John Meigs Jr., MD, FAAFP, Assumes Role of President of the American Academy of Family Physicians

PG 6
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Statewide Focus Groups, Survey Yield Detailed Feedback for ICN Planning

A multipronged strategy to obtain feedback on Medicaid’s planned integrated care networks (ICNs) has yielded a significant amount of useful information for program planners.

During September and October 2016, agency representatives conducted a statewide survey of elderly and disabled individuals and their caregivers about their long-term care needs and related issues. More than 1,400 responses were received from around the state, which helped shape the discussion for a series of 18 focus group sessions held around the state for providers and recipients.

“We are very pleased with the response we have had to both the survey and the focus groups this fall,” said Ginger Wettingfeld, director of long-term care reform initiatives. “Participants have been very thoughtful in their responses and have provided information that is helpful to us as we seek to tailor a program that is specific to Alabama recipients’ needs.”

The next step was to solicit feedback from stakeholders on a “Key Concepts” document to further refine some of the considerations on which the new effort will be based. The first draft document was distributed in September for comments. Additional opportunities for public comment and input will be announced soon, Wettingfeld said.

Prompted by state legislation passed in 2015, ICNs are to be competitively bid, integrated networks that provide long-term care services to Medicaid recipients. Patterned after regional care organization legislation, the new law creates a provider-organized, at-risk system that is to begin no later than October 1, 2018.

For more information about integrated care networks, go to Medicaid’s website at www.medicaid.alabama.gov, select the “Managed Care” tab, and then, under “Other Managed Care Programs,” select “Integrated Care Networks.”

Medicaid Agency Launches Updated Website

The web address still may be www.medicaid.alabama.gov, but the Alabama Medicaid Agency website now has an updated look and many new features to help visitors access Medicaid policies and other information more quickly.

Some of the new features include a “responsive” design so it can be easily viewed on a smartphone or tablet, the ability for visitors to automatically sign up for news updates under “Newsroom,” Google maps for each district office and the central office (under “Contacts”), an expanded drop-down menu system, an interactive FAQ section, and more.

For the most part, the site is organized similarly to the previous site except that managed care and long-term care each have their own sections due to new initiatives in those areas. The other change of note is in the “Apply” section, where each major aid category has its own page. An expanded “Recipients” section has more resources and information for recipients and those who assist them.

If you have questions or cannot find your favorite page, please email webwork@medicaid.alabama.gov for assistance.
Notifiable Disease Rules
FOR VACCINE-PREVENTABLE DISEASES (VPDs)

HIGHLIGHTS

- Physicians cannot delegate laboratories to report for them, but must report separately

- Laboratories are required to report electronically to EPI

- Expanded minimum data elements required

- Report “presumptive” within 4-hour (Polio) and 24-hour diseases (Diphtheria, Hib, Hepatitis A, Measles, Meningococcal Disease, Pertussis, Polio-nonparalytic, and Rubella)

- Report Standard Notification diseases (Hepatitis B, Mumps, Strep pneu invasive disease, Tetanus, Varicella) within 5 days

- Report ALTs with all acute hepatitis A & B reports

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

To schedule a 1-hour Notifiable Disease CEU Training, go to adph.org/epi or call 1-800-338-8374.
John Meigs Jr., MD, FAAFP, Assumes Role of President of the American Academy of Family Physicians

On September 21, John Meigs Jr., MD, FAAFP, a family physician in Centreville, Alabama, assumed the role of president of the American Academy of Family Physicians. Previously, he served one year as president-elect, four years as speaker and three years as vice speaker of the AAFP’s governing body, the Congress of Delegates. The AAFP represents 124,900 physicians and medical students nationwide.

As president of the AAFP, Meigs will advocate on behalf of family physicians and patients to inspire positive change in the U.S. health care system.

Meigs was in private practice in Centreville, Alabama, his hometown, from 1982 to 2013. In 2013, he merged with another practice to become a part of Bibb Medical Associates, which is housed in a clinic at Bibb Medical Center, a 25-bed rural hospital in Centreville. He also serves as chief of staff at Bibb Medical Center.

A member of the AAFP since 1979, Meigs has served on numerous commissions and committees, including the Scientific Assembly Resolutions Committee and the Committee on Rural Health. He also is a past member of the AAFP Commission on Health of the Public. Prior to his terms as speaker and vice speaker of the Congress of Delegates, he had served as Alabama’s delegate or alternate delegate to the Congress since 1996.

Meigs is an active member of the Alabama Academy of Family Physicians. He served on its Board of Directors, including terms as president-elect, president and Board chair. He also has served on the Alabama AFP’s Executive Committee and chaired both the Public Relations Committee and Education Committee. Meigs also was vice president of the Alabama Academy of Family Physicians Foundation, the charitable arm of the organization, from 2003 to 2008.

A former speaker of the House of Delegates and College of Counselors for the Medical Association of the State of Alabama, Meigs currently serves as a member of its Board of Censors. In addition,
The Academy is pleased to announce that it has negotiated an arrangement with The Sanders Law Firm, P.C. in Birmingham that will benefit resident 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 Fall Forum 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 new contract review program, please contact Rich Sanders at 205-930-4289 or via email at rsanders@southernhealthlawyers.com.
A longtime AAFP member recently reached out to me with concerns about the Medicare Access and CHIP Reauthorization Act (MACRA). Specifically, she was worried about how the new law and its emphasis on value-based payment will affect family physicians already experiencing symptoms of burnout, and whether it might prompt some physicians to flee direct patient care, exacerbating the primary care shortage.

She also had concerns about what she perceived as the “level of detachment” AAFP leaders have from the impending regulations.

I already responded directly to this member, but I thought I should share my thoughts more broadly because this is an important issue that will affect most of our membership.

First, I share your frustrations. I, too, experience the administrative hassle and regulatory burden of modern medical practice every day. I owned a private solo practice in rural Alabama for 31 years. For the past three and a half years, I have been in practice with another family physician and two part-time certified registered nurse practitioners. I see patients every day that I am not traveling for the Academy to make the case for administrative simplification and regulatory relief. We know the administrative complexity of modern medicine is a leading cause of physician burnout and frustration.

MACRA is a complex law, and it will require work from all of us. However, if you have already been reporting quality measures under the Physician Quality Reporting System and/or have participated in meaningful use, then you are already meeting some MACRA requirements. If you have been involved in clinical improvement reporting — such as through the family medicine certification process (formerly known as maintenance of certification for family physicians), or perhaps through insurance plan requirements — then you are already doing the kinds of things that MACRA will require.

Please remember that MACRA repealed and replaced the Medicare sustainable growth rate (SGR), the flawed formula that annually created potential pay cuts of 20 percent or more and left physicians at the mercy of Congress to provide relief (which almost always came at the last minute).

With MACRA, we have the stability of knowing what to expect, and the potential of increased payments and even bonus payments (along with the possibility of negative updates). If you participate in “pick-your-pace” at any level of participation in 2017, you will avoid potential penalties in 2019, the first year of MACRA implementation.

The MACRA updates in 2019 start as high as 4 percent (plus or minus) and go up slowly each year, but they come nowhere close to the cuts we faced under the SGR.

We have long made the case to CMS and the commercial insurance industry that family medicine and primary care need and deserve to be paid differently and better. With MACRA, we have the different part, and we are working every day for the better part. I believe that payments to family medicine based on quality and value will be much more beneficial to us than the fee-for-service, volume-based system in which we currently operate.

Change is always difficult, but change is also a constant. We struggle as we try to survive in the old system while moving toward the new value-based model, which offers us the potential to be paid more appropriately for what we bring to our patients and the health care system as a whole.

The AAFP’s dedicated and conscientious staff members go to work every day to try to make our lives and our work situations better. The Academy’s officers and directors also work diligently on your behalf to correct the problems we know exist. We don’t win every battle, and we don’t get everything we wish for, but we do get some wins. For example, the pick-your-pace program I mentioned is based on suggestions the AAFP made to CMS. That really is a big win, and members who participate at any level in 2017 — even if it is just to test the Quality Payment Program — will not face penalties in 2019. That gives us another year to transform our practices and for the system itself to continue the transition to one that more properly rewards the value we do indeed bring to the system.

Keep up the good work you do to improve the lives of your patients and the health of your communities. The AAFP will continue its efforts to make sure that the good work that you, and all of us, do is properly valued and appropriately rewarded.

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Transforming medical students into rural doctors requires more than medical schools can do alone, and the key to success rests with rural family physicians willing to be preceptors for these future doctors. These future doctors may become the partners of rural physicians practicing now and replacements for them when they retire.

“Rural medical education depends heavily on family physicians in rural practice to produce rural physicians,” said John Wheat, MD, professor and director of the Rural Scholars Programs in the Department of Family, Internal, and Rural Medicine at The University of Alabama College of Community Health Sciences (CCHS).

“Over the years, the college and the UA Rural Medical Scholars Program based at CCHS have depended heavily on rural preceptors across the state, based on the philosophy of founding Dean William Willard, MD, whose concepts of community medicine and family medicine were incorporated into the curriculum at this campus of the school of medicine,” he added.

It was rural family physician preceptors in the early 1990s who asked CCHS departments of Family Medicine and Behavioral and Community Medicine to combine their students’ clerkships into an eight-week longitudinal experience in rural Alabama to increase the influence of preceptors on students’ career choices. The Rural Medical Scholars Program (RMSP), founded and directed by Wheat, incorporated this continued longitudinal clerkship in the RMSP track of study in medical school and has advocated for even greater time for Rural Medical Scholars in rural practice sites.

RMSP recruits rural students into medicine, provides an opportunity for peer support and mentors them through the process to support their goal to become rural doctors. CCHS fosters clinical skills during clinical training for medical students in a teaching clinic and regional hospital. But these are only part of the process needed to prepare a rural doctor for practice.

CCHS has also committed to a longitudinal integrated clerkship, which will provide all students in CCHS exposure to the continuity of primary care medicine with patients, role models and community. It will fulfill the RMSP’s aspiration for a prolonged clinical experience under the influence of rural family physicians and their communities.

In this new integrated clerkship, the Tuscaloosa Longitudinal Community Curriculum, or TLC², third-year medical students spend eight months of the year in the community with a preceptor. Preceptors are essential for the TLC² program, just as rural family physicians serving as preceptors are vital to the education of any future rural doctor. There are unique and practical aspects to caring for patients in a primary care setting, especially in small community or rural areas, that can be learned best from the physicians already in practice there. With prolonged exposure to patients, students have the benefit of established relationships within which to observe infrequent and embarrassing health occurrences, as well as mundane “bread and butter” issues. And there is the experienced mentor-preceptor to observe and coach as the student matures.

“The future of rural medicine in Alabama depends heavily on rural preceptors to assist students with rural interactions that confirm their professional plans,” Wheat said. “The RMSP is highly appreciative of preceptors who partner with medical school and community resources to assist these students.”
Veronica Coleman

Veronica Coleman is the daughter of Dr. Alexander and Maranda Coleman, of Butler, Alabama. She learned of the Rural Medical Scholars Program while participating in the Rural Health Scholars Program as a rising high school senior. She was also in the Rural Minority Health Scholars and served as a counselor for classes coming after her in the program. After graduating from Choctaw County High School, she entered The University of Alabama, where she worked for four years as an undergraduate with Dr. John Wheat to investigate the need for physicians in the Black Belt. In March 2015 — with John Wheat, MD; Jim Leeper, PhD; Shannon Murphy, PhD; and Rural Medical Scholar and medical student Caleb Turberville — she published a paper titled “Medical Education to Improve Rural Population Health: A Chain of Evidence from Alabama.” She also was active with the UA chapter of the National Society of Collegiate Scholars, for which she served as vice president of community service and as president. She graduated in 2015 with a bachelor’s degree in biology. She plans to return to a small town near her home to practice medicine.

Rebecca England

Rebecca Elaine England, the daughter of Charles and Elaine England, of Demopolis, was initially introduced to the Rural Health Leaders Pipeline when she participated in the Rural Health Scholars Program in 2009. She was valedictorian at Demopolis High School and graduated from The University of Alabama with a bachelor’s degree in biology in 2014. While at UA, she conducted research at the Caldwell lab, exploring the relationships between gene knockouts and the expression of Parkinson’s disease. She also contributed to local art at Kentuck through the Honors College, and spent time mentoring peers with mental and physical disabilities through UA’s Best Buddies program. She joined Teach for America and worked in an inner-city school in Denver, Colorado, with at-risk youth, teaching science. Seeing many students overlooked and underserved due to the current state of health care reignited her passion for health care. She decided to re-enter the fight to ensure that children aren’t denied necessary medical care due to their socioeconomic backgrounds. As a physician, she hopes to continue working as a leader in her community to promote education in rural communities on relevant health issues and means of receiving care.

Jessica Luker

Jessica Luker is the daughter of Kenny and Eleanor Luker, of Camden, Alabama. After graduating as valedictorian of Wilcox Academy in 2012, she enrolled at The University of Alabama. While at UA, Luker was a member of Delta Gamma fraternity where she was the director of scholarship. She also served as the vice president of Discovery Buddies, an after-school program in which mentors performed science experiments with elementary school students. During the summer of 2014, she spent a substantial amount of time in Huntsville and Camden as an intern with the Huntsville Rural Pre-Medical Internship. During her internship, Luker shadowed numerous primary care physicians and realized the importance of rural primary care. Throughout her senior year, Luker volunteered in a research lab in the psychology department interested in the cognitive development of children. Luker graduated cum laude with honors from The University of Alabama with her bachelor’s degree in psychology in 2016. She looks forward to continuing her studies and returning to a rural area to practice.

Andrew Seth Griffin

Andrew Seth Griffin is the son of Phil and Jill Griffin, of Centre, Alabama. He graduated from Cherokee County High School in 2011 and earned his bachelor’s degree in biology with a minor in chemistry at Jacksonville State University (JSU) in Jacksonville, Alabama, in 2015. While attending JSU, he was a member of Phi Eta Sigma honor society and the National Society of Leadership and Success. During college, Griffin stayed involved in his hometown, volunteering in multiple community outreach programs sponsored by his local church. He has shadowed several family physicians in northeast Alabama, including Rural Medical Scholar graduate Stephanie Morgan, MD, and Barton Perry, MD. He also has experience working as a pharmacy technician in Jacksonville. Griffin is working toward his goal of becoming a rural physician and hopes to practice medicine in his hometown one day.

Colby James

Colby Neal James, of Empire, Alabama, is the son of Cathy and Clifford James. He graduated from Dora High School and earned his bachelor’s degree in civil engineering in 2015 from The University of Alabama, where he had a Presidential Scholarship and an Engineering Leadership Scholarship. He volunteers with the American Red Cross and the Salvation Army. He enjoys spending time with friends and family, and watching football, baseball, golf and soccer. James is an avid golfer. He has shadowed family physician Scott Twilley, DO, in Cordova, and James Worthen, MD, an orthopedic surgeon at St. Vincent’s Hospital in Birmingham. James plans to practice family and sports medicine in a rural community.
Cole Marshall

Cole Marshall, from Coaling, Alabama, is the son of Bart Marshall, the chief of Northport Fire Department, and Carol Cook, a registered nurse. He attended Brookwood High School in Tuscaloosa County and graduated from the University of Alabama in 2016 with a bachelor’s degree in biology. He spent most of his college years working for Richard Jones, MD, at the Clinic for Rheumatic Diseases. Having lived his whole life in a small town, he witnessed firsthand the dire need of doctors in rural Alabama. This influenced him to join the Rural Medical Scholars Program to become a medical professional. In the future, he hopes to return to an area similar to his hometown and make a difference in health care.

Brionna McMeans

The daughter of Angela McMeans and Jackie Williams, of Fort Deposit, Alabama, Brionna McMeans has always dreamed of becoming a physician. After graduating as salutatorian of The Calhoun School in 2011, she entered Stillman College, a historically black college in Tuscaloosa. While there, she was active in the Student Government Association; Zeta Phi Beta Sorority, Inc., Epsilon Gamma chapter; and other organizations that involved her in community service and solidified her passion to aid underrepresented and underserved communities of Alabama. McMeans also completed a nursing assistant certification course at Shelton State Community College. This gave her insight to the role of a health care professional and how the health care team works together. Through the Rural Medical Scholars Program, McMeans hopes to achieve her goal of becoming a physician and return home to serve the neighboring communities.

Johnny Pate Jr.

Johnny Pate is the son of Mr. and Mrs. Johnny Pate, of Moundville, Alabama. Pate graduated from Hillcrest High School in Tuscaloosa. After graduating from high school, Pate attended Stillman College on a football scholarship. He finished classes a year early and graduated summa cum laude in 2013. While attending Stillman, he began volunteering with the Samaritan’s Purse to clean up Tuscaloosa after the 2011 tornado that damaged the city. He still enjoys volunteering with the Samaritan’s Purse. While an undergraduate, Pate also learned about the Rural Community Health Scholars program. He entered the master’s program in rural community health in the spring of 2015 and is now in the Rural Medical Scholars Program.

Madison Peoples

Madison Peoples is the daughter of Tim and Jennifer Peoples. She is from Hamilton, Alabama, where she graduated as valedictorian of Hamilton High School. Peoples attended Bevill State Community College, where she served as Student Government Association president. Peoples was selected to represent Bevill State on the 2014 All-Alabama Community College Academic Team. She was also selected as a Gold Scholar on Coca-Cola’s 2014 Community College Academic Team. She transferred to The University of Alabama, where she majored in biology on the pre-med track. In May 2016, she graduated cum laude. Peoples dreamed of being in the medical field when she was just 5 years old, and she has seen the need for rural primary care physicians in her own hometown. She discovered the Rural Medical Scholars Program when she was in the Rural Health Scholars Program in 2011 as a high school student. Peoples is excited to return home to practice primary care in northwest Alabama.

Madilyn Tomaso

Madilyn (Maddie) Tomaso, of Barnwell, Alabama, is the daughter of Mike and Becky Tomaso. She graduated with honors from Fairhope High School. During high school, she volunteered at the University of South Alabama Women and Children’s Hospital in the neonatal intensive care unit. There, her desire to pursue medicine was literally “born,” she says. She enrolled at The University of Alabama and received her bachelor’s degree in psychology with a minor in biology. During her freshman year of college, she traveled to Ecuador to work with Fundación La Vida, an organization in which surgeons volunteer their services to help correct musculoskeletal conditions. Tomaso’s love of volunteering continued as she worked with Victory Health Partners (VHP) in Mobile, Alabama. While there, she found a love of community and worked with doctors to provide health care to underserved and uninsured patients. At UA, she was the founding member of the Alabama Student Rural Health Association. This organization is dedicated to learning more about rural health care policy issues in Alabama and becoming involved in rural health care policy development and recommendations. While at UA, Tomaso was also the volunteer coordinator and vice president of the Diabetes Education Team (DiET), an award-winning student-led organization that promotes healthy lifestyles in underserved communities in Alabama. This year, Tomaso will serve as the president of DiET. She has also worked as a medical scribe at University Medical Center (UMC) since January 2015. At UMC, she worked with many amazing physicians who impacted her decision to become a doctor. She looks forward to becoming a rural primary care physician to serve Alabama.
Anmol Ahuja

My name is Anmol Ahuja, and I am from Clanton, Alabama. I received my undergraduate degree in biomedical sciences from The University of Alabama at Birmingham. I was involved in the Science and Technology Honors Program and the Undergraduate Student Government Association, and I founded my own organization, YouAB Learning, a nonprofit that pairs individualized tutors with long-term pediatric patients at Children’s of Alabama, a hospital located in Birmingham. Starting my first year of school, I began to realize that many rural high school students tend not to pick the medical path because of the lack of mentorship in such small towns. Throughout my undergraduate career, I kept ties with my hometown and began initiatives through the biomedical sciences program to get more students from rural areas interested in medicine. After graduation from medical school, I plan to return to Clanton to further pursue family medicine and keep mentorship strong within the community.

Sara-Elizabeth Cardin

My name is Sara-Elizabeth Cardin, and I grew up in both Rogersville, Alabama, and Pulaski, Tennessee. I completed my undergraduate degree in microbiology at The University of Alabama and, while there, was a member of Alpha Omicron Pi sorority and Alpha Epsilon Delta pre-medical society. Following graduation, I worked as a microbiology intern at Yazoo Brewery in Nashville, Tennessee, before being accepted to the University of South Alabama’s (USA) biology master’s program. In my two years of research at USA, I primarily focused on noncoding RNA genetics, studying the effects of six microRNAs on two pathologically distinct breast cancer cell lines. At that time, I was also an instructor at the Pure Barre studios in both Mobile and Daphne, Alabama. It was when I started teaching barre classes that I realized I am much better suited to interact with people than to be cooped up in a lab, and I decided to apply to The University of Alabama at Birmingham’s Rural Medical Program. Once I complete my medical studies and residency, I intend to return to north Alabama to practice family medicine, with a particular focus on preventative wellness and community outreach.

Ben Chappell

My name is Ben Chappell. I am from Alexander City, Alabama. I received my undergraduate degree in biomedical sciences from Auburn University. At Auburn, I was involved in the Farmhouse Fraternity and worked for the campus recreation department. I also did undergraduate research in the poultry and food science department. In addition, I was fortunate enough to be very involved in Scouting growing up and earned the rank of Eagle. I’m looking forward to returning to a rural area to practice primary care after graduating from The University of Alabama at Birmingham and completing residency. I am passionate about primary care because of the continuity of relationships it allows you to have with your patients.

Candace Clemmons

My name is Candace Clemmons. I am from Geneva, Alabama. I am a senior at Auburn University studying biomedical sciences. I am president of Alpha Epsilon Delta, which is the pre-health honors society at Auburn University. I am also a member of Phi Kappa Phi national honor society, an ambassador for the Be Well Hut and a hospice volunteer. During the summer following my sophomore year, I attended the Huntsville Rural Pre-Medical Internship. During this program, my eyes were opened to the need for primary care in rural areas. This experience solidified my desire to practice primary care in a rural area. After medical school and residency training, I would love to come back to my hometown to care for the community that has supported me every step of the way.

Joseph McIlwain

My name is Joe McIlwain. I am from Tuscumbia, Alabama, where I went to Deshler High School. I am currently completing my undergraduate degree in biomedical sciences while also in my first year of the Rural Medical Program. I am involved in Alpha Epsilon Delta, Alpha Tau Omega fraternity, and the Auburn Be Well Hut. I completed the Huntsville Rural Pre-Medical Internship in 2015. I discovered the Huntsville Pre-Medical Internship and the Rural Medical Program through Alpha Epsilon Delta. In the spring and summer semesters of 2016, I did research in psychopharmacology at Auburn University. Upon graduation from medical school and completion of my residency training, I plan to return to a rural place and practice family medicine. Spending time with various primary care physicians in north Alabama opened my eyes to the health care needs of rural Alabama.

Morgan Read

My name is Morgan Read. I am from Wellington, Alabama. I graduated from Auburn University with a degree in biomedical sciences in May 2016. During my time at Auburn, I was involved in Alpha Epsilon Delta, Delta Zeta sorority and Alternative Student Breaks, a volunteer organization. I began college with a strong desire to be a rural family medicine physician, born from the need I saw in my hometown. During my sophomore year, I learned about the Huntsville Rural Pre-Medical Internship and was awarded the opportunity to participate during the
summer of 2014. During the internship, I shadowed a doctor close to my hometown in the small community of Ohatchee, Alabama. I saw what a positive impact she makes on her community, and this experience motivated me to continue to pursue my goal of becoming a family medicine doctor in a small town in Alabama.

**Dusty Trotman**

My name is Dusty Trotman, and I am from Rainsville, Alabama. I obtained my bachelor’s degree in biology from The University of Alabama. I first attended Northeast Alabama Community College (NACC) in Rainsville, where I worked at Rainsville Drugs and Compounding as a pharmacist technician dispensing and delivering medication. After NACC, I had the opportunity to be a part of the Huntsville Rural Pre-Medical Internship and worked alongside various physicians. These experiences led me to grasp the primary care deficit in Alabama. Being a rural primary care physician would be a rewarding opportunity because I would get to assist a community of hardworking people who provide so much for their neighborhood but still do not receive the necessary health care required for a more sustainable future.

**Alicia Williams**

My name is Alicia Williams, and I grew up in Fort Payne, Alabama. I completed my undergraduate coursework at Mercer University, where I earned a bachelor’s degree in biology. While at Mercer, I played basketball as an NCAA Division I athlete. I was also involved in a variety of other activities, but mentoring and tutoring the youth in underserved communities were my most enjoyable activities. I was also blessed with the opportunity to travel to Ghana, Africa, and serve communities in need there as well. Now, I am grateful for the opportunity to one day go back and serve medically underserved rural Alabama as a primary care physician.
Risk management experts generally recommend 60 to 90 days’ written notice by mail to each active patient’s last known address. If you are leaving or retiring from a group practice, the remaining physicians in the practice will probably assume the care of most or all of your patients. Tell your patients they can remain with the same practice and simply switch to another physician in the group. Remember to tell patients they are free to seek a physician outside the group, and should they wish to do so, encourage them to do this as soon as possible.

If you are retiring and selling a solo practice to another physician who will assume care of your patients, tell your patients the new physician’s name and that he or she is willing to continue their care. Similarly, if you are retiring and closing a solo practice and have made arrangements for another physician in the area to assume care of your patients, tell your patients the physician’s name and where he or she is located. Again, advise patients they are free to choose a different physician if they’d like, and encourage them to do so as soon as possible.

If you’re retiring or moving or closing your practice and have not made arrangements for another physician in the area to assume care of your patients, encourage patients to establish a new physician as soon as possible. They may wish to contact the AAFP or the Medical Association for a listing of qualified physicians in the area.

Regarding medical records, obligations to maintain records in a safe, secure and confidential manner do not cease when a physician retires or a practice is closed. Records may be maintained in several ways, including:
• Patient charts in the custody of the group practice from which you retire
• Transfer of the patient records to the physician who will assume care of the patients
• Patient charts in the custody of yourself and/or with the assistance of a records storage service

Encourage your practice administration professionals to review schedules for the previous month or so and ensure arrangements for appropriate follow-up on diagnostics and consults have been made.

Explain to patients how the custody of their medical records is being handled, and encourage them to contact you or your office immediately if they wish to make different arrangements. Under no circumstances should you release the custody of an original chart to a patient. It’s also a good idea to include a statement in the written notice that upon receipt of a proper authorization form from the patient or his or her legally authorized representative, a copy of the patient’s medical record will be sent to the physician of the patient’s choice. Consider including an authorization with your notice to patients.

The American Health Information Management Association’s (AHIMA) website has an excellent practice brief titled “Protecting Patient Information after a Facility Closure,” which includes helpful recommendations as well as a comprehensive table of state laws and regulations on the handling of patient information and facility closure. This practice brief can be found at www.ahima.org.

Prior to making the above arrangements, it is a good idea to seek legal and risk management advice for your specific situation.

Physicians insured by ProAssurance may contact our risk resource department for prompt answers to liability questions by calling 205-877-5015 or via email at riskadvisor@proassurance.com. Physicians can also contact Harper Wood at hwood@proassurance.com or 800-282-6242, ext. 4471.
Help Wanted
West End Physician
Cahaba Medical Care, Birmingham, Alabama

We are looking for a physician to work in a new Federally Qualified Health Center/primary care clinic opening near Princeton Baptist Medical Center in the community of West End in January 2017. The clinic will be serving all community members regardless of insurance status. The physician should be comfortable treating all ages as well as prenatal patients. A comfort with basic procedural services is also requested. Clinic hours are Monday to Friday, 8 a.m. to 5 p.m. Full- or part-time work is available. Great benefits available for full-time employees. Board certification in family medicine required. Submit résumés to jobs@cahabamedicalcare.com.
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.