA requires data security and proper destruction and/or file retention of patient health information when appropriate.
- Physicians should remove patient health information from devices with apps before discarding/replacing the device.
- Wireless apps should be reviewed to ensure security at all levels.
- A security policy addressing mobile devices and apps that can be used, along with the appropriate use and destruction of patient health information, should be in place.
- Work closely with information technology personnel to address security issues.

ProAssurance insured physicians and their practice managers may contact risk resource for prompt answers to liability questions by calling 205-877-5015 or via email at riskadvisor@proassurance.com.
Cahaba Medical Care, the former private practice of Drs. John B. Waits and Lacy Smith, is a nonprofit Federally Qualified Health Center (FQHC) with four sites located in Bibb, Chilton and Jefferson counties. It is also the clinical and academic home of Cahaba Family Medicine Residency (CFMR), Alabama’s newest family medicine residency training program (and only teaching health center) founded in 2013. It is a dually accredited program by the Accreditation Council on Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) that was created to address the state- and nationwide shortage of primary care physicians and to train physicians to provide care to those in underserved areas.

CFMR is a three-year rural residency training program. It is a deeply mentored, procedurally heavy program, featuring a three-year longitudinal integrated curriculum that allows a resident to act as a full-spectrum rural doctor in a supervised manner for three years.

“This residency was established to help train those interested in dedicating their life to serving people in an underserved rural, urban or international location by providing full-spectrum care in a resource-poor area. We believe this best happens if the training is also in a rural, resource-poor area while being mentored and taught by family medicine doctors who provide a full spectrum of medical and procedural services to their patients,” said Dr. Waits, co-founder and program director of CFMR.

Over three years, residents have the opportunity to interact and treat a full spectrum of patients from newborn to end of life, including managing chronic diseases; performing preventative care measures; caring for prenatal patients, homebound patients and patients with mental health diseases; and learning a broad spectrum of procedures, including vaginal and cesarean deliveries, circumcisions, joint injections, casting and splinting of fractures, colposcopy and loop electrosurgical excision procedure (LEEP), and full-spectrum ultrasound. This curriculum is enriched with second-year rotations in the University of Alabama at Birmingham’s (UAB) academic and hospital system, including UAB Highlands, UAB Medical West in Bessemer, and Children’s of Alabama in areas including adult medicine, intensive care unit care, inpatient pediatrics, obstetrics and gynecology, and orthopedics.

The curriculum also features one month per year that is available for an international elective rotation. Thus far, CFMR residents have been to locations such as India, Nepal, South Sudan, Ghana, Thailand, Brazil, Haiti and various countries throughout Central America. These monthlong experiences give CFMR residents not only another service opportunity to care for a population of people in need but also hopefully help to cultivate their desire to spend a career in helping the underserved, either in a rural, urban or international context.

“I have always wanted to go back to my roots and serve the people of Africa. Cahaba Family Medicine Residency afforded me the opportunity to travel to this beautiful continent. Going to Nalerigu, Ghana, was one of the most rewarding journeys that I have ever had the chance to experience. While at Baptist Medical Centre, I was able to work with children and adults in the inpatient as well as the outpatient setting. It was such a joy to work alongside the Ghanaian doctors and staff. We were all from different backgrounds, but we shared the common ‘language’ of serving others. I was able to learn so much from the physicians in regards to maximizing care with limited resources. Even though I was able to offer my medical help to the people, I gained so much from them by witnessing the peace and happiness that so many of them displayed in spite of their poor conditions,” said Dr. Andreia White, recent graduate of CFMR.
One of the primary features that makes the Cahaba Family Medicine Residency unique is the longitudinal integrated curriculum. The traditional family medicine residency has an internship that features medical school-style block rotations in the tertiary hospital/ university system context in various other hospital-based disciplines, then upper level years that feature clinic and other ambulatory rotations. However, the CFMR implementation of the longitudinal curriculum gives residents a full two years (in the first and third years of residency) in an integrated, mentored, rural family medicine environment, encompassing continuity clinic four half-days per week; hospital rounds each morning; nursing home, home visits, emergency department shifts; and various other procedure clinics and specialty clinics through the week and month, resulting in two years that look much more like the life of a rural family physician than traditional training.

“We feel by training residents in a rural area by rural doctors, who model what it would look like to do inpatient medicine, outpatient medicine, emergency medicine, obstetrics and advanced procedures, they will graduate with the confidence to go to another rural, urban or international setting and provide this same type of comprehensive care,” said program coordinator Brittany Shanks.

CFMR is also different in that the program, as a free-standing family medicine residency program sponsored by Cahaba Medical Care, is located in a town of only 5,000 people and is utilizing a primary hospital with only 35 beds. However, instead of being a hindrance, this is felt to be a strength.

“There is a shortage of primary care physicians … and this shortage is most dramatically felt in our rural communities … therefore, we feel like the traditional training of residents, in large cities in tertiary care hospitals with any subspecialist or ancillary at their fingertips, results in residents that are incompletely prepared for practice in rural hospitals and communities” Dr. Waits said. “The best way to prepare residents interested in rural medicine is to train them in a rural area and rural hospital.”

Some curricular items to highlight that are included as part of the longitudinal integrated curriculum include:

1. Longitudinal surgical rotation that includes time every month learning wound care, endoscopy and in-office surgical procedures, including hemorrhoid banding, anoscopy and others
2. Longitudinal dermatology rotation as part of the longitudinal integrated curriculum to offer diagnostic tips on difficult-to-diagnose rashes as well as procedural tips on common dermatologic procedures
3. Longitudinal radiology rotation with an experienced radiologist coming down and assisting with teaching residents how to properly read X-rays, CT scans and ultrasounds
4. The addition of the local obstetrics curriculum with the opening of the new local labor and delivery that allowed residents to now care for and deliver laboring mothers and new infants during their call shifts at Bibb Medical Center while also participating in obstetrics and nuclear cardiology; and regular continuity clinic with their own panel of patients.
5. Every other week ultrasound and echocardiography clinics so that residents leave CFMR with a strong foundation in how to do full-spectrum and point-of-care ultrasound and echo
6. Monthly endoscopy clinic that allows time on a state-of-the-art endoscopy simulator as well as scheduled time each month doing endoscopy cases with a general surgeon, family medicine doctor or gastroenterologist.
7. Other longitudinal components include daily hospital rounds at Bibb Medical Center (BMC); monthly nursing home rounds at BMC’s Nursing Home; monthly home visits and/or group home visits; monthly prenatal clinic with hands-on obstetrician-gynecologist ultrasound experience; bimonthly surgery/wound care clinic with a general surgeon; monthly time in the subspecialty clinic with cardiology, urology, gastroenterology, hematology/oncology and nuclear cardiology; and regular continuity clinic with their own panel of patients.

In June 2016, CFMR graduated its first class of inaugural residents: Dr. Andreia White, Dr. Nathan Way and Dr. Aleksandra Murawksa. Dr. Keri Doctor, who began the program as a transferring second-year postgraduate resident, graduated in June 2015.

Upon graduation, Dr. White remained on with Cahaba Medical Care to be the physician at its rural clinic in Maplesville, Chilton County. Dr. Doctor joined an outpatient primary care practice in Tampa, Florida, while Dr. Way accepted a position at a FQHC in Oregon. Dr. Murawksa was accepted into a hospitalist fellowship in Pennsylvania and is looking to rejoin Cahaba Medical Care and Alabama upon her graduation in 2017.

Currently, CFMR hosts 12 resident physicians, four per class, and is entering its fourth recruiting/match season. Cahaba Medical Care also sponsors a 12-month longitudinal integrated curriculum (LIC) for medical students that will be entering its fourth year in 2016.

The LIC third-year medical school experience includes elements of adult medicine, pediatrics, emergency medicine, behavioral/mental health, surgery, women’s health and subspecialty care during each week of clinical experience — primarily at either Cahaba Medical
Care (CMC) or Bibb Medical Center, within Bibb County with additional longitudinal experiences occurring in Demopolis at Bryan Whitfield Memorial Hospital and in Bessemer at UAB Medical West.

Medical students are incorporated into the daily clinical life of CMC, including inpatient rounds, outpatient care, nursing home rounds, home visits, emergency department call, prenatal clinic, surgery rounds, wound care, time in endoscopy and ultrasound clinic, time in a mental health clinic at Indian Rivers, and in a subspecialty clinic. These Bibb County experiences are supplemented with weeks in the operating room at Bryan Whitfield Memorial Hospital in Demopolis, Alabama, and hospital rounds at a larger hospital facility, Medical West Hospital, in Bessemer, Alabama. Medical students are not only exposed to but also given hands-on training with a variety of procedural skills, including casting and splinting, laceration repair, joint injections, and other procedures.

Another addition to the LIC is a medical student continuity clinic on Friday mornings, where each medical student is given the opportunity to build a small continuity panel of patients, which they see as the primary care provider but in collaboration with an attending physician. Since continuity is often one of the key factors that leads people to choose primary care as their medical career, by exposing medical students to maximal opportunities for continuity through this novel curriculum, CMC hopes to encourage more medical students to enter primary care residency training.

CMC’s inaugural class of third-year medical students who went through the LIC all matched into family medicine during match day in March 2015. One of them, Dr. Jamie Bishop, decided to continue her training at CFMR.

“At first, I was very skeptical of the LIC. As the year progressed, I began to realize how much exposure I was getting to everything as a whole when I wasn’t trying to focus on just one subject. The LIC allowed me to see a patient in the emergency room, take care of the patient while in the hospital, and then follow up with the patient in clinic after discharge. This is where I learned the most and had the most knowledge retention. I was managing the patient’s disease and saw the whole process. This experience was unlike any I have experienced so far in my fourth-year rotations and by far the best experience of my clinical rotations,” said Dr. Bishop, current second-year postgraduate resident at CFMR, of her experience as a third-year medical student.

In 2015, CMC graduated two William Carey University College of Osteopathic Medicine (WCUCOM) students, Steven Richardson and Brandon Allison into their fourth-year rotations and welcomed two new students from the same medical school, Casey Kramer and Sonam Vashista.

In 2016, CMC is excited to begin growing this now well-founded LIC by hosting six students from the Georgia campus of the Philadelphia College of Osteopathic Medicine and one student from WCUCOM.

Through the continued development of both the Cahaba Family Medicine Residency and the medical student longitudinal curriculum, CFMR hopes to play a small part in combatting the growing primary care crisis in the United States.

“There is a health care crisis in rural areas of Alabama and the country. Geographic, demographic and socioeconomic factors severely impact access to health care for many living in rural areas, including the rural areas we serve in Alabama. There is a higher incidence of chronic diseases, including heart disease, diabetes and cancer, in rural areas, as well as a larger population of the elderly. To compound the issue, most rural areas in the U.S. suffer from a significant shortage of primary care physicians. Cahaba Family Medicine Residency is working to address these issues by training physicians to care for and work in rural areas either in this country or abroad,” said Dr. Smith, associate program director.
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DRS. JANE WEIDA & ED GENO have joined The University of Alabama College of Community Health Sciences as faculty and practicing physicians of Family Medicine.

Dr. Weida, also associate director of the College’s Family Medicine Residency, earned a medical degree from Jefferson Medical College and completed residency training at Chestnut Hill Hospital in Philadelphia. While in Pennsylvania, she was in private practice, served as faculty at Penn State College of Medicine, and was part of a community-based Family Medicine residency. She is active in national organizations and developed the AAFP Foundation’s signature humanitarian program in Haiti.

Dr. Ed Geno earned a medical degree from the University of Oklahoma School of Medicine and completed residency training in Family Medicine and General Surgery at Ochsner Foundation Hospital in New Orleans. In addition to caring for patients at University Medical Center, which the College operates, he also teaches residents in minor surgery procedures and hospital medicine.

The additions of Dr. Weida and Dr. Geno represent the College’s ongoing commitment to fulfill its mission of improving health in your community.