We are Family Physicians

Dr. Thomas White
Installed as NCAFP President

“You can’t go home again.”

- Thomas Wolfe
MEDICAL STUDENT PROGRAMS

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Driving Student Engagement with Family Medicine

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It was a typical busy afternoon in the office and I was already an hour behind.

I knocked, entered the exam room, sat down, and said “How can I help you today?”

She was a young, healthy-appearing woman. She seemed nervous and hesitant. She reached inside her purse and pulled out what we dread the most in the exam room: the infamous list. Reluctantly, she handed it to me. I took a deep breath – and then I began to read.

She said she bruised easily, and she swelled excessively. She could jog, but she could no longer do sit ups, and it was a struggle to walk up stairs.

She had a rash on her neck and chest, and her face had a ruddy complexion. She experienced lightheadedness and dizziness. She was sensitive to caffeine and sugar. Her muscles were sore.

She shared with me that she and her husband wanted to start a family, but they were having trouble getting pregnant.

She had a hump on the back of her neck.

I asked her if she had an old driver’s license, and she did. In the past few years her face had changed from slim and normal to red and round and plump.

I studied the list, asked a few more questions, told her I’d get back to her. As she left the exam room, I literally ran down the hall to my partner’s office. I was excited because I felt like I knew her diagnosis, and I thought I might be able to help her. I handed my partner the list and his eyes lit up too.

By now, you have guessed her diagnosis too - round ruddy face, proximal muscle weakness, infertility, buffalo hump. Cushing’s syndrome. Her features were very subtle. But her list told the story. Sure enough, after extensive testing, she was found to have a cortisol-producing adrenal tumor, which was successfully removed at surgery. A good outcome. For a number of reasons, I’ve always considered this one of the most memorable experiences of my career.

Today, I am going to share with you a little more about that story and what it taught me. I am going to tell you more about me, what I care about and we as family physicians care about, and where I think we are going as a specialty and an Academy. Along the way, I’ll be introducing some very special people, some individuals who have inspired me, and served as role models. I hope this will be an opportunity for you to reflect on your own career, your own role models, and what family medicine means to you.

THE 66TH PRESIDENT: AAFP President Dr. Robert Wergin swears-in NCAFP’s Dr. Thomas White of Cherryville, NC, as the chapter’s 66th president during a ceremony in Asheville early last December.
Dr. White was born in Gastonia NC and was raised in Cherryville. He attended Duke University and graduated Magna Cum Laude. He received his medical education at Duke and graduated with honors and election to Alpha Omega Alpha. He completed his internship and residency at Charlotte Memorial Hospital in Charlotte. After residency, he served on the teaching faculty for the Charlotte program, and then returned to his hometown of Cherryville NC, where he practiced for over 25-years. He is currently the Medical Director for Community Health Partners, the Gaston-Lincoln network for Community Care of North Carolina (CCNC). Dr. White is Board-certified in Family Medicine, obtained his board certification in Geriatrics in 1983, and is a diplomat of the American Board of Clinical Lipidology. He is a member of the National Lipid Association and serves on the Board of Directors of the Southeast Lipid Association. He is married to Diana and has two children, Whitney (an RN) and Daniel (a medical student at UNC-Chapel Hill).

I have also been called an optimist. I have always believed that somehow the dots will one day connect.

I like to think of myself as “Jack Bauer” from 24, but I’m really more like “Lewis” in “Revenge of the Nerds.”

Last year in his Presidential speech Dr Dennis referred to me as “flashy.” I really have no idea why. It certainly couldn’t be how I dress.

Years ago the Academy staff began to refer to me as “Grasshopper.” At first I was flattered. I recalled that the grasshopper was a sign of good luck in many cultures, a symbol of good fortune. I then discovered the bitter truth.

Just like Mr Miyagi reminded Daniel in “The Karate Kid”, “Young grasshopper, you have much to learn,” the staff was telling me the same. The staff was right. I do have a lot to learn.

So I have asked myself many times - Grasshopper, are you really ready for this? I thought about all the very talented and smart people who have stood on this stage in the past. So I thought ‘Maybe I should begin by changing my image.’ A makeover, if you will.

For starters, I tried to drop the pink ties and be a little less flashy. I tried to be a Carolina fan, like so many of you.

I even tried to get taller, like Brian Forrest and Chip Watkins. I even tried to rap - like Shannon Dowler. None of these fit. Just not me.

Finally, someone had to tell me - “Grasshopper, just be yourself. You will be ok.” And so I will just be me.

I’m still not ready for this. But I know I’ll have a lot of support and help, from like the individual fingers on the hand.

But bring those individual players together in a unit of 5, like a fist,... and now you have something far more powerful, far more effective, a team capable of doing even greater things.

As Debbie will share with us, there are five essential components to a any successful team. I’ve decided to focus on the first of these -

CARING
“Caring” - because I sincerely believe “caring” is what makes us as family physicians special.

We are family physicians. We care.

We care about family, patients, community, (hopefully) ourselves, and our specialty.

First, we care about family. It’s been said that family is more than just important. It’s everything.

I’d like to introduce my friend Dr Kari Uusinarkaus. Kari is a family physician from Colorado. No one has taught me more about family than Kari.

Like all of us, Kari is an incredibly busy guy. He has a full practice, he is a leader in his large multi specialty group, he is engaged in clinical research, he lectures all over the country, and serves on multiple boards. And yet he still makes time to be a husband, father, son, and brother. Kari is my reminder of how central family is, and how important it is to keep our professional lives and our family lives in balance as much as possible. Like some others you will meet today, he has become a brother to me.

We are family physicians. We care. We care about our patients.

Our patients come to us for many reasons - often they just want hope.

When my patient came to my office that day with a list, she was seeking hope, hope that she and her husband could start a family. Sometimes, patients just want us to listen. Sometimes there are no answers. But if answers do exist, they want us to help them find those answers. They expect us to be knowledgeable, as we like to say, to keep up.

Michelangelo set a very high standard
for us when he said at age 87, “I am still learning.” No one has set a better example of lifelong learning for me than my friend, Dr Tom Barringer. He was the partner I ran to with that list years ago. I knew that Tom would know exactly what to do. What’s remarkable about Tom is that every three to five years he has tackled and mastered a new subject - when we were in practice together it was endocrinology, then, cardiac stress testing, bipolar disease, then cardiovascular disease prevention. He even taught himself Italian. Tom has taught me that we as family physicians can master anything we put our minds to. I totally get it that it is our breadth of knowledge that makes us unique. But we as family physicians should take a back seat to no one. Look for instance at Jim McNabb and dermatology, Alisa Nance and diabetes, and Bill Dennis, and the subtleties of the wazoo.

My friend Tom Barringer has taught me to always stay curious, and for the sake of our patients, to never stop learning.

We are family physicians. We care. We care about our communities.

Osler told us that a sensible well-trained family physician is one of the most valuable assets of any community.

I’d like to introduce my friend Dr. Lee Beatty, a family physician, from Mt Holly, North Carolina. Like many of you in this room, Dr. Beatty has given so much of his time and energy to the betterment of his local community - public health, local schools, athletic programs, historical preservation, and economic development.

The great writer Thomas Wolfe, who was born and buried right here in Asheville, said “You can’t go home again.” Lee has proven that wrong. He returned to his hometown to practice, and he was my role model and inspiration for returning to Cherryville 26-years ago.

Those of you who are students and residents, I encourage you to consider going back to your hometowns to practice, of course, as long as it is in North Carolina. As Dr. Beatty would tell you, there are challenges, but also significant rewards. But wherever you go, wherever you decide to practice, make sure you literally and figuratively unpack your suitcase and your boxes, stay awhile, get involved in the community, and give back to the people who support you and your practice.

We are family physicians. We care. We need to care about ourselves.

Four years ago I read an amazing paper written by Dr Carson Rounds. I highly recommend you read it. Among many other pearls, Dr Rounds confessed that before redesigning his practice, and himself as a physician, he needed to first take better care of himself.

In other words, he reminded us - as physicians - to “walk the walk.” How can we take care of our families, our patients, and our communities if we do not take good care of ourselves?

As physicians, we work long hours, we are sometimes too selfless, and we suffer from data entry-itis, prior author-itis, systemic administrative hassle-itis.

Even we as physicians need to be reminded to take care of our body - it’s truly the only place we have to live.

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2015 Medicaid Rate Reductions -- Symptoms of a Broken Payment System

This January marked the beginning of a new year and the 2015 legislative session. Newly-elected and re-elected leaders returned to Raleigh to kick-start the long session on January 14, 2015. Legislators accomplished several important organizational tasks and then adjourned for two weeks. The House of Representatives elected a new Speaker, Representative Tim Moore (R-Cleveland) and the Senate re-elected Senator Phil Berger (R-Guilford, Rockingham) to his third term as President Pro Tempore of the Senate. Lawmakers returned to Raleigh a few weeks later and the 2015 session is now underway.

What to Expect in 2015

Medicaid reform, regulatory reform, tax changes, and education are all on the legislature's to-do list this session. Other issues that lawmakers may decide to tackle include Certificate of Need, teacher pay raises, and independent practice for advanced nurse practitioners. Legislators remain committed to passing a Medicaid reform plan and are looking at both provider-led and non-provider-led options. Additionally, the reorganization of Medicaid remains a pressing issue. During the interim, lawmakers on the Program Evaluation Oversight Committee discussed various options for reorganizing Medicaid, including giving an independent board the authority to run Medicaid and Health Choice programs.

One thing is certain, all eyes remain on the Supreme Court of the United States this March when they will hear oral arguments for another challenge to the Affordable Care Act. The outcome of that case could have major consequences in states like North Carolina that rely on the federal exchange. The outcome may also influence how lawmakers approach Medicaid reform.

NCAFP Top Legislative Priorities

Your NCAFP government affairs team is ready to tackle several important issues for our members during this session. While our agenda continues to be largely dominated by Medicaid, with reform and declining reimbursements on the list, NCAFP is also working hard on workforce and team-based care issues.

(1) Medicaid Reform

NCAFP continues to advocate for physician-led reform and will continue to fight any efforts to bring in corporate managed care. Lawmakers are looking for a plan that would provide the state budget certainty, ensure cost-savings, and treat the whole person. Last session, the House and Senate hit a stalemate in their reform discussions, with the House proposing a provider-led solution and the Senate proposing a provider-led and non-provider-led solution. The short session ended without a resolution and the 2015 long session promises to bring a more protracted version of that gridlock. NCAFP will continue to promote primary care and patient-centered medical homes as the foundation of any reform. We will further ask lawmakers to support innovations in reimbursement systems that promote value-based care.

A LOOK BACK AT THE MID-TERM ELECTIONS

Looking to stay current on legislative affairs? Subscribe to the NCAFP Capitol Report via email to jspruill@mcafp.com

In raw numbers, North Carolina saw a record voter turnout in last November's midterm election with more than 2.7 million votes cast. When looking at percent of registered voters who turned out, however, the 44% turnout was only slightly higher than average for an off-year election. Here’s what you need to know for 2015:

NC House: In the North Carolina House, Democrats gained a net of three seats. However, Republicans will still hold onto their veto-proof majority controlling 74 seats. Republican incumbents Tim Moffitt (Buncombe County), Nathan Ramsey (Buncombe County), Tom Murry (Wake County), and Mike Stone (Harnett and Lee Counties) lost in November to Democrats Brian Turner, John Ager, Gale Adcock, and Brad Salmon, respectively. Republicans also picked up the open seat in Person County with the election of Larry Yarborough. This was Representative Winkie Wilkins’ old seat (a Democrat). Overall, there will be fifteen new faces in the House next year.

NC Senate: In the Senate, Republicans picked up one extra seat with the election of Republican Tom McInnis over incumbent Senator Gene McLaurin (Anson, Richmond, Rowan, Scotland, and Stanly Counties). Democrats failed to pick up any other seats in other competitive races in Cumberland, Craven, Johnston, Dare, Haywood and even Wake Counties. In 2015, Republicans maintain their veto-proof majority controlling 34 seats. Overall, there will be six new faces in the Senate next year.
solutions over the current volume-based, fee-for-service delivery system. Over the interim, many NCAFP members had successful conversations with legislators on the importance of building on what’s working in our Medicaid system. These grassroots meetings provide legislators an understanding of our healthcare delivery system and the importance of family physicians in their community.

Along with reform, declining reimbursement is a significant concern for 2015. Family physicians faced a considerable reduction in their Medicaid reimbursement at the beginning of the year as a result of both federal and state actions. Your government affairs team will not only continue to educate lawmakers about these sizeable cuts and the extra pressures it places on practices, but also advocate for responsible and fair Medicaid reimbursement levels.

(2) Workforce
Another important issue for this upcoming legislative session is strengthening the family medicine workforce. A projected increased need for primary care means that more family physicians will be necessary to meet this need in the future. NCAFP will continue to promote the Office of Rural Health’s Loan Repayment Program, work to increase its funding, and promote other initiatives that increase North Carolina’s primary care workforce and family medicine residency slots. Defining family medicine and educating both lawmakers and the public on the importance of family medicine in their community will remain a priority this year.

How to Stay in Touch
We will be ramping up our grassroots efforts this session and trying very hard to connect lawmakers, especially those on the Health Committees, to local family physicians in their area. Additionally, we may be calling on you to reach out to your legislator, either by phone or email, when a pressing issue arises. Be on the lookout for these calls to action and for more information about our planned White Coat Wednesdays this session.

Also something new this session -- I’ll be tweeting from the legislature, covering committee meetings, the session, and hopefully much more. Follow me @jwspruill to get live updates!

(3) Team-based Care
With innovative changes occurring in our healthcare delivery system, NCAFP remains steadfast in preserving the medical home and continuity of care. We will continue to promote positive partnerships between highly-trained family physicians and other healthcare providers. As our healthcare delivery system moves towards value-based care, it will be essential to safeguard continuity of care, protect existing positive partnerships between providers, and to incentivize team-based solutions.

Almber’s midterm election with more than 2.7 million voters, the 44% turnout was only slightly higher than average than seats. However, Republicans can incumbents Tim Moffitt (Wake County), and Mike Stone John Ager, Gale Adcock, and Brad in the election of Larry (Seat). Overall, there will be fifteen new faces in the House next year.

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Your CME in 2015 - Exactly What You Need and Want!

The NCAFP Meetings Department is excited about CME in 2015! From early Spring to late Winter, and even Summer in between, we have several terrific CME opportunities and learning programs lined up throughout the year. We are looking forward to informative lectures, innovative and interactive learning sessions, user-friendly mobile applications and web-based learning, and a whole lot of fun! The NCAFP is also pleased to roll out a brand new online registration system, designed to be easier and more user-friendly for our members. Please be sure to mark your calendars with these valuable workshops and conference dates.

DOT Certification Training
Back by popular demand, we are pleased to announce our DOT Medical Examiner Certification Training Workshop on Saturday, April 18th from 8:00 am to 3:00 pm at The DoubleTree by Hilton Raleigh Brownstone. Effective May 21, 2014, all health care professionals who perform physical examinations and issue medical certificates for commercial motor vehicle drivers are required to complete accredited certification training and to pass an examination. Last year, over 400 medical providers attended the NCAFP's various DOT workshops throughout the state. Mark your calendars for this workshop opportunity and visit www.ncafp.com to register. Registration fees are $350 for NCAFP/AAFP Members and $400 for Non-Physicians/Non-Members. Our seasoned presenters are Dr. Thomas R. White and Dr. Nicholas H. Bird. This one-day program is pending approval of 6 AAFP Prescribed Credits. Seating is limited.

Mid-Summer Family Medicine Digest
It’s cold outside now, but we’ve got warm sunshine and six fun sunny days of CME already on our minds! We are gearing up and making plans for our Annual Mid-Summer Family Medicine Digest scheduled for Sunday, June28 through Friday, July 3, 2015 at the Kingston Plantation and Embassy Suites in Myrtle Beach, SC. This annual week at the beach with Program Chair, Alisa C. Nance, MD, has everything you need to combine learning and fun in the perfect oceanfront setting. Best of all, afternoons are free to spend with your friends and family. The half-day general sessions adjourn by 1:15 pm each day and offer a flexible schedule for everyone. Listen and learn from carefully-chosen speakers on the topics addressing the medical issues you see most often, participate in a few additional workshops and satellites or even a SAMS study working group, and socialize during the breaks with vendors and colleagues; all before lunch each day! The weekend conference typically offers up to 30+ AAFP Prescribed Credits. The Embassy Suites / Kingston Plantation can be reached at 800-Embassy or by calling 800-876-0010. Hotel room rates range from $245 to $448 per night, depending on size and location. Be sure to mention the NCAFP for our group rates and make your hotel arrangements early, as the hotel is likely to sell out for this event. Visit www.ncafp.com for updated schedule information, lecture topics, confirmed speakers and to register online.

Winter Family Physicians Weekend
We were delighted to see over 775 of you during our annual Winter Weekend this past December. Thank you for your participation! So, as you schedule your family vacations, your weekend soccer games and golf outings, group meetings and other important events in your shiny new 2015 calendars, be sure to highlight December 2 - December 6, 2015 for this year’s Winter Family Physicians Weekend at the Omni Grove Park Inn in Asheville, NC. This annual tradition typically offers more than 30+ AAFP Prescribed Credits and is a wonderful time for friends, family, and colleagues to gather for up-to-date CME and a relaxing weekend in the Blue Ridge Mountains of North Carolina. The NCAFP is excited to introduce new and unique learning methods at this meeting. More information regarding hotel room rates will be made available soon. Please visit www.ncafp.com for conference updates and information.

We are excited to bring you important and popular CME opportunities in 2015 and we hope to see you at one or more of the events highlighted above. Watch your email and our website for additional announcements regarding future Hands-On Procedures Workshops (joint injections, aspirations and skin biopsies) as well as additional online CME opportunities such as MOC Part IV projects.

If you have questions or would like additional details, please feel free to contact Marietta Ellis, Director of CME, or Kathryn Atkinson, Manager of Meetings & Events at 919-833-2110/800-872-9482 (NC Only) or katkinson@ncafp.com. We look forward to seeing you in 2015! #NCAFCME
Warm Sunshine and Six Sunny Days of CME

NCAFP’s annual week at the beach with Program Chair, Dr. Alisa C. Nance, RPh., has everything you need to combine learning and fun in the perfect beach setting.

LEARN MORE AND REGISTER TODAY AT
WWW.NCAFP.COM/MSFMD
Back in the early 1970s, Dr. Maureen Murphy was a hard working television journalist knee deep in making a name for herself in Joplin, MO. The daughter of a college football coach, she was known to run and help motivate the players during practice, pushing them to do their best. She used this same type of approach to help connect with newsmakers and viewers while covering local news.

In 1977, while employed in public relations with the United Way of Kansas City, Dr. Murphy heard of a opening at the Society of Teachers of Family Medicine (STFM). Already interested in covering healthcare from her earlier television days, she jumped at the chance when offered. "I liked healthcare and STFM seemed like such a great place- a nice bump in salary, too," Dr. Murphy remarked, hinting at her signature humor she's long been known and admired for.

It was through this role - writing about family medicine's focus on the whole person - that would change her life and reveal her true calling. "Writing about this newly invigorated specialty of family medicine -- with stories about taking care of patients in the context of their families and within their communities and treating people not just diseases -- the whole idea of family medicine just made so much sense to me," Dr. Murphy explained.

Committed to becoming a family doctor, Dr. Murphy re-enrolled in college to pick-up the necessary science classes, took the MCAT, and was accepted at the University of Kansas Medical School (KU). "I stated in my medical school interview that I was doing it solely to become a family doctor," she recalled.

Dr. Murphy's passion for family medicine continued throughout medical school, leading her to make a number of lasting achievements. From her very first day at KU, Dr. Murphy helped promote membership in the AAFP, distributing applications and telling students the advantages of joining. Student membership in the Kansas chapter rose significantly as a result. At the national level, she was active on the then Publications Committee, and then went on to become the chair of the AAFP National Conference of Student Members (today's AAFP Student Chair). She then served as the first vote-eligible student member on the AAFP Board of Directors, changing how the role was viewed by leaders at the time. "Many members at the time were uncomfortable with students participating in developing policies," recalled Dr. Jim Jones, Past President of the AAFP and an AAFP Board member while Murphy served. "In many ways, Maureen served as a pioneer when time and time again she demonstrated the value of having student input at that level."

After graduation, Dr. Murphy entered residency training in family medicine at Duke University, completing the program in 1988. While a resident, she continued to be active with the...
NCAFP, and also within the AAFP National Conference of Family Medicine Residents, serving as both chair of that group and the resident member on the AAFP Board of Directors.

**Educator & Community Physician**

Throughout Dr. Murphy's ensuing medical career, she would serve as a beloved community physician and an extraordinary educator. She has practiced in communities ranging from medically-underserved towns like Sparta, NC, to communities such as Gastonia, Concord and Greenville. Through it all, she's always put patients first and remained committed to delivering stellar frontline family medicine.

But even as revered and respected she is as a practicing physician, it's been Dr. Murphy's contributions as an educator and mentor to medical students and residents that have made an indelible mark in North Carolina.

In 1995, Dr. Murphy's instrumental voice helped lead to the creation of what is today's NCAFP Foundation's $1.2M Medical Student Endowment Fund that finances a wide range of medical student programs in the state and is a model for other state AAFP chapters. As NCAFP President in 2001, Dr. Murphy also helped create the NCAFP Student Elective Rotation, as well as the NCAFP Student Buddy program; both continue to thrive and provide much needed financial and leadership development assistance to medical students.

Today, Dr. Murphy continues to precept residents and inspire medical students at Cabarrus Family Medicine in Concord where she serves as Faculty Coordinator of Student Programs. Cabarrus was recently voted the #1 family medicine rotation site by students at UNC's School of Medicine. She is also a Master Preceptor with the NCAFP's Family Medicine Scholars program, serving as a mentor to ECU Brody's Scott Gremillion (M4). Mr. Gremillion expects to MATCH into family medicine this spring and had this to share:

"I am planning to go into family medicine and I would not have been able to persevere through the challenges of medical school without the strength and mentorship of Dr. Murphy. Her vision of family medicine and whole-hearted devotion to this specialty has quickened me in my resolve to pursue it as my career. Dr. Murphy truly embodies the service, empathy, care, erudition and skill that all family physicians aspire to."

Dr. Murphy resides in Concord with her husband Scott Maxwell.
NC Family Medicine To Take Center Stage

North Carolina was selected as one of the first “City Tour” stops for the national “Health is Primary” campaign designed to showcase family medicine's unique power to improve quality, lower healthcare costs and keep patients healthier.

Raleigh would have been the first “City Tour” of the campaign had the event not been postponed due to inclement weather on February 26. Now, Raleigh will host the second event on Thursday, April 16th, 2015. “Health is Primary” is the specialty's largest and most ambitious communications effort ever undertaken. The campaign will visit five cities across the country this year to raise awareness of primary care's ability to help advance the nation's health system by spotlighting local care innovations.

On Thursday, April 16th, policy makers, media and family medicine leaders will hear from several panelists discussing primary care innovations in North Carolina, most of which are being driven by family physicians. T.R. Reid, a well-known national reporter and documentary film maker, is scheduled to moderate each session. FMAHealth Board Chair and AAFP Past President Dr. Glen Stream, NCAFP President Dr. Thomas White, Dr. Mary Hall, President-elect of the Society for Teachers of Family Medicine and several other family physicians are scheduled to sit on the panel. Other care delivery innovations and a major employer's efforts to curb healthcare costs by requiring employees to receive their primary care at Patient-Centered Medical Homes, will also be discussed.

National Program Accelerates

Nationally, Family Medicine for Americas Health, www.fmahealth.org – the parent organization of the “Health is Primary” campaign, continues to ramp up its planned advocacy and policy outreach program. In what's expected to be a 5-year effort, FMAHealth has already defined its six core tactics teams, seated their individual members, and completed work in creating and defining action plans and success metrics. FMAHealth leaders have also met with key stakeholders across the eight family medicine organizations to catalog current initiatives with an eye towards complementing existing efforts.

FMAHealth’s advocacy strategy has its tactics teams playing very important roles. They are being envisioned as the best direct avenues for member physicians, residents and students to engage in the program and help carry out program activities. To accomplish this, each tactical team will build a Tactical Team Support Network -- a group of passionate experts, family medicine professionals, and people interested in engaging the workplan of each tactic team. These networks are just beginning to form; to express interest in participating, simply notify Chris Hugill, chugill@fmahealth.org.

Look for updates on the April 16th event in Raleigh on the NCAFP website and in e-mails from both FMAHealth and the NCAFP.

Times – They Are Definitely A Changing

It’s a fact: the only constant is change, especially in today’s world of healthcare and healthcare reform. Depending on your perspective, it is either a great time of opportunity or the scariest time of your professional career. In fact, it could be both. But I’m an optimist, so I’ll go with great opportunity.

As an organization, the NC Academy of Family Physicians is doing everything we can to help you navigate these stormy waters. That is exactly what drives your staff and your volunteer leaders. We want to help you chart the stormy seas with the ultimate result of improving the health of your patients, families and communities in North Carolina. We don’t just believe it, it’s our mission.

Our vision for the future also helps drive how your leaders govern the NCAFP: to ensure that family physicians will be universally valued for your role in providing high quality care to the people of North Carolina.

Let me outline just a few of the ways we have been staying true to our mission and vision over the last few years and continue to do the same today.

Helping You Decide How You Want to Practice in the Future

First and foremost, we have been putting tremendous effort and resources into providing you a guide/template to navigate some of tough decisions you face in today’s ever-changing practice environment. To that end, we have produced:

The NCAFP Guide to Hospital Employment for Residents: While this was completed after a request from our resident members, it is also a tool for any physician that may be negotiating an employment contract with a healthcare system.

The NCAFP Hospital Affiliation Whitepaper: This guide helps an independent practice think of key issues when considering affiliating with a healthcare system or selling their practice.

The ACO Blueprint for Success for Family Physicians: This guide helps family physicians understand the world of Accountable Care Organizations and offers key questions to ask if joining or developing an ACO.

Beyond these guides, we have been very involved in the efforts of numerous organizations when their

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activities align with our mission. This includes: becoming a founding member of the NC Medical Society's Accountable Care Consortium (www.tac-consortium.org); having your leaders work with the AAFP on materials for practices considering the Direct Primary Care model; and convening a group of leaders that ultimately led to the development of Community Physicians of North Carolina, a clinically integrated network (see page 18 for more information).

Marketing the Value of Family Medicine

One of the key elements of driving the NCAFP's mission and vision has been a renewed focus on marketing the specialty of family medicine to the media, policy makers and the general public.

Over the past two years, we have worked with Carolina Broadcasting to hone our message, leading to greater recognition at the General Assembly. This has included commercials on NC Spin, the state's leading public policy television program; an enhanced social media presence; a website highlighting the importance of family medicine's involvement in Medicaid Reform; and more.

Many of these activities will culminate with a visit to Raleigh by Family Medicine for America's Health on Thursday, April 16th (originally scheduled for February 26 but postponed due to weather). Family Medicine for America's Health has developed a communication strategy (entitled Health is Primary) to tell stories about the value of family medicine and primary care. In April, policy makers, media, family medicine leaders and other healthcare professionals will have the opportunity to learn about innovations in primary care in North Carolina through a panel discussion moderated by T.R. Reid. You can learn more about this planned event on page 14 of this issue.

The bottom line is this: it’s no coincidence that Family Medicine for America’s Health chose Raleigh for an early city tour event. It’s due to the hard work of our members throughout the state showing how family medicine adds value to the healthcare system, working to achieve the “Triple Aim” every day. We’ll continue to carry the message of “Health is Primary” throughout North Carolina all year long. In fact, we have already started scheduling presentations and events at medical schools to show medical students the value of family medicine and prove that “Health is Primary.”

Advocating at the Legislature

Finally, we are advocating for you at the NC General Assembly every day, every week, always working to show the value of family medicine and ultimately help your patients lead a healthier life. Of late, we have spent much of our time around Medicaid Reform. Our goal is to maintain the sacred relationship between the patient and their family physician. We do not want Medicaid reform to add unnecessary barriers to your practice, and want to insure that physicians are making healthcare decisions with their patients. Based on that belief, we have adamantly opposed outside managed care companies taking over Medicaid in our state.

While the fight is far from over, we are continuing to work to preserve physician leadership in healthcare. Whatever ultimately comes from Medicaid reform, we believe it should be patient-centered, physician-driven and have a strong foundation of primary care. We know strong primary care is crucial to helping our state become healthier; improve the quality of care and save healthcare dollars.

Of course Medicaid Reform is not the only issue we deal with at the General Assembly. From proposals to require very specific CME to legislative efforts that are NOT evidence-based, we constantly represent you in front of your elected officials.

As you know, slightly more than a year ago, we hired a full-time, in-house government affairs professional. Joanna Spruill, JD, your Director of Government Relations and General Counsel, is already adding tremendous return to our investment. And recently, we began working with Matt Bales of Carolina Consulting Partners, to help further our grassroots efforts. He has helped open numerous doors and coordinated one-on-one meetings between our members and elected officials. We expect to ramp up this effort even further in the coming months.

Yes, times are changing, but we continue to change and evolve as an organization to better represent you, your profession and your patients. I urge you to get involved and help us with this effort. Together, we can and will make a difference for family medicine in North Carolina.
WHERE HEALTH IS PRIMARY.

Health improves when doctors and patients spend time together. Family doctors make it a priority to stay connected to their patients. We want everyone to have a trusted primary care doctor who is there when they need them.

Let’s make health primary in America. Learn more at healthisprimary.org.

#MakeHealthPrimary
Like no other time in healthcare have the clinical, regulatory or practice management demands been so challenging for physicians. This is most true for today's independent primary care physicians who are juggling an increasing array of acronyms (ICD-10, ACOs, MU, PQRS, PCIP, etc.) while serving an ever complex patient population.

Healthcare’s newest twist - the rapidly shifting payment model - may be an independent physicians’ biggest challenge yet. The migration from volume-based reimbursement to payment based on value brings with it a legion of new demands, and is expected to only add to the complexity of running a modern medical practice.

With all this happening, it begs a compelling question: how can independent practices survive let alone thrive in this new value-based world? Is independent practice even a realistic choice anymore?

Even as early at 2012, independent practice members of the NC Academy of Family Physicians and the NC Pediatric Society began to reach out to the associations asking for potential assistance with these challenges. As a result of the request, the two associations, along with the NC Community Health Centers Association, helped convene discussions among their leaders, tasking them with determining what was needed, what best practices should be pursued, and to help forge a solution workable for everyone.

“We have always wanted our members to have as many options and opportunities as possible in terms of practice environment,” said NCAFP President Dr. Tom White. “We want our members to have the opportunity to thrive whether they are part of a large healthcare system or remain in independent practice, and it’s our job to help find the tools for our members in either case.”

Throughout this process, family medicine, pediatric, and community health center leaders recognized that Community Care of North Carolina (CCNC) could be a major ally, especially with its deep experience in physician network development and collaboration. As a result, the group approached CCNC for guidance in forming a new independent organization resulting in the new clinically integrated network known as Community Physicians of North Carolina (CPNC).

**Why Clinical Integration**

Before describing CPNC, it’s key to recognize why clinical integration networks (CINs) can be a huge win for independent physicians and providers. The benefits of a CIN boil down to three simple things: better payment for better quality, return on investment, and the fact that CINs can help preserve choice relative to practice ownership and affiliation. As a legal entity, CINs operate within an antitrust ‘safety zone’ and provide a legitimate means through which providers (PCPs, specialists, CHCs, hospitals, and others) may align together for the purposes of value-based contract negotiations with payers. This allows CIN members to achieve financial rewards from network-negotiated contracts based on quality, but also from contracts they negotiate individually as well.

Within a CIN, through reasonable membership fees, virtually any size medical practice gets to tap into quality, health informatics, and operational infrastructures that may otherwise be unaffordable or too risky to implement individually. Many refer to today’s CINs as hyper-charged IPAs, (independent practice associations) as they feature many similar services, yet provide a whole new quality improvement aspect geared for today’s environment.

These two key benefits -- better payment through group payer contracting and affordable infrastructure access -- combine to create a third benefit: increased flexibility and choice for providers. CINs help preserve choice for members by filling important gaps relative to quality, payment, and resources access. This helps
Connect the dots regarding value-based payments, and can make practice life more manageable and rewarding.

What is a CIN?

So what is exactly is a clinically integrated network (CIN) and what does it do? To appreciate its power, one needs to recognize its two distinct facets: its legal structure and positioning within a value-based reimbursement system; and its tangible benefits to overall practice operations.

Broadly, a CIN formally brings together member providers (PCPs, specialists, hospitals, and affiliated providers) to work collaboratively to develop and execute initiatives that improve quality, patient-experience and overall cost control. As a legal entity, a CIN is the vehicle through which its members can participate in various performance and value-based payment programs (MSSPs, Medicaid ACOs, bundled payments, etc.). This gives CIN members the ability to demonstrate and quantify their commitment to value-based care delivery, something they can also leverage in their individual negotiations.

At the practice level, CIN members may receive centralized support in areas like quality metrics alignment, informatics, back office operations, group purchasing, etc. Specific supports tend to be unique to each CIN, but most are driven by member needs and established through the CIN's governance structure which member physicians control.

Membership in a CIN is strictly voluntary. However, it does require a physician or practice to commit to actively participating in the CIN's quality improvement programs through activities like data sharing. Membership also requires physicians/practices to adhere to clinical protocols as developed and defined by the CIN. From this perspective, participation in the CIN does influence how its members practice medicine, but does so only within the context of collectively agreed upon, physician-driven quality improvement initiatives.

Community Physicians of NC

Community Physicians of North Carolina (CPNC) began to form in late 2014 and is initially being targeted at North Carolina’s primary care providers and community health centers. At scale and when fully integrated, CPNC expects to provide a range of services, including collecting and reporting of quality data, population stratification, behavioral health integration, assistance with value-based payment mechanisms and other centralized support services.

Beyond these services, CPNC will be physician-led and physician-driven. Its board of directors and all major network governance committees that will create the network's policies, protocols, and procedures, will be led by its member doctors. These are expected to include committees such as quality improvement, health informatics, audit/finance, and the network's executive committee.

Family physicians in North Carolina interested in obtaining more information on CPNC, can find out more at communityphysiciansnetworkofnc.com.

It's becoming clearer every day that healthcare is rapidly shifting away from traditional fee-for-service towards approaches that reward value over volume. For example, federal Health and Human Services Secretary Sylvia Mathews Burwell recently announced that by the end of 2016 her agency plans to have 30% of all Medicare payments "tied to quality through alternative payment models," including ACOs, patient-centered medical homes, and bundled payments. Plus, for Medicare payments that remain under the fee-for-service model, the vast majority will be linked to quality and value in some way – 85% by 2016, and 90% by 2018. If history is any indication, private insurers will soon be following Medicare's lead.

Becoming involved in a CIN is just one way to help physicians navigate the massive changes in healthcare today.
North Carolina: Where #HealthIsPrimary

Finest primary care training in the country is located in the Tar Heel State

I had a really embarrassing day while on the road interviewing at family medicine residencies last December. I was at a program in Massachusetts, milling with my fellow applicants while waiting for the interviews to begin, when I noticed my nametag wasn’t included with the others interviewing that day. Soon a harried-looking coordinator came by, saw me and said, “Brian, I actually have you on the calendar for an interview tomorrow, not today!”

Now, I will be the first to admit that I have done some boneheaded things in my life, but showing up for a job interview on the wrong day still seemed pretty unlikely... though within the realm of possibility. Unable to access ERAS, the system we use to apply to and communicate with residencies, I accepted my mistake and spent the rest of the day profusely apologizing to my interviewers for my foolishness. The program was very gracious about the whole thing and re-arranged the schedules of their faculty to accommodate talking with me. You can imagine how relieved I was, then, when I finally got home that evening, logged into ERAS and discovered that I had shown up on the correct day after all – I had even confirmed the date twice with that same coordinator. By then, of course, the damage had already been done - I’d spent the whole day looking like a big dummy. I decided not to make a big deal about the mistake, however, because, honestly, I wasn’t very impressed by what I saw of the program there.

Granted, that sort of mistake could happen anywhere. I share it because it touches on something I’ve come to truly appreciate since checking out programs around the country: we really have our stuff together here in North Carolina. It is so apparent to me that much of the finest primary care training in the country can be found at our medical schools and residency programs. On the interview trail, I could not have been more proud to say I am from Carolina and I believe programs were excited about that, too.

It should come as no surprise that the new AAFP-led Health is Primary campaign chose North Carolina as the first stop on its around-the-country tour. What a terrific opportunity for us to highlight many of the wonderfully innovative, community-driven work being done by clinicians around our state! Having had the opportunity to serve in student leadership positions with the NCAF and the AAFP, I think it’s fair to say that our chapter is one of the best run, most capable chapters in the country. If any state can effectively showcase the importance of family medicine to our communities, it is ours. Though the weather in our fair state wasn’t as up to the task as we would have liked, and the campaign stop ended up being rescheduled for later this spring, I am sure we are all looking forward to showcasing what our state is up to.

As I prepare to embark on residency, I would like to take this opportunity to thank all of you that read this article, all of you who support our state chapter. As a medical student at the University of North Carolina, I have benefited in innumerable ways from opportunities provided by you through our chapter. As a Family Medicine Scholar, I was able to spend time shadowing several different practice types in the summer after my first year: solo practice, concierge and direct primary care models. Through innovations in those models pioneered here in North Carolina, I have watched students and residents from around the country get excited about primary care in ways they never dreamed possible. I have also had several opportunities to get involved with the NCAF’s advocacy council, and I watched as family physicians, residents and students pushed for greater access to healthcare in our state and a more promising future for practice.

Our chapter has also supported me during my campaigns for a couple national student leadership positions with the AAFP. This summer, I will proudly represent our great state as student chair of AAFP’s National Conference of Family Medicine Residents and Medical Students. As student chair, I have already been looking for opportunities to help North Carolina shine at that wonderful conference.

I’ll say it again: we really have our stuff together when it comes to primary care in this state! These are things I felt intuitively as a student these last four years but have really crystallized as I’ve gotten to see how the rest of the country approaches primary care. Thank you again to all of you that have personally reached out to me and my fellow trainees through the Academy. Your impact has undoubtedly been larger than you know. Please trust me when I say we cannot wait to pass the favor on to future generations of family medicine grads.
RECORD STUDENT ATTENDANCE at 2014 ANNUAL MEETING

At the NCAFP Annual Meeting in Asheville this past December nearly 130 medical students were on hand to represent all five North Carolina medical schools. Students participated in educational sessions, business meetings and took advantage of social and many networking opportunities with other students, residents and practicing physicians. A packed student section discussed opportunities available to NC medical students, advocacy issues in NC and elected new student leaders. Representing NCAFP's Student Section (pictured above) will be: Landon Allen, BSOM, NCAFP Foundation Student Trustee; Kelly Stanley, CUSOM, NCAFP Foundation Student Trustee; Jeffrey Pennings, CUSOM, Student Director-Elect; and Christian Jasper, WF SOM, Student Director. Congratulations and thank you for your service!

STUDENT SCHOLARSHIPS

The NCAFP Foundation will once again be offering scholarships up to $5,000 to medical students considering a career as a family physician. Students that will be in their 3rd or 4th year of medical school effective 8/1/2015 are eligible to apply. Application deadline: May 1st, 2015. For complete details and an application please visit here: www.ncafp.com/scholarships

2015 FAMILY MEDICINE DAY

Family Medicine Day is Saturday, May 16th. This 1-day event is designed for 2nd and 3rd year medical students. However 1st year students are welcome as well. For complete details and to register online please visit: www.ncafp.com/fmd (see ad at right)

2015 AAFP NATIONAL CONFERENCE IS JULY 30 - AUGUST 1, 2015

Great educational workshops, leadership forums and an opportunity to meet Residency Programs from North Carolina! Travel scholarships are available thru the AAFP, application to apply 5/1/15. Registration is open now, for more information please visit: www.aafp.org/nc.

www.ncafp.com/fmd

The North Carolina Academy of Family Physicians (NCAFP) and the North Carolina Area Health Education Centers (AHEC) program are excited to present North Carolina’s 9th annual family medicine residency recruitment conference - Family Medicine Day! The conference introduces 3rd- and 4th-year medical students to the state’s family medicine residency training programs.

- Free for medical students graduating in 2016 or 2017
- FREE overnight hotel accommodations if needed
- 4-Hours of clinical workshops
- A residency recruiting fair with all NC residency training programs
- Great professional networking opportunities

AWESOME CLINICAL SKILLS WORKSHOPS

- Basic Suturing Techniques
- IUD Insertions & Endometrial Biopsy
- Circumcisions
- Outpatient Radiology Film Reviews
- Splinting, Bracing and Casting
- Toe & Skin Procedures
- Lumbar Puncture
- Knee Examinations & Injections
- Ultrasound in OB and Sports Medicine
- Osteopathic Manipulation & Trigger Point Injection
- Residency Interviews & The Intern Year
- EKG Reading

PLUS

- Discussion on Health Is Primary Campaign and Government Affairs in NC
- Keynote panel discussion on NC’s Innovative Practice Models in Family Medicine

MEET NC’S FAMILY MEDICINE RESIDENCY PROGRAMS

The following NC family medicine residency programs will be in attendance

- Cabarrus Family Medicine Residency Program
- Carolinas Medical Center - Charlotte Family Medicine Residency Program
- Carolinas Medical Center - Union Regional Family Medicine Residency Program
- Cone Health Family Medicine Residency Program
- Duke University Family Medicine Residency Program
- East Carolina University Family Medicine Residency Program
- MAHEC - Asheveille Family Medicine Residency Program
- MAHEC - Hendersonville Family Medicine Residency Program
- New Hanover Regional Family Medicine Residency Program
- Novant Health Family Medicine Residency Program
- Southern Regional AHEC Family Medicine Residency Program
- Southeastern Health Family Medicine Residency Program
- UNC-Chapel Hill Family Medicine Residency Program
- Wake Forest Family Medicine Residency Program

www.ncafp.com/fmd
Fellowship Opportunities Abound in North Carolina

Did you know the state of North Carolina is not only an amazing place to train for Family Medicine Residency but also a great place to complete a post-graduate fellowship? North Carolina has over 35 fellowship programs including Obstetrics, Geriatrics, Faculty Development, Sports Medicine, and Integrative Medicine. Fellowship training can expand on the foundation of primary care and bring extra expertise to a physician’s scope of practice. It can allow someone to get more in-depth exposure in a specific area of medicine; another advantage is that this often translates to special expertise in teaching, and even a salary advantage.

We had the opportunity to talk to several enthusiastic and passionate former North Carolina residents who have gone on to fellowship programs in North Carolina. They told us all about what motivated them to pursue a particular fellowship and how they plan to use this training to fulfill their careers.

Dr. Erin Voss completed her family medicine residency at Carolinas Medical Center - Charlotte in 2014. She started a Sports Medicine fellowship at Moses Cone Sports Medicine in the summer of 2014. With the grueling fall football season behind her, Dr. Voss reflected on why she chose to pursue Sports Medicine training.

“I have been a lifelong athlete and really believe that exercise is medicine,” Dr. Voss said. “I love working through patients’ injuries to allow them to stay active. I also love being involved in the lives of young athletes, which keeps me motivated and inspired.”

Musculoskeletal complaints account for approximately 30% of primary care visits seen by Family Physicians, according to the National Ambulatory Medical Care Survey. Sports Medicine trained physicians can provide expertise in musculoskeletal medicine needed in our communities. After fellowship, Dr. Voss hopes to join a family medicine practice and provide comprehensive healthcare for active people of all ages, including preventive care and sick visits, as well as musculoskeletal complaints.

Dr. Robert Poetta completed his family medicine residency at Cabarrus Family Medicine (CFM) in 2014. He went on to pursue a Hospitalist Fellowship by staying on at Cabarrus Family Medicine. Dr. Poetta became interested in hospitalist medicine because of his excellent experience on the inpatient service as a resident with CFM.

“My fellowship has comprised of working on the resident family medicine in-patient service, the non-teaching hospital service, and critical care units,” Dr. Poetta said. “The fellowship has allowed me to gain further teaching experience and also admit my own patients, seeing a full service. It has been a great confidence booster. This has been a great experience; I believe the fellowship was the right choice for me. It has gotten me outside my comfort zone, but with a bit of a safety net still in place. Hopefully these experiences will help me better serve my patients and residents in the future.” Dr. Poetta plans on taking a full time faculty position at Cabarrus Family Medicine as a rotation hospitalist.
on the resident family medicine service starting in April of this year.

Dr. Frank Laughlin traveled from Birmingham, AL, to Tupelo, MS, before heading back to the mountains in Asheville. He completed his family medicine residency in Tupelo and chose to continue his education with the Geriatrics fellowship at MAHEC Family Medicine Residency in Asheville. Geriatrics includes all elder care from geropsychiatry, and urogynecology, to memory care, and hospice/palliative care.

Geriatrics is an important part of family medicine and was recognized as early as 1979 according to the Society of Teachers of Family Medicine. The combination of an aging population and new medications and interventions for their problems, make Geriatrics fellows an important member of the healthcare team. There are 48 Geriatrics fellowships in the US, with three of them in North Carolina. The population of those over age 65 has soared from 5% in 2010 to 14% in 2013 according to US Census data. “It’s a population that not just wants our help, but needs our help,” Dr. Laughlin remarked. “There’s so much we can do for them now. It’s great to help keep someone [like my grandmother] healthy.” After completing his fellowship, Dr. Laughlin will be able to have his pick of employment opportunities from nursing home care, specialty clinics, to faculty positions.

There are many other fellowships that allow family medicine physicians to fit in with the needs of their communities. Preventive medicine fellowships, like the one available at UNC, allow a fellow to earn a Master of Public Health while learning how to work with communities to accomplish healthcare goals. At the SRAHEC faculty development fellowship, residents’ transition to faculty and put into practice the theories of medical education. Some residencies have an optional 4th-year where residents can make their own fellowship and explore any subject they wish at a deeper level.

If you find yourself wanting more experience in a certain area, take time to explore North Carolina’s many fellowship opportunities.
UNC Goes \textbf{LEAN} with Practice Transformation

by Peter Graber
NCAFP Director of Communications

UNC FAMILY MEDICINE CENTER MODERNIZATION: UNC’s renovated Family Medicine Center will push the envelope of patient-centered care.
Imagine yourself as a patient for a moment, walking into a busy outpatient academic medical clinic. When you arrive, instead of checking-in and waiting for what may seem like an eternity, you’re greeted and almost immediately ushered to your exam room. Once there, you and your medical assistant complete the usual check-in process, and then in an efficient, orchestrated sequence, all the services you need come to you: your physician, lab personnel, ancillary support, referral help, and even payment and billing. The only time you leave the exam room is when you’re done.

Sounds attractive, doesn’t it? Simple, private, and entirely focused on you.

This is the approach that UNC’s Department of Family Medicine (UNC-FM) is currently piloting and patients are loving it. It’s all part of the department’s grand vision of becoming more patient-centered through a top down renovation of its clinic and a complete re-engineering of its core processes.

“It is our vision to create the nation’s leading family medicine practice...,” notes Dr. Warren P. Newton, the William B. Aycock Professor and Chair of Family Medicine and Director of the North Carolina Area Health Education Centers (AHEC) Program and Vice Dean for the UNC School of Medicine, “…a practice where the patient experience, care and environment will be a model for others to follow. We want the UNC Family Medicine Center to be a place where patients receive the most advanced personal care. A place that is convenient and friendly with all of your services under one roof. A place that is a national model, setting the standard for the future of patient-centered, cost-effective and compassionate care.”

The breadth and depth of UNC’s vision is extremely ambitious. Dr. Sam Weir, the department’s Director of Continuous Improvement, knows just how comprehensive the transformation is. He’s been working on its key components since 2012, drawing upon a small village of experts to help realize the vision.

From Dr. Weir’s perspective, the William Aycock Family Medicine building has served the department extraordinarily well since its opening in 1990. But much has changed in Family Medicine in the past 25 years. And as the population around the practice has grown, the Family Medicine Center’s practice has grown significantly, becoming more patient-focused and adding several new lines of service. But with an infrastructure built at a time before things like EHRs or even HIPPA, the renovation is as much about modernizing as it is about optimizing the clinical space to meet current and future demands.

UNC Family Medicine leaders travelled throughout the country to see firsthand and evaluate several innovations in clinical delivery while it planned the renovation. One site that stood out was the University of Utah and its pioneering ‘care by design’ approach. Care-by-design is the brainchild of Dr. Mike Magill, Utah’s family medicine department chair, and also a former UNC-FM visiting professor and Huntley lecturer.

“What we found in Utah with Dr. McGill is that we were really inspired to take a very close look at our process-of-care and to truly become more patient-centered in all we do,” Dr. Weir explained. A cornerstone of care-by-design is the concept of the ‘care team model.’ This model features close collaboration between medical assistants (MAs) and physicians to minimize wait times and to

Continues on Back Cover
In case you haven’t heard, “connection” is the new buzz word. You’ll hear it not just in member-driven associations, but in churches, schools, and pretty much any place where an investment—financial and/or emotional—is required. At its core is a deeper implication: a relationship. That can be a scary place for the mind to go since a relationship involves effort from both parties in order to be a productive, meaningful one.

Logically, the most common questions asked before making a membership or financial commitment are: “What are the benefits?”, “What's in it for me?”, “Where do my dollars go?”

These, of course, are legitimate questions which merit a specific, yet thorough response. Let’s start by using AAFP as an example. At right are what I call “surface benefits.” These are benefits available to any dues-paying member, and if utilized efficiently, transitions into tangible member value.

Of the benefits listed, the online communities (AAFP Connections and Delta Exchange) and the discussion listservs help to foster a connection with peers and colleagues, but nothing quite like personal, active involvement.

With the evolution of visual and social media, the questions regarding benefits are now evolving into those of a more connective, relational nature. And that is a very promising change! The previously stated questions have now shifted to: “How do I make the most of my membership,” and “How can I participate/get involved?”

Glad you asked! One basic answer is to attend a meeting or event. Whether a Live course, SAM Working Group, National Conference, or Assembly, these are all ways to earn CME or hands-on application while experiencing your membership in action.

You can find a listing of 2015 NCAFP CME & Educational Events by clicking on the Continuing Education tab on our website at www.ncafp.com. AAFP events may be found by visiting www.aafp.org/events.

Another opportunity is through our new QI initiative. Alliant Quality is the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Georgia and North Carolina. Over the next 5 years, Alliant Quality is offering FREE services to help NC providers with: ABCS Cardiac initiatives, EHR Meaningful Use, PQRS reporting, Value-Based Modifier enhancements, and other quality improvement initiatives.

You’ll engage with your peers in learning and action networks, sharing knowledge and best practices on critical healthcare quality and safety issues. This “all-teach, all-learn” philosophy is

### Membership Connections are Really Relationships in Disguise

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<thead>
<tr>
<th>AAFP/NCAFP MEMBER BENEFIT</th>
<th>VALUE</th>
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<tbody>
<tr>
<td>Free subscription – print, digital (tablet/smartphone) and online - to American Family Physician (AFP)</td>
<td>$199</td>
</tr>
<tr>
<td>24 free quizzes with up to 90 CME credits available through AFP</td>
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</tr>
<tr>
<td>Free subscription – digital (tablet/smartphone) and online to Family Practice Management (FPM)</td>
<td>$68</td>
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<tr>
<td>Six free quizzes with up to 20 CME credits available through FPM</td>
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<tr>
<td>Free online access to 1,280 Board Review practice questions acceptable for up to 32 CME credits</td>
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<tr>
<td>Free online access to 29 enduring activities acceptable for up to 38.5 CME credits</td>
<td>$696</td>
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<tr>
<td>Free membership in the award-winning online community Delta Exchange, including access to monthly practice enhancement webinars</td>
<td>$270</td>
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<tr>
<td>Free access to METRIC modules on asthma, diabetes, geriatrics, and hypertension</td>
<td>$250</td>
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<tr>
<td>CME record keeping, reporting, and planning service</td>
<td>Members Only</td>
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<tr>
<td>Email alerts with highlights from AAFP News and ability to comment directly to AAFP leaders</td>
<td>Members Only</td>
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<td>Professional growth and networking through AAFP Connections and discussion listservs</td>
<td>Members Only</td>
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<tr>
<td>Discounts on AAFP education products and meetings</td>
<td>Up to 50%</td>
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<tr>
<td>Discounts on third-party products and services — including practice tools, travel discounts, financial services, and more — all fully vetted and screened by the AAFP</td>
<td>Varies</td>
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<tr>
<td>Conference attendance discounts at NCAFP meetings and events</td>
<td>Varies</td>
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</tbody>
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**Member Savings of Over**

$2,375.00

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**Footnotes:**
1. Combined print, digital, and online subscription rate for U.S. nonmember physicians in 2014
2. 24 CME quizzes x $19 per quiz
3. Combined digital and online subscription rate for U.S. physicians in 2014
4. 6 CME quizzes x $19 per quiz
5. CME online activities are reflected as of June 2014
6. Assumes completion of (2) Part IV modules in one year
a collaborative learning experience comprised of providers, beneficiaries, families, and community representatives. Challenges and successes are identified and shared with an end result of accelerated change that will transform healthcare at both national and local levels—right down to your own facility or practice. Please contact us for more information!

Last but not least, Advocacy. What issues are most important to you and your patients? Quite simply, you are their most real representative and advocate for national and state healthcare policy. Are you up-to-date on pending legislation which directly affects your profession and community at large? Do you feel well-versed on the issues, provisions, regulations, and implications? Do you feel inspired to affect change?

At the AAFP level, you can sign up for Speak Out, an online advocacy tool, located at www.aafp.org/advocacy. But as you know, it’s been a little busy right here in North Carolina. Fortunately, your state chapter has committed more resources to governmental affairs in an effort to ensure you are educated on the issues and represented as a profession (see “Unique Times Call for Bold Actions,” Vol. 9, Iss. 4, p. 8). We have organized several “White Coat Wednesdays” at the General Assembly to educate legislators on matters pertinent to family physicians. This is a unique experience in which we provide you with a background of the NC legislature, an overview of current key issues, instruction on the fundamentals of lobbying and advocacy, and we even make the appointments with your representatives! All you need to do is lend your passion and your voice. These have been so successful that we plan to continue them in the future.

We’ve also made it easy for those of you who can’t be physically present. You can still remain informed and know what your Academy is doing on your behalf:

Click on the Advocacy tab on our website at www.ncafp.com; open the latest issue of NCAFPNotes in your inbox; like us on Facebook (www.facebook.com/ncafp); follow us on Twitter @MyNCAFP; find us on LinkedIn; and take a look at our videos on YouTube (www.youtube.com/user/TheNCAFP) or our photos on Flicker (www.ncafp.com/fr).

These are just a few examples of ways you can become more actively involved in your membership. We realize that you can’t do everything, but evolving from a passive to an engaged, connected member is what will make your membership a relationship worth sustaining.

For more information on councils, committees, leadership development, quality improvement, and other opportunities, feel free to contact Tara Hinkle, Membership Coordinator, at (919) 833-2110 or NC Toll Free (800) 872-9482, or via email at thinkle@ncafp.com. We’d love to hear from you!
Get to Know Medicare’s New Chronic Care Management Code

As of January 1, 2015, primary care physicians may now bill the new service code 99490 to pay for the non-face-to-face care management needs of Medicare beneficiaries with two or more chronic medical conditions. As a physician treating patients with multiple chronic medical conditions, you recognize that the work is not complete after the 99214 visit is over. The phone calls, electronic messages, formulary changes, lab follow-up, communication with other providers and much more, all require time from yourself and/or your clinical team. In an attempt to recognize the value that primary care brings to the health care system, Medicare is now willing to pay $42.60 per member, per month for this care coordination service.

Of course, with any Medicare program, there are a number of definitions, guidelines and criteria to be aware of when considering whether this new code is worth pursuing in your practice. For the purposes of this article, we will provide an overview of the requirements in the new rule that seeks to compensate primary care physicians for the non-face-to-face coordination of their patient’s care. Summarized requirements include:

Written Consent Required: Patient must be advised of the new program and provide written consent – it must also be explained to them that only one of their providers may bill this code for any given month.

Access: Practice must provide 24/7 access to care management services.

Comprehensive Care Plan: Practice must provide a comprehensive care plan, in electronic format, that is shared with the patient.

Care Transitions: Practice must provide management of care transitions between and among health care providers.

Communications: Practice must provide enhanced opportunities for a patient and any relevant caregiver to communicate with the physician regarding beneficiary care (use of secure messaging, telephone and other non-face-to-face methods).

Co-payments: Co-payments DO apply. This means the beneficiary will have to pay 20 percent (or the appropriate co-pay) for the monthly care management fee.

Restrictions: CCM codes cannot be billed during the same month as the following codes: Transition Care Management, Home Healthcare Supervision, Hospice Care Supervision and Certain ESRD Services. Also, participation in either CMS’s Multi-Payer Advanced Primary Care Demonstration or the Comprehensive Primary Car Initiative precludes billing for this new code.

Minimums: Documented minimum of 20 minutes each month of non-face-to-face clinical staff time (other E&M or procedural services provided during the month can be billed, but that time cannot count towards the 20 minutes).

Again, this list is meant to be a brief overview to determine if your practice should investigate this new revenue source further. A first step for your practice might be to search your EHR for Medicare patients who have two or more chronic conditions. Additionally, there is a wealth of information on the AAFP website, including an informative webinar that was recorded on January 27, 2015. The webinar consists of a 15-minute overview of the new guidelines, along with 45 minutes of very good questions and answers from AAFP experts. The webinar, as well as other resources, can be found at www.aafp.org/ccm. Most of these resources can also be accessed at www.ncafp.com/ccm.
Alliant Quality Partners with NCAFP to Offer Free Services

As a family medicine physician, you may be bombarded with many quality improvement initiatives that affect your reimbursement, workflow and the quality of care that you provide. It’s hard to tell from all of this “help” where to turn. The NCAFP is proud to announce a new partnership with Alliant Quality, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for North Carolina and Georgia. The QIN-QIO program is one of the largest federal programs dedicated to improving health quality for Medicare beneficiaries through education; outreach and collaboration with patients, families, and community partners; and peer-to-peer learning.

As a health care, non-profit organization dedicated to improving the quality, safety and integrity of health care, Alliant Quality has provided an array of services to public and private organizations to improve better health, better care, and lower cost since 1970. Alliant Quality works through collaborative relationships with providers, employers and community groups that are vital to success in improving the overall health of Medicare beneficiaries. All education and quality improvement interventions are designed with a patient-centered focus. Alliant Quality fosters relationships with stakeholders and patient advocacy groups to welcome patients and families as participants in Learning and Action Network (LAN) meetings. Over the next five years, Alliant Quality will help practices through the three part aim of better health, better care, and lower cost.

**Cardiac Initiative**
Heart attacks and strokes are the leading cause of death in our nation. The Justice Warren Task Force championed The North Carolina Plan for Prevention and Management of Heart Disease and Stroke 2012-2017. Goal Number 2 of the Plan – is to increase the proportion of North Carolinians whose cardiovascular risk factors are identified, appropriately managed and controlled. It takes a village of communities to identify the barriers, share best practices, and make a statewide impact on this goal. Alliant Quality, is currently seeking health care practitioners, medical practices, patients and families, home health agencies, community organizations, and Million Hearts® stakeholders, both state and national, to join efforts to improve and measure progress on the **ABCS** of cardiovascular health. The **ABCS** are: **A**spirin as appropriate; **B**lood pressure control; **C**holesterol management; **S**moking screening and cessation counseling.

In December 2014, the newly formed Million Hearts Advisory Board met. During the meeting, partnerships and commitments were made to provide leadership in our Learning and Action Network (LAN) activities. Additional partners are welcome to join. Alliant Quality is supporting family physicians with onsite technical assistance and materials that meet the Maintenance of Certification Part IV performance in practice requirements. The American Board of Family Medicine approved the Cardiac Quality Improvement module for 20 credits.

**Additional Opportunities to Participate**

**Everyone with Diabetes Counts**
Nearly one-third of all persons 65 and older have diabetes, the most common cause of blindness, kidney failure and amputations, and a leading cause of heart disease and stroke. Alliant Quality’s Everyone with Diabetes Counts (EDC) program addresses disparities in the prevalence and treatment of diabetes in underserved and rural populations. This effort will increase the health literacy and empowerment of people with diabetes in your community by expanding access to free diabetes self-management education programs focused on empowering the patient to actively participate in their care team.

**Health Information Technology**
Health Information Technology (HIT) such as electronic health records and patient portals, are vital tools to ensure care is available, affordable and sustainable for the community. Alliant Quality provides physicians with HIT tools to better coordinate care for patients living with chronic conditions, and ensuring physicians avoid negative payment adjustments through the Physician Quality Reporting System (PQRS) and Value-Based Modifier (VM) program. Eligible professionals, acute care hospitals, critical access hospitals, patients and families, community organizations, HIT stakeholders both state and national, are invited to join efforts in a LAN. The goal of the LAN is to increase participation in the Medicare Electronic Health Record (EHR) Incentive Program and promoting patient empowerment in HIT. Alliant Quality technical assistance helps providers report on and receive incentive payments for measures that assess clinical quality of care, care coordination, patient safety, and patient and caregiver experience of care. As a result, hospitals, medical practices and other providers become efficient and effective in the use of healthcare IT to achieve system-wide efficiency and lower costs.

**Care Coordination**
Alliant Quality is helping community stakeholders, providers, patients, and families to organize for better coordination of care transitions, improved discharge communication, better access to community services and to share evidence-based

*Continues on next page*
approaches to reduce avoidable hospital readmissions. This effort especially supports vulnerable populations affected by poor care coordination.

Alliant Quality works with providers and stakeholders across care settings to reduce potential adverse drug reactions, medication errors, overdoses, allergic reactions and other adverse drug events. The focus of this initiative is on using effective medication management strategies, especially for high-risk medications like anticoagulants, opioids, and medications to treat diabetes.

**Free Quality Improvement Assistance**

Whether it is avoiding payment penalties from PQRS, or Meaningful Use (MU) or assistance with completing, the Maintenance of Certification Part IV requirement these initiatives will be delivered through unique LANs that engage communities of local-level partners in action-oriented, real-time learning and rapid-cycle quality improvement. Program benefits of participation:

- Networking with other organizations via a listserv and LAN
- Training on care management features of your EHR (i.e., alerts, recalls, reminders)
- QI coaching on proper documentation and improvement of preventive care screenings
- Assistance with PQRS and VM program requirements
- Assistance in satisfying the ABFM Part IV MOC requirements
- Peer-to-Peer Coaching
- Technical assistance with capture and documentation of ABCS in your EHR
- Assistance in satisfying the clinical quality measures reporting requirements for the EHR MU Incentive Program
- Unlimited access to patient and provider tools and resources, including webinars and face-to-face conferences
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All practicing family physicians and practices are invited to be a part of these important quality improvement initiatives. There are no prerequisites; you don’t have to be a visionary to affect change. All you need to participate is the experience you already have and the passion to improve the lives of your patients that you care for each and every day.

If you would like more information or would like to participate, please contact Tara Hinkle, NCAFP Membership Coordinator, at thinkle@ncafp.com or (919) 833-2110/(800) 872-9482 NC toll free or please visit http://bit.ly/NCQINQIO to begin the registration process.

Also, to learn more about health care quality improvement through eyes of patients, thought leaders and organizations across the nation, please visit QIO News at http://ow.ly/G1iXG.
2014-15 INAUGURAL ADDRESS

I want to introduce my friend, Don Lawrence, and his wife Melba. Last month he went with me to Machu Picchu. Don is a retired police officer and college professor. When he was nearly 50, he decided to start running. The first time he ran he lasted 2 blocks in a pair of heavy basketball shoes. He went on to run 15 marathons, and he is still running as he nears 70. He is out on the streets of Cherryville every morning, setting a good example. He reminds me daily the importance of walking the walk.

On a sadder note, we lose nearly 400 physicians to suicide in this country every year. If you know a colleague who suffers from depression or any other medical condition, and needs help, reach out to them. Everyone in this room needs a family physician they can trust and confide in. We need to take care of ourselves, and each other.

We are Family Physicians. We care. We care about our specialty—our specialty of Family Medicine.

Steve Jobs told us if we want to do great work, we need to love what we do. No one loves his work more or cares about his profession more deeply than my friend Mr. Mickey Payseur. Mickey is a certified public accountant. He actually looks forward to tax season every year. Tax season for a CPA as you may or may not know, is like being on call continuously from December until April 15th every year. Somehow, Mickey does it with accuracy, cheerfulness, and gratitude. I don’t know what electronic records he is using, but we need to find out. Mickey has taught me the importance of customer service, relationships, and professionalism, the importance of being a member of a specialty with high standards.

In October our specialty took a bold step forward with the release of Family Medicine for America’s Health - The Future of Family Medicine 2.0. This represents an incredible opportunity for us to tell our collective story.

More importantly, it is an opportunity for our country and our state. Better care, better health, at a lower cost. Exactly what is needed right now, at the right time, for the right reasons. We know we can deliver. We do it every day.

One out of every four office visits is to a family physician-- over two million a year. Patients need us, they depend on us, they trust us. We read their lists. We don’t always get the credit. We often hand the partialist the diagnosis on a platter. We don’t perform the surgery. We don’t always deliver the baby. But we are indispensable. We matter.

We are the face of medicine here in NC. We have built medical homes, we have been innovators of Medicaid, we have made lives better, and communities better.

Our leaders and educators have earned their place on the mountain top. And we have been privileged to miracles.

Remember my patient with the list, who wanted to start a family, who turned out to have Cushing’s syndrome? About a year after her diagnosis and removal of the adrenal tumor, her hope became reality. She gave birth to a daughter. Then a son. And here in person with us today, are Marion and Dave Reinken.

Marion and Dave - thank you for being here today and for allowing me to share your story. Thank you for the privilege of serving as your physician, for teaching me the importance of sitting down, listening, reading patients’ lists, giving hope, and if possible, getting to an answer. Thank you for reminding me and every doctor in this room why we chose family medicine.

I don’t have to remind you - there are dangers ahead. Family medicine faces some significant threats - like irresponsible Medicaid reform, the misguided belief that having doctor by your name qualifies you to be a physician, the misconception that primary care clinicians are simply interchangeable parts, and the dangers of retail clinics which advertise a one minute wait time, and then deliver 5 minutes of fragmented care.

These threats we face are sometimes closer than we realize. This is not a time for fatigue to set in. We need to keep paddling - harder, faster, and most importantly, smarter, and with greater commitment. That commitment will require our voices and our dollars.

There are over 100,000 family physicians in this country, and nearly 3,000 here in NC. We need many more. We need to attract more students to family medicine and we need to train them. Supporting our Foundation is a good start. These students and residents are our future.

And we must support our PAC. Everyone in this room needs to contribute to the PAC, whether you like the political process or not, and no matter how much or little you can afford to give.

The PAC does not buy votes. It simply gets us a voice, a seat at the table. An opportunity to speak for ourselves and most importantly, our patients.

Earlier, I shared with you my nickname “Grasshopper.” I bet there is something you did not know about grasshoppers. Grasshoppers cannot jump sideways. They cannot jump backward. They can only jump forward. And when they jump, they jump with amazing power and strength.

Friends and colleagues, it is time for us to jump forward. It is time for change. Change is coming. And we are much closer than we realize. Thanks to the work and dedication of so many in this room, we are closer to the respect, recognition, and yes - the compensation - that we deserve.

I believe that future is just ahead. It’s about time. We’ve been way too patient. And most of the time, we’ve been way too nice.

Winston Churchill asked, “You have enemies? Good. That means you’ve stood up for something sometime in your life.”

So now, I would like to ask everyone to stand up please. It is time we stand up for family medicine.

We belong. Not in the outhouse. Not in the doghouse. Not even the guest house. We belong front and center in the House of Medicine, and the medical home.

As Bon Jovi said, “This is our house.” And yes, Dr Dennis, even Bon Jovi knows the power of the fist. This - my brothers and sisters - is a call to action.

It’s time for us to tell our story. And make health care in NC what it can be and should be.

We are Family Physicians. We care. We matter. This is OUR HOUSE.

In 2015, together we will jump forward together.

And yes, I will be wearing a pink tie.

Thank you for letting me share MY story, my values, and my vision, and for the privilege of being on a team that cares about the right things.
engage patients in their own care. MAs assume a central role in the visit, from greeting the patient and taking the medical histories, to drawing blood and documenting the physician’s exam. This frees up physicians to spend more time talking with and listening to their patients.

This is exactly the approach UNC is currently piloting and Dr. Weir envisions the entire medical staff shifting to it later this year when renovations are complete. But embracing this new paradigm represents a major change for everyone, which has been neither quick nor easy to plan for. That’s where the village of experts have come in, and as Dr. Weir explained, how it’s required a tremendous amount of study and measurement. This has led the department to re-configure its care teams, add more staff and re-evaluate the delivery of care.

But the expected awards are huge, both in terms of operational efficiency and in creating a practice and environment that feels smaller and more intimate to the patient. And that’s the goal. “We know that great family medicine will always be fundamentally about relationships,” noted Dr. Weir. “All of our decisions have sprung from that.”

**Embracing Lean Design**

To change-manage such a fundamental transformation, UNC-FM leaders chose to embrace the principles behind an even larger quality improvement effort taking place across UNC Health Care called Lean.

Similar to Six Sigma’s approach to process improvement, Lean can be thought of as a method of systematically eliminating waste in pursuit of total value. The approach grew out of the Toyota Production System of the 1940s and was first coined by John Krafcik in his 1988 article, “Triumph of the Lean Production System,” based on his master’s thesis at the MIT Sloan School of Management. In recent years, Lean has been growing in popularity within healthcare due to its ability to improve patient safety, but also for its power to cut operational costs as well.

Donna Parker, MPH, Director of Communications and Marketing for the department and the project manager for the redesign & renovation effort, explained that UNC-FM’s quick endorsement of Lean principles led it to become UNC Health Care’s initial unit for Lean Transformation. In conjunction with UNC Healthcare’s Department of Operational Efficiency, Family Medicine faculty, staff, and patients of the Family Medicine Center have developed a comprehensive Lean blueprint that touches all major process areas. It’s been a huge undertaking that’s positioning the department as a model across UNC Health Care and the nation. “Lean is a model of efficiency and a method of focusing on value,” Parker described. “What the process has really crystallized for us is our focus on serving the patient and the importance of patient-centeredness. For us, it’s all about the patient.”

Parker confirmed that tackling such a comprehensive re-engineering hasn’t been quick. The process has forced departmental faculty, leaders and medical staff to break down and analyze virtually all of its major systems, measure them, come up with new solutions, and continually re-evaluate. Although there’s a defined Lean method to all of this, it’s taken a lot of time and effort and will require an ongoing commitment going forward.

Construction formally began in mid-January and Parker expects the physical renovations to be complete by the end of this year. Patients will notice a newly configured front desk and waiting area, a Sports Medicine and Procedures suite, more exam rooms -- including space for group visits, integrated behavioral health, and embedded case management -- and changes to reflect the clinic’s future goal to expand evening and weekend hours. Most importantly, patients will also experience smaller, more intimate care teams with familiar faces, and a more convenient visit process as UNC-FM’s new ‘rooming-in’ patient flow becomes the norm.

It’s all part of what UNC-FM is calling a living laboratory of primary care. A bold, trailblazing path to better serve its patients and demonstrate what’s possible.

“We couldn’t do a project like this without philanthropic support, including the support of our friends and colleagues. We are still looking for more donors to join us and help make this important state resource for family medicine a reality.”

—Dr. Sam Weir, Director of Continuous Improvement for UNC Family Medicine, and leader of the redesign and renovation project