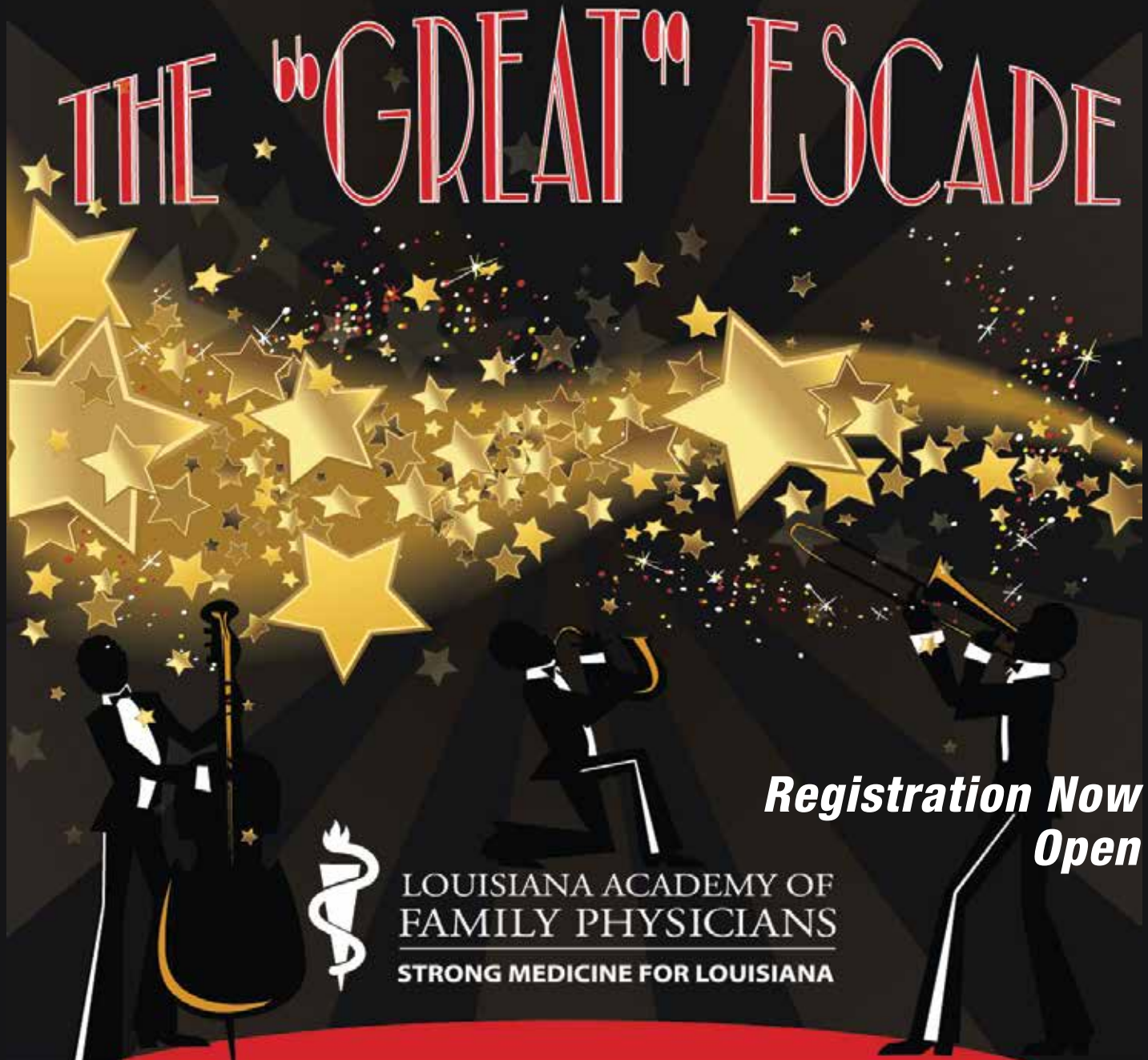
LOUISIANA
# FAMILY DOCTOR
An Official Publication of the Louisiana Academy of Family Physicians
Spring 2017

## 70TH ANNUAL ASSEMBLY AND EXHIBITION
## THE ROOSEVELT HOTEL
## AUGUST 3-6, 2017



JenCare SENIOR MEDICAL CENTER

Proud sponsor of the
**Louisiana Academy of Family Physicians!**

# Miss the human side of medicine?

JenCare Neighborhood Medical Centers is a growing medical group comprised of **physician-led primary care** practices that are transforming health care delivery. JenCare focuses on underserved, low-to-moderate income Medicare eligible seniors with multiple, complex conditions.

With over 2,000 patients in the New Orleans area, JenCare significantly improves health outcomes with a high touch, preventive care model.

## OUR PHYSICIANS ENJOY:

- Respectful doctors who listen
- Friendly, knowledgeable staff
- Dedicated specialists
- 24-hour commitment to your health
- On-site tests and screenings
- Medications provided on-site
- Courtesy transportation available

## New Orleans Leadership

**KYLE MAGEE**
**MD**
**Market Chief Medical Officer**
New Orleans

**JIM REMETICH**
**Network Director**
New Orleans

To discuss opportunities in confidence, please call:

**Philip Bathurst**

**(504) 470-8352**

philip.bathurst@jencaremed.com

22636

**Our Locations** • Mid-City • Kenner • West Bank • Metairie

JenCareMed.com

LOUISIANA FAMILY DOCTOR
Published by Louisiana Academy of Family Physicians
Volume 29 • Issue 4
919 Tara Blvd. • Baton Rouge, LA 70806
Telephone: 225-923-3313 • Fax: 225-923-2909
info@lafp.org • Web Site: www.lafp.org
Christopher Foret, MD, Editor



# In This Issue



*Louisiana Family Doctor* is the official quarterly publication of the Louisiana Academy of Family Physicians (LAFP). It serves as the primary communication vehicle to LAFP members.



Subscriptions are free to members of the Louisiana Academy of Family Physicians. Subscription rate for non-members is $35 per year. To subscribe, call 225-923-3313.

pcipublishing.com
*Created by* Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
**For Advertising info contact**
Laura Wehner • 1-800-561-4686
lwehner@pcipublishing.com

*Edition 29*

# A Message from the President

James "Jim" Taylor, Jr., MD
*LAFP President*

I was suffering from writer's block as our Executive Director was patiently awaiting my article for this edition of *The Louisiana Family Doctor*. Then, a patient came to my rescue. Actually, we came to each other's rescue. My teen patient's mother, also my patient, texted me and asked if I would let her daughter interview for a school assignment for a careers class. The assignment was due the next morning, and mom had just been "reminded" that the interview had not yet been done.

My patient asked me a number of questions. The first few were pretty straight-forward (name, profession, years in practice, etc), but then they got a little more involved. Two questions stood out to me: "What has been the biggest change since you started practicing medicine?", and "What characteristics or personality traits are required to do your job successfully?" At this point, allow me to strongly recommend any physician, family or otherwise, to ask those questions of yourself (while resisting the urge to reach for an SSRI or benzo.)

The most significant change in medicine, for me, has been the Internet. Obviously, access to information and changes in training and testing have transformed the processes of medical practice. In my mind, though, the silent earthquake that the Internet delivered to medicine was the near-obliteration of the power differential between doctor and patient. When my generation of physicians entered training, medicine was still a temple of information, into which only the worthy would be allowed to enter. There they would train, then leave to dole out that information to patients as deemed appropriate. The Internet blew the doors to that temple off their hinges and caved in the roof, leaving an open-air market in its place. Merely possessing large amounts of data was no longer a premium. The role of the physician changed to that of primarily an advocate and counselor, who reviews facts and options, applying that information in the context of the individual patient.

The change in the information balance of power led me to the answer to the second important question: that of personal traits needed for success. I told my young interviewer that the traits that most likely led to successful practice are empathy, and the ability to act with confidence in the face of uncertainty. As patients' teammates and partners, the ability to communicate is fundamental. A physician simply cannot begin to form a probability estimate if the patients aren't able to talk about their concerns and preferences, their symptoms, and their values. As much as I disapprove of *faux* diversity in the service of politics, I find cultural competency to be a vital weapon in our fight against suffering - and I hope to continue promoting the idea that culture is more than just ethnicity.

The ability to come to decisions in the face of uncertainty has been the role of all professionals since, well, ever. If choices are all clear and simple, why does anyone need the judgement of a trained expert? To reduce risk, one must first accurately assess it, then name it, and, finally, manipulate it. That is no place for timid souls, nor is it a place for the foolhardy. Physicians, as other professionals, must find that small space between those two rails and hold steady, because that is what patients need us to do.

"That's all fine and good, but this article and $5 will get LAFP members a decaf latte' with my name written on the cup…" I hear myself mumble; but then I realize that empathy and confidence with risk are characteristics that seem to be sorely lacking in the public sphere. In my last article, I wrote about loss of faith in our shared institutions, and the very real damage being done by fear and anger. I leave it to you to decide whether those characteristics that make family physicians effective in the clinic and the small-town emergency departments are the same characteristics of leadership that can stop the bleeding of the public trust. I think they are.

Sincerely,

James Taylor, Jr., MD

# A Message from the Secretary

Christopher Foret, MD
*LAFP Secretary*

Think about this for a moment… 169,000 opioid related deaths since 1989 and 22 million United States citizens have an opioid problem. Our newest health crisis leaves millions more impacted. What can we as an organization do about this pandemic?

This is one issue your academy is attempting to address in the upcoming legislative session. Members of the LAFP Board of Directors and, in particular, the Legislative Committee have been working with our lobbyists, Joe and Sandy Mapes, to assume a proactive approach in the upcoming legislative session(s). In the coming months, we will need your suggestions and help with our legislative contacts throughout the state. Additionally, please feel free to contact any board member with ideas for legislation that can aid our academy and or our patients.

A new president is now leading our great nation. The future of healthcare delivery in the United States is arguably a greater unknown than just 12 months ago. Will the Affordable Care Act be replaced, repealed or altered? What impact will MACRA have on physicians? Fortunately, Louisiana has good physician representation in its congressional delegation with Ralph Abraham and Bill Cassidy. Hopefully they can be great assets to the LAFP as future legislation will be formed.
Save the date! The LAFP Scientific Assembly will be held August 3-6 in New Orleans. Thanks to growth in the last few years, the meeting will now be held at the Roosevelt Hotel. Goodbye Carousel bar and hello Sazerac bar. With a new venue will come a new experience. The key to continued success of this meeting is the attendance and support of our membership.

This is your academy! As a board, we try to act in the best interest of you, our members, and our patients.

Your participation is vital to our success. We look forward to your help in the upcoming legislative sessions and beyond! Additionally, please do not hesitate to call our wonderful staff if you are interested in becoming more involved.

Sincerely,

Christopher Foret, MD

Ragan LeBlanc
*LAFP Executive Vice President*

# Making MACRA Work for You



Have you heard of MACRA? And more importantly, are you prepared for it?

If the answer to either of these questions is 'no' or you're unsure, strap in. Changes are afoot in the world of Medicare reimbursement and it's critical that providers everywhere are prepared to navigate the soon-to-be changing environment. Having a firm grasp on MACRA and what it means for you and your practice will undoubtedly save you time, money and plenty of headaches, leaving you with more time to devote to caring for your patients.

**What is MACRA?**

It may seem like a silly place to start, but not really -- in fact, only about 50 percent of practicing physicians have even heard of MACRA according to a recent survey. MACRA stands for Medicare Access and CHIP Reauthorization Act of 2015 and it was signed into law well over a year ago.

Don't worry, you're not already behind.

Despite being well over a year old, the Center for Medicare and Medicaid Services (CMS) just recently released the final rule explaining the forthcoming sweeping changes. At its essence, MACRA charts a roadmap for how the Medicare physician reimbursement system will move away from a volume-based, fee-for-service model and more toward a value-based care payment model stressing prevention and wellness management. MACRA sets out to reward physicians for providing quality care and achieving good outcomes in a cost-effective manner.

With CMS's Final Rule on MACRA clocking in at just under 2,400 pages, there is plenty of complexity and nuance that deserves serious consideration. Physicians everywhere will need to do their homework on this issue as they develop their own strategies for achieving success in regards to new MACRA performance requirements. But for now, let me paint a broad picture of what MACRA does and how it will impact you and your practice in the very near future.

**Immediate Impact**

Most immediately, MACRA repealed the sustainable growth rate formula for Part B payments and replaced it with the coupling of annual of inflationary increases (0.5 percent until 2019 and 0.25 percent starting in 2026) and the new Quality Payment Program, which is the actual policy mechanism responsible for transitioning Medicare from a fee-for-service to a pay-for-performance reimbursement model.

So, what does that mean? To put it simply, a new set of metrics will play a part in determining how physicians are reimbursed for Medicare services going forward. 2017 will be the first year of reporting in this new environment, and the results of this initial performance year will be reflected in 2019 Medicare payment adjustments. Physicians have the choice between one of two paths dictating the specifics of how they will be reimbursed: (1) the Merit-based Incentive Payment System (MIPS) or (2) Advanced Alternative Payment Models (APMs).

**Does everyone have to participate?**

Actually, no. There are a few ways to be exempt from the Quality Payment Program. The most likely path to an exemption is having a low number of Medicare patients -- physicians with less than $30,000 in Medicare Part B charges or 100 or fewer Medicare patients qualify as a low-volume provider and are eligible for an exemption.

Practitioners newly enrolled in

Medicare are also exempt from MACRA through their first year.

Finally, qualified physicians participating via the AMP pathway are exempt from the MIPS requirements.

**Which path to choose for eligible providers?**

Assuming you don't qualify for an exemption at the onset, there won't be much of a decision to make for most. By default, physicians will be placed on the MIPs track and most -- even if they want to -- won't be able to meet the initial requirements for the Advanced APM path. As the transition away from fee-for-service in Medicare begins, MIPS will undoubtedly be the starting place for most in 2017.

**So, what exactly is MIPS?**

MIPS is a modified FFS reimbursement model in which participating physicians are given a payment adjustment based on data they submit in four categories deemed emphasizing value over volume. The four categories are:

1. Quality
2. Resource Use/Cost
3. Advancing Care Information (ACI)
4. Clinical Practice Improvement Activities (CPIA).

Scores in these four categories will be weighted and rolled into one composite score ranging from 1 to 100. Physicians with a composite score above an identified threshold will receive an upward payment adjustment, and conversely, payments to physicians with scores below the threshold will be adjusted downward.

Important to note is the fact that MIPS will be a zero-sum game -- positive and negative adjustments will be distributed equally to ensure MIPS remains budget-neutral. Also, the swing of the adjustment will spread as time passes, growing from +-4 in 2017 to +-9 in 2022 and beyond.

This should sound somewhat familiar to physicians. Most of MIPS isn't new. In fact, measurement in three of the four performance categories will rely heavily on elements from three legacy quality reporting programs -- the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier (VBPM) and Medicare Meaningful Use (MU).

MIPS may sound overwhelming but the reality is most physicians are already engaged in performance, improvement and reporting activities well-aligned with the program. Evaluating those activities in which you're already engaged and then figuring out how they fit into this new model is the first and likely biggest step a lot of physicians will need to take to ensure they're on their way to meeting their MIPS participation requirements.

Additionally, getting a handle on your quality reporting is critical.

Quality measures account for 60 percent of a physician's total MIPS score in the initial payment adjustment year of 2019 before being gradually adjusted downward to 30 percent by 2021.

If you have reported to PQRS in the past, you're already in good shape. The data collection and reporting process will be largely unchanged under MIPS. The only real difference is that physicians will now select the six quality measures that best apply to the specifics of their practice or specialty, whereas PQRS currently requires physicians to report on nine quality measures.

In this transition year, physicians already familiar with PQRS should report on metrics for which they have historically performed well and that cut across multiple payers. Doing so likely provides the best chance at a positive payment adjustment without making any significant modifications to the manner in which your practice tracks and reports data.

The Advancing Care Information (ACI) metric is the next most heavily weighted category in the first year of MIPS, constituting 25 percent of a physician's composite score. Again, the reporting in this category should be familiar to anyone previously attesting to Meaningful Use. This component of MIPS simply modifies and replaces the Medicare Electronic Health Record (EHR) Incentive Program. Emphasis has been placed on using technology in a way that promotes information exchange and interoperability between both physicians and patients.

The Clinical Practice Improvement Activities (CPIA) component of MIPS is entirely new and designed to reward physicians engaged in activities that are recognized as drivers of improvement and innovation. Despite the fact that physicians have not previously reported these activities to CMS, most will find that they are already engaged in one or more of the specified CPIAs.

For those who don't practice in a qualifying PCMH, there are plenty of other ways to fulfill the requirement.

***Continued on page 8***

*Continued from page 7*

Of the qualifying activities, physicians need only to participate in one to gain some credit in this category. Again, participation beyond the bare minimum will be rewarded, so physicians should make an effort to identify additional improvement activities relevant to their practice. Examples of other qualifying activities include shared decision-making, extended access and care coordination between providers.

The last component contributing to your MIPS score is the resource use category. This element will have an initial weight of zero percent in 2017 before being gradually adjusted upward to 30 percent of the composite MIPS score, and it will produce no additional reporting burden for physicians. This component of the MIPS score replaces the value-based modifier and is solely based on certain costs which are culled from Medicare claims.

**Setting a pace**

Sound complicated? That's because it is. MACRA is complex and is more than just a replacement for the SGR. It's a law that attempts to address the full diversity of the medical profession and as a result it's daunting for everyone. And while this may seem like a lot all at once, the good news for physicians will have some additional time transitioning into MIPS.

While the initial 12-month performance period was set to begin on Jan. 1, 2017, physicians have until Oct. 2, 2017 before beginning their full 90-day period tracking performance measures and still potentially qualify for a small positive payment adjustment in 2019, which leaves physicians with several months to learn the ins and outs of MACRA and confidently prepare for implementation without fear of being penalized.

The most important thing for physicians to know is they should strive to report something for 2017. At minimum, reporting on one quality measure or on one improvement activity during 2017 will be enough to keep physicians from receiving an initial downward payment adjustment in 2019. With that being said, there are definitely advantages to participating as fully as possible in 2017. Physicians that report more than the bare minimum are more likely to be rewarded. Those that submit a full year of 2017 data will almost certainly qualify for a positive payment adjustment and may even receive the maximum positive adjustment available under MIPS in 2017.

If you can do it, try to identify those components of MIPS that are aligned with your practice and quality goals and commit to submitting data reflective of your efforts. There's no downside risk to reporting for 90 continuous days or longer in 2017. At the very least, it will hopefully better prepare you to make necessary adjustments in 2018.

**The APM path**

With all this being said, there is an alternative to MIPS.

The Quality Payment Program offers physicians the choice between two paths in this transition to a to value-based reimbursement system. MIPS is the default payment model under which most physicians will initially participate, but there is another other option available to qualifying physicians ahead of the curve and already utilizing certain innovative payment models.

Physicians sufficiently participating in Advanced Alternative Payment Models (APMs) are provided a 5 percent bonus payment and are exempt from MIPS reporting. And while most won't initially qualify for this track, physicians will be increasingly incentivized to adopt the Advanced APM pathway as potential payment bonuses become more lucrative as MACRA moves beyond its infancy.

This path should also offer a sense of familiarity for some. There are already numerous Alternative Payment Models in existence that incentivize participating physicians to engage in population health strategies and value-based care delivery. Advanced APMs are a new subset requiring participating physicians to take on even greater risk -- and potential reward -- related to patient outcomes.

For an APM to qualify as 'advanced,' the following requirements must be met:

- Require participants to use certified EHR technology
- Base payment on quality measures similar to the quality measures identified under MIPS
- Require physicians to bear more than nominal financial risk for monetary losses, or is a Medical Home Model expanded under CMMI authority

Given these criteria, most APMs won't qualify as 'advanced' in 2017.

Making it even more difficult to qualify for reimbursement on the Advanced APM track is the participation requirements associated with these models. To earn the distinction of 'Qualified Provider' and thus earn the 5 percent bonus payment in 2019, physicians must receive 25 percent of their Medicare Part B payment or see 20 percent of their patients through the Advanced APM. And after 2021 these thresholds increase considerably.

In total, CMS estimates that only four to 11 percent of participating providers will qualify for the Advanced AMP track

in 2017. Almost making the cut does count for something though. Those not meeting the participation threshold or participating in APMs not categorized as "Advanced" will favorably impact your payment adjustment as long as you're also reporting to MIPs.

**So, what's does this all mean for me?**

The simple answer: it depends.

MACRA is comprehensive legislation that will bring forth major changes and investment in medical reporting technology and infrastructure and its impact will undoubtedly be felt throughout the medical community, but the immediate effect it will have on the individual level will be different for every provider.

CMS has earmarked $100 million to be spent on technical assistance and training over the next five years for MIPS-eligible physicians in practices with 15 or fewer clinicians and those providing services in rural and underserved areas. This money will be distributed to a variety of organizations including regional extension centers. Practices lacking the technical infrastructure required of MIPS should certainly make it a point to take advantage of this additional support.

Additionally, CMS and the AAFP, whose members are impacted by MACRA, have an extensive amount of literature and training resources available to guide physicians through the transition.

The best advice: take it one step at a time and focus on what you can control.

Small or large, urban or rural, every physician and eligible clinician will face challenges with MACRA implementation. But don't get too bogged down in the details initially. First ask yourself 'where do I fit in?' and once you've figured that out, evaluate what you're already doing and how that fits into this new Medicare payment structure. I think a lot of physicians are going to be pleasantly surprised by how much they're already doing that's perfectly aligned with the requirements of MACRA.

# Climate Change

## *The Next Major Challenge for Louisiana Family Docs*

*By Keanan McGonigle, MPP, M2 at Tulane University*

The science is clear – climate change is happening and we are already beginning to feel its effects. In the past, climate change has been the purview of climatologists and energy purveyors. However with the evidence mounting that human health is being impacted by rising temperatures, physicians and student doctors have taken on an increasingly large role. Climate change impacts the social and environmental determinants of health – clean air, safe drinking water and food, and flooding – as well biomedical factors like infectious disease. To protect the health of the communities they serve, Louisiana family doctors must understand and recognize the health impacts of climate change and ways to mitigate further harm. Building resilient health systems and community structures more broadly will require the leadership of family docs who are closest to the day-to-day impacts of rising temperatures.

**Rising Temperatures**

US temperatures have increased by 1.3°F to 1.9°F since records began to be kept in 1895.[1] Extreme heat illness is one of the leading environmental causes of death in the US, with 7,415 heat-related deaths from 1990-2010.[2] Heat exhaustion and heat stroke are particularly dangerous consequences of extreme heat, exacerbated by low public awareness of the signs of heat illness or the need for immediate preventive intervention.[3] Certain populations including the elderly, very young, and socially isolated are at particular risk, while extreme heat can exacerbate certain chronic conditions like kidney disease or those taking certain medications.[4] Weather events, such as the recent Baton Rouge flooding, that expose people to heat to which they are not accustomed can be particularly dangerous. Family physicians should provide counseling about heat and medications, for vulnerable populations, and about the signs and symptoms of heat-related illness. Resources around these topics can be found at the US Climate and Health Alliance's resource page.[5]

**Natural Disasters**

Intense hurricanes and extreme weather events are becoming more common. The effects of increasingly heavy rainstorms in the Midwest are felt by Louisianans as the Mississippi drains into the Gulf. Precipitations in the Southeast US has increased 27% since 1958.[6] Researchers at the National Oceanic and Atmospheric Administration found that climate change increased chances of extreme flooding in the state by 40%.[7] Flooding and extreme weather events increase risk of injury, heat-related illness, and disease. Major storms have significant mental health consequences – after Katrina, 47.7% of New Orleanians were estimated to have symptoms of post-traumatic stress disorder.[8] Family physicians can play a crucial role in preventing the harmful effects of extreme weather events through counseling, ensuring patients have a plan for disasters, and educating them about the risks associated with flooding and extreme precipitation. Mental health issues like depression and anxiety that might not otherwise be addressed should be assessed following major weather events.

**Rising & Warming Seas**

Louisiana has been losing about 25 square miles of land per year in recent decades. It is estimated that sea levels will rise one to three feet over the next decade.[6] Louisiana is home to the first "climate change refugees" in the US as members of the Biloxi-Chitimacha-Choctaw Native American tribes were forced from their ancestral home on Isle de Jean Charles.[9] Incidences like these will only increase as more coastline is irrevocably lost. Family physicians will face unprecedented mental and community health issues as families are forced from their traditional homelands. Seas are also warming, leading to increased fish poisoning, particularly ciguatera, the most frequently-reported illness.[10] Family docs should ensure patients know proper food-handling procedures, where to gain information about potential contamination, and how to respond in the case of poisoning. Vector-borne disease like Zika will also rise, as habitable environments change with rising temperatures. Family docs can talk with patients about protecting themselves from these illnesses through behavior changes and changes to their homes.[11]

Louisiana faces an unparalleled public health challenge from climate change. From coastal loss to increased vector-borne and infectious disease, the state will likely be one of the worst-hit by rising temperatures. Louisiana family doctors must be at the forefront of building resilience to climate change through personal interactions and strengthening systems that protect the health of communities. Most importantly, we must turn the tide on harmful greenhouse gas emissions to protect the health of our communities. From rising temperatures, to increased toxic ozone levels, carbon-based fuel sources are damaging the health of Louisiana residents. The time has come for family docs to point out these harmful effects to protect our patients' health.


1) US Global Change Research Program (April 2016). The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment. https://health2016.globalchange.gov/climate-change-and-human-health.
2) Centers for Disease Control and Prevention (September 2012). Morbidity and Mortality Weekly Report. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6136a6.htm
3) Lane et al (2014). Extreme Heat Awareness and Protective Behaviors in New York City. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074319/.
4) Center for Climate Change & Health (2016). Extreme Heat, Climate Change and Health. http://climatehealthconnect.org/wp-content/uploads/2016/09/ExtremeHeat.pdf.
5) US Climate and Health Alliance. Resource. http://usclimateandhealthalliance.org/resources/.
6) US Environmental Protection Agency (August 2016). What Climate Change Means for Louisiana. https://www.epa.gov/sites/production/files/2016-09/documents/climate-change-la.pdf.
7) Fountain, H (September 2016). Scientists See Push From Climate Change in Louisiana Flooding. http://www.nytimes.com/2016/09/08/science/global-warming-louisiana-flooding.html?_r=0.
8) Center for Climate Change & Health (2016).

Rainfall & Storms, Climate Change, and Health. http://climatehealthconnect.org/wp-content/uploads/2016/09/RainfallStorms.pdf.
9) Davenport C & Robertson C (May 2016). Resettling the First American 'Climate Refugees.' http://www.nytimes.com/2016/05/03/us/resettling-the-first-american-climate-refugees.html.
10) US Environmental Protection Agency (June 2016). Climate and Health Resources: Louisiana. https://www3.epa.gov/climatechange/Downloads/impacts-adaptation/louisiana-fact-sheet.pdf.
11) Center for Climate Change & Health (2016). Infectious Disease, Climate, and Health. http://climatehealthconnect.org/wp-content/uploads/2016/09/InfectiousDisease.pdf.

# Eczema Herpeticum

John Santogrossi, MD, Teri O'Neal, MD

Department of Family Medicine
Family Medicine Residency – Shreveport

## Case Report

History of Present Illness

Patient is a 18 month old black female with PMH of atopic dermatitis who presents as a transfer from Rapides for suspected Toxic Epidermal Necrolysis (TEN) versus Staphylococcal scalded skin syndrome (SSSS). She was evaluated and treated on 2-15-2016 in OSF ER for fever (mother is unsure of specific temperature). The patient was released from ER with no medications prescribed, and was taken to her PCP the next day and was found to be febrile, with reported itching behind the ears. She was tested for Mycoplasma pneumonia, and was prescribed Bactrim, and sent home in mother's care. Her Mycoplasma pneumonia test returned positive and she was prescribed Azithromycin. She was also taken to Allergist for itching behind ears that same day and prescribed Clindamycin. She returned to PCP on 2-19-2016 and was given two shots of Rocephin due to inability to swallow Azithromycin tablets, and later that day began developing a flat, reddish rash around eyes. The rash spread across her face the next day and progressed across her neck, upper thorax and back regions with some peeling of skin in affected regions. She was taken to OSF ER for evaluation and care Monday, 2-22-2016 where the rash was evaluated and found to be concerning for Toxic Epidermal Necrolysis (TEN) versus Staphylococcal scalded skin syndrome. The patient was given IV Vancomycin and IV fluids and transferred to University Health in SHV for higher level of care.

PMH

Eczema, Food Allergies to fish containing products, peanuts, soy, wheat containg food, chicken derived products, and cow milk, Staph skin infection, Mycoplasma pneumonia

Allergies

No know drug allergies reported. Food allergies as noted above.

Current Medications

Bactrim, Clindamycin

Social History

Lives with mother, father involved but does not live with the family. Father is HIV +, Mother HIV +

Family History

Mother PMH of eczema, HIV +

Physical Examination

Vitals in ER: Blood pressure 123/76, pulse 177, temperature 102.5 ° F (39.2 ° C), temperature source axillary, resp. rate 28, height 0.755 m (2' 5.72"), weight 9.88 kg (21 lb 12.5 oz).
Extensive clustering of round hemorrhagic crusts and punched-out erosions covering most of left side of face (within the Trigeminal ophthalmic, maxillary, and mandibular dermatomal distribution) with right side of face mostly spared, covering shoulders bilaterally and extending down to the trunk, lesions under neck appear to have some purulent discharge. No vesicles present at this time. Desquamation noted in some areas of affected regions. one cm area of denuded skin of back, scattered skin lesions of labia, No oral lesions present. Neuro: grossly normal . Nikolsky's sign absent. No bullae or mucosal involvement noted. Lower extremities spared.
Palms and soles spared.

Assessment: 18 month old black female with PMH of eczema, and food allergies who presents with maculopapular rash and desquamation primarily affecting eyes, left ear, left side of neck, and upper thorax region with no evidence of mucosal involvement . TEN versus SSSS, complicated by seconday infection with varicella-zoster or HSV.

Hospital Course

Patient was admitted to the pediatric floor and consultations were placed with Otolaryngology, Nutrition, Ophthalmology, and Allergy and Immunology. General surgery provided recommendations for wound management. She was placed on Neocate formula. Viral cultures of blood and neck lesions were collected and HSV PCR was performed. On second day of admission wound culture of left ear returned positive for methicillin resistant Staphylococcus aureus resistant to clindamycin, erythromycin, bactrim, oxacillin, and sensitive to Levofloxacin and vancomycin. Patient was placed on IV vancomycin and IV acyclovir. Pain was well controlled with morphine PCA with 1 mg loading dose, with 0.8 continuous infusion rate. Neosporin was applied to wounds 4 times daily to face to prevent infection and provide comfort. Mittens were placed on hands to prevent self-harm. Wounds were cleaned daily with soap and water and moisturizers were applied as needed. Patient started on Hydrophor to lower extremities to prevent dryness; and artificial tears with warm compresses applied to eyes for comfort. Atarax was administered for itching. Formula switched to Nutrimagen per mother's request. On second day of stay white lesions were noted on roof of mouth, tongue, and back of throat, and she was given Nystatin. She continued to improve with wounds healing well and pain improving with morphine taper. Blood and wound culture positive for HSV-1. Patient was discharged to home care with prescriptions for Levaquin for MRSA, Nystatin, Atarax, Acyclovir, Elocon, Claritin, and Singulair with instructions to follow up with PCP.

Significant Labs

Sodium 134, BUN 5, Creatinine 0.34, Total Protein 5.9, Albumin 2.8, AST 51.

Microbiology

Gram stain exudate from right ear positive for methicillin resistant staph aureus sensitive to vancomycin and levaquin, resistant to Clindamycin.
Viral culture taken from neck and blood culture positive for HSV I.
HIV 1&2 Negative
Comprehensive respiratory panel negative.

Diagnostic Imaging

CXR: Study limited by low lung volumes, finding consistent with viral pneumonia versus atypical pneumonia as clinically suspected.

## TREATMENT

1. Acyclovir 20 mg/kg Q 8 hours X 14 days.
2. Vancomycin IV 22.5 mg/kg Q 6 hours X 14 days.
3. Neosporin Q 4 X daily.
4. levofloxacin (LEVAQUIN) 250 mg/10 mL solution Take 3.2 mLs (80 mg total) by mouth 2 (two) times daily for 7 days
5. hydroxyzine (ATARAX) 10 mg/5 mL syrupTake 2.5 mLs (5 mg total) by mouth 4 (four) times daily as needed for Itching for up to 10 days
6. mometasone (ELOCON) 0.1 % ointment, Apply 1 Application topically daily.
7. Hydrophor ointment.
8.PEDIADERM HC 2 % KtOT

## SUMMARY

This patient had a prior history of atopic dermatitis and food allergies with secondary pruritis which increased her risk for skin infection. There are a variety of diseases that can cause vesicular or pustular eruptions on the skin of young infants. A thorough clinical history and physical exam is essential for providing the data needed for accurate diagnosis. The possibility of a viral, bacterial, or fungal infection should always be considered in the evaluation of vesiculobullous, hemorrhagic, or pustulous lesions in an infant. A skin biopsy would have been beneficial in determining SSSS versus TEN. A frozen section of skin would demonstrate a cleavage plane in the lower stratum granulosum with minimal necrosis suggestive of SSSS. SSSS typically does not have oral mucosa involvement as opposed to TEN. In SSSS, toxins produced by the organism induce cutaneous erythema, bullae, and desquamation. Extensive clustering of round hemorrhagic crusts and punched-out errosions covering most of left side of the face (within dermatomal distribution) with right side of face mostly spared, covering shoulders bilaterally and extending down to the trunk. Lesions under the neck with some purulent discharge suggestive of herpes or varicella-zoster infection though no vesicles were present at this time. Desquamation in some areas of affected regions noted. Infection was confirmed with HSV PCR blood and exudate cultures.

## REFERENCES

1.http://www.uptodate.com/contents/vesiculobullous-and-pustular-lesions-in-the-newborn?source=search_result&search=ssss+children&selectedTitle=1~8
2. http://accessmedicine.mhmedical.com/content.aspx?sectionid=79727150&bookid=1130&Resultclick=2

3.http://accessmedicine.mhmedical.com/content.aspx?sectionid=41138709&bookid=392&Resultclick=2
4.http://accessmedicine.mhmedical.com/content.aspx?sectionid=61596292&bookid=1016&jumpsectionID=61596542&Resultclick=2
5.http://accessmedicine.mhmedical.com/content.aspx?sectionid=109444964&bookid=1658&jumpsectionID=109445000&Resultclick=2.

# The Sciatica That Wasn't: Leriche Syndrome Lurking in Louisiana

**Charla N. Poole, M.D., Ph.D. and Teri O'Neal, M.D.**
**Department of Family Medicine**
**Family Medicine Residency – Monroe**

## Objective

To remind health care professionals of the need to include Leriche Syndrome in the differential diagnosis of lower extremity pain, especially in women.

## CASE REPORT

Our patient is a 51 year-old white female with history of 1ppd smoking (x40+years), chronic hypertension, dyslipidemia, mild COPD (chronic bronchitis) and remote history of several traumatic accidents (involving multiple long bone fractures) originally presented to clinic in 3/2016 with complaints of constant pain in her lower lumber region and left lower extremity. She denied any associated symptoms of female sexual dysfunction. Patient was originally worked up for Sciatica but lumbar MRI returned within normal limits. Patient's pain was also not relieved by NSAIDs, local steroids, ketorolac or gabapentin.

Due to patient's extensive smoking history and decreased distal pulses on left (compared to right) extremity, ABI was then ordered and returned results suggestive of peripheral arterial disease (PAD) of the left lower extremity. However as the patient continued to complain of constant pain of the left back/ pelvis/buttocks/thighs, a CT Angiogram of abdominal aorta w/ follow-thru was ordered to work-up for Leriche Syndrome (in addition to PAD exclusive to vasculature distal to iliac arterial network). Imaging confirmed clinical suspicions of a high-grade stenosis of patient's left common iliac artery at its aortic origin.

The patient was both relieved to finally have a diagnosis explaining her pain, but also nervous given the gravity of the situation. We convinced the patient of the necessity of immediate smoking cessation and the patient complied. She has yet to smoke another cigarette, has signed-up for smoking cessation classes through Smoking Cessation Trust & anxiously awaits her surgical appointment.

## Management

1. Urgent referral to UH-Shreveport Vascular Surgery (9/2016)
2. Smoking Cessation grounded in management by Smoking Cessation Trust, along with frequent follow-up with her PCP for encouragement.
3. Nicotine 21mg patch

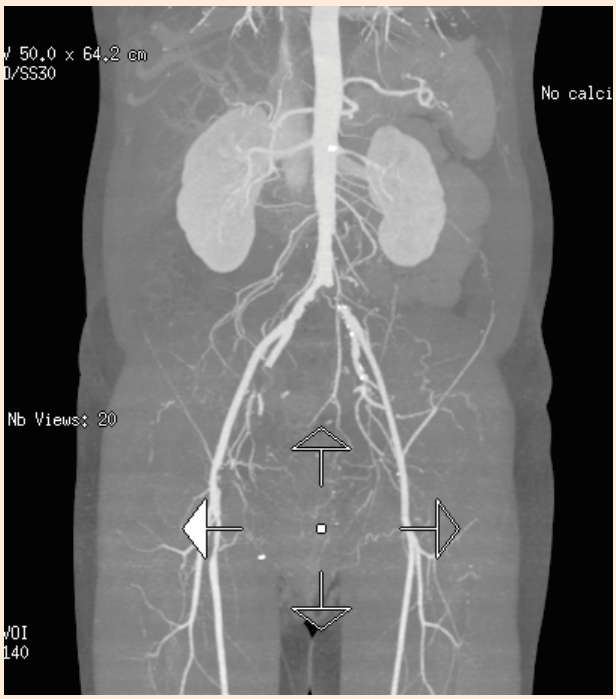
## Discussion

Although peripheral arterial disease (PAD) has an estimated prevalence of 10-14.5% among individuals above the age of 70, the statistics of a notable subset, aortoiliac occlusive disease (AOD), is considered rare and at best, difficult to measure. Aortoiliac occlusive disease (AOD), historically known as Leriche Syndrome, is best defined as occlusive atherosclerosis involving the infrarenal aorta &/or the common iliac arter(ies). As the involved vascular bed(s) experience increasing stenosis, blood flow to the pelvic tissues & extremities progressively declines, resulting in the often classic presentation of vascular claudication pain, impotence and decreased peripheral pulses.

However, one should note that many patients experience a delayed onset in symptom(s) secondary to the resultant development of collateral arteries in an attempt to maintain perfusion. Also of equal importance is that this specific condition, especially if unilateral in nature, can easily fool the most astute of physicians as it is often misdiagnosed as sciatica (neurogenic claudication due to spinal degeneration). Furthermore, should it involve a female patient, impotence may never be part of the patient's chief complaint.

Diagnostic workup involves both a thorough history & physical examination, with particular focus on risk factors for PAD, the nature of the pain and assessment of peripheral pulses. Any suspicion of AOD should warrant an ABI study that if positive, should then reflex to abdominal CTA with aortic follow-through. The latter is necessary as limiting one's focusing radiographically to the femoral vasculature and beyond would therefore miss visualization of AOD.

## CT Angio




## Conclusion

- Although rare, Leriche Syndrome (AOD) should always be in the differential diagnosis for any patient complaining of claudication pain
- The absence of complaints of impotence, especially in females, does not negate the possibility of AOD.
- Any suspicion should warrant ABI with reflex to CTA of abdominal aorta with follow-through
- Ignoring the possibility of Leriche Syndrome in one's differential diagnosis can result in significant morbidity should critical limb ischemia emerge, significantly increasing the likelihood of acute arterial occlusion

## References

1. Wooten, C., Hayat, M., Du Plessis, M., Cesmebasi, A., Koesterer, M., Daly, K.P., Matusz, P, Tubbs, R.S. and Loukas, M. (2014). Anatomical significance in aortoiliac occlusive disease. *Clinical Anatomy* 27:1264-1274.
2. Mathur, M., Huda, N. and Bashir, R. (2014). Blockage Below the Belt: Leriche Syndrome. *The American Journal of Medicine* 127(4):291-294.
3. Wang, Y-C., Chiu, Y-S. and Yeh, C-H. (2010). Leriche's syndrome presenting as sciatica. *Ann Vasc Surg* 24(5):694e1-e3.

# Evaluation of Incidental Solitary Pulmonary Nodule

LSU Health SHREVEPORT Health Sciences Center

Eukesh Ranjit, MD and Teri O'Neal, MD

Department of Family Medicine
Family Medicine Residency – Shreveport at Monroe

## Objectives & Case Report

Objective
Discussing the management of incidental solitary pulmonary nodule

Case
41 y/o AAM presented to ER with intermittent epigastric pain for 3+ yrs. Patient reported that the pain had worsened in the past 3 days. Following initial stabilization, the patient was scheduled for a follow up in Family Practice clinic. In Clinic, he described the pain as aching, Location - epigastric region. Scale 7/10. No radiation. Moderate relief with Zantac. The pain intensity had been worsening. Pain equivocal with food, stress, smoking. No nausea, vomiting, diarrhea, constipation.

General ROS: negative for fevers, chills, night sweats
ENT ROS: negative for epistaxis, headaches or sinus pain
Respiratory ROS: negative for cough, shortness of breath, or wheezing
Cardiovascular ROS: negative for chest pain or dyspnea on exertion
Gastrointestinal ROS: negative change in bowel habits, black or bloody stools, nausea, emesis, or bloating
Genito-Urinary ROS: negative for dysuria, trouble voiding, or hematuria
Musculoskeletal ROS: negative for muscle pain, weakness, joint pain or joint swelling
Neurological ROS: negative for TIA or stroke symptoms
Dermatological ROS: negative for lumps, rash, skin lesions, moles changes or pruritus

PMHx - No known co-morbidities
Medications – OTC Zantac
Social - patient works as cleaner, Smoking X 15 yrs (1 pack/day), marijuana, EtoH(social)
FHx - denies hx of CA

Physical Exam
Blood pressure 113/73, pulse 85, temperature 98.6 °F (37 °C), temperature source Oral, resp. rate 18, height 1.727 m (5' 8"), weight 66.588 kg (146 lb 12.8 oz).
- Gen - WD, WN, A&Ox3. Resting in NAD.
- CV - RRR. S1, S2 heard . No m/r/g
- Resp - Unlabored. B/L equal air entry, Normal Vesicular breath sound. No w/c/r
- Abd - Soft, NT/ND. BS+
- Ext - 2+ Pulses. No c/c/e
- Neuro - CN II-XII intact, No focal motor or sensory deficits noted. Gait normal.

## Assessment

41 yo with gastritis
Plan: H pylori immunoglobulins were sent which was positive for IgG (>8), IgA (>30.6), H pylori kit initiated

A CT scan of abdomen done in ER revealed a single pulmonary nodule measuring 6.5 mm at the base of right lung. No past CT scans or chest radiographs.

Based on presence of solitary nodule <8 mm and the presence of risk factor, low dose CT planned for 3 months

## MANAGEMENT

Patient was started on H pylori kit following which he reported resolution of his GI symptoms.

Low dose CT chest performed in 3 months revealed a change in size of nodule from 6.5 to 7 mm. The patient has been scheduled for another follow up in 6 months time.

Patient advised to quit smoking again. Patient voiced understanding and reported that he has been cutting down on his smoking. Patient was offered nicotine patch which the patient refused.

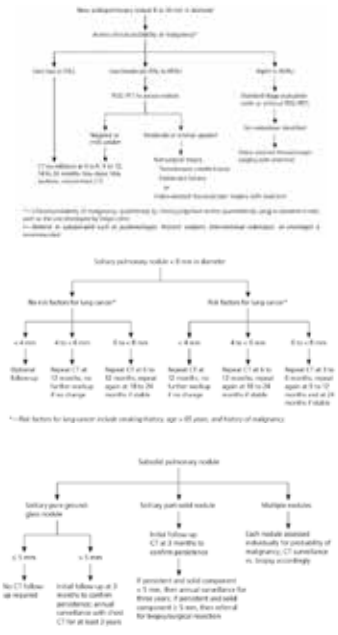
## Management Guidelines

**Fleischner Society Recommendations for Follow-up and Management of Nodules Detected Incidentally at Nonscreening CT[1]**

| Nodule Size (mm) | Low-Risk Patient | High-Risk Patient |
|---|---|---|
| </=4 | No follow-up needed | Follow-up CT at 12 mo; if unchanged, no further follow-up |
| >4-6 | Follow-up CT at 12 mo; if unchanged, no further follow-up | Initial follow-up CT at 6-12 mo then at 18-24 mo if no change |
| >6-8 | Initial follow-up CT at 6-12 mo then at 18-24 mo if no change | Initial follow-up CT at 3-6 mo then at 9-12 and 24 mo if no change |
| >8 | Follow-up CT at around 3, 9, and 24 mo, dynamic contrast-enhanced CT, PET, and/or biopsy | Same as for low-risk patient |

Patients with or suspected of malignant disease should be cared accordingly
Young patients (<35) have lower primary lung cancer rate and risk of radiation exposure are greater.
Follow up scan in 6-12 months.
Patients with unexplained fever: Infection more likely, short term imaging follow up

Follow up based on ACCP Guidelines [2]



**ACR Recommendations for Reporting and Managing Lung Cancer Screening CT [3]**

Lung-RADS™ Version 1.0 Assessment Categories Release date: April 28, 2014

| Category Descriptor | Category Descriptor | Primary Category | Management |
|---|---|---|---|
| Incomplete | - | 0 | Additional lung cancer screening CT images and/or comparison to prior chest CT examinations is needed |
| Negative | No nodules and definitely benign nodules | 1 | Continue annual screening with LDCT in 12 months |
| Benign Appearance or Behavior | Nodules with a very low likelihood of becoming a clinically active cancer due to size or lack of growth | 2 | |
| Probably benign | Probably benign finding(s) - short term follow up suggested; includes nodules with a low likelihood of becoming a clinically active cancer | 3 | 6 month LDCT |
| Suspicious | Findings for which additional diagnostic testing and/or tissue sampling is recommended | 4A | 3 month LDCT, PET/CT may be used when there is a ≥ 8 mm solid component |
| | | 4B | chest CT with or without contrast, PET/CT and/or tissue sampling depending on the *probability of malignancy and comorbidities. PET/CT may be used when there is a ≥ 8 mm solid component. |
| Significant - other | | S | |
| Prior Lung Cancer | | C | |

## Key Facts

Solitary pulmonary nodule is defined as a single, well-circumscribed, radiologic opacity that measures up to 3 cm in diameter and is surrounded completely by aerated lung.[4]

Can be either incidental finding or a result of screening.
Mostly benign (Infectious granuloma, hemartoma), some malignant (primary lung tumors, mets, carcinoids)

Management
Based on clinical and radiographical features
Depends on
1. Size
2. Nodule characteristics (attenuation, border, calcification, location)
3. Growth rate

Clinical Scoring system
- Mayo clinic scoring system
- Brock Model

Guidelines and recommendations
Incidental findings
1. ACCP
2. Fleischner Society Recommendations
Screening
1. USPSTF (Screening, Grade B)
2. ACR (Lung RADS for screening)

## SUMMARY

- For incidental solitary nodule, past chest scans should be sought and comparisons made
- CT scan is the preferred modality for reevaluation of pulmonary nodule.[5] Nodule size, attenuation, growth rate, border, calcification can be used to assess for benign/ malignant features
- Risk stratification using clinical judgement and quantitative predictive models (Brock model, Mayo clinic model)
- Follow up based on guidelines (Fleschner Society Guideline, ACCP Guideline)

## REFERENCES

1. MacMahon H, Austin JHM, Gamsu G, et al. Guidelines for management of small pulmonary nodules detected on CT scans: a statement from the Fleischner Society. Radiology 2005; 237: 395-400. (Fleischner table)
2. Am Fam Physician. 2015 Dec 15;92(12):1084-91 based on Gould MK, Donington J, Lynch WR, et al. Evaluation of Individuals With Pulmonary Nodules: When Is It Lung Cancer?: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *Chest*. 2013;143(5 Suppl):e93S-e120S. doi:10.1378/chest.12-2351.
3. American College of Radiology ( http://www.acr.org/~/media/ACR/Documents/PDF/QualitySafety/Resources/LungRADS/Summary.pdf )
4. CHEST 2013; 143(5)(Suppl):e93S–e120S
5. Am Fam Physician. 2015 Dec 15;92(12):1084-91.


# Scholarships Available to Attend the National Conference for Family Medicine Residents and Medical Students

**July 27-29, 2017**
Kansas City, Missouri

**Application Deadline: May 1st**
All Family Medicine Leads Scholarships to National Conference are provided by the American Academy of Family Physicians Foundation. Family Medicine Leads focuses on filling the workforce pipeline with the best and the brightest, as well as supporting the development of future Family Medicine leaders. All scholarships are made possible by the donations of family physicians across the country.

In 2017, scholarships will be awarded to attend the National Conference of Family Medicine Residents and Medical Students in Kansas City, Missouri from July 27-29. Scholarship recipients are selected by a panel of judges. The $600 scholarship is intended to help reduce out-of-pocket expenses (registration, travel, lodging, meals) to attend National Conference. All scholarship checks are awarded at National Conference. If you are unable to attend the conference, your scholarship will be forfeited.

**Eligibility Requirements**

- You must be a member of the American Academy of Family Physicians (AAFP) to apply.
- You may apply for one scholarship annually.
- If you have previously received a Family Medicine Leads Scholarship, you are not eligible to apply for the same scholarship again.
- To apply for a student scholarship, you must be a medical student during the 2017-18 academic year. You are not eligible to apply for a student scholarship if you will graduate before July 1, 2017.
- You must be able to attend the entire National Conference.
- You must agree to the Family Medicine Leads Scholarship Terms of Agreement.

**Submission Guidelines**
The online application does not allow you to save and return to resume the application at a later time. Before starting your application, have all materials and information listed below ready and in the required format.

- Contact information
  - Please provide personal email address as medical school/residency email systems often have spam filters/firewalls that hamper the receipt of external emails.
- Year in training (during the 2017-18 academic year)
- Answers to questions (see specific scholarship questions in the sections above)
  - It is recommended that you type your answers in a separate document and cut and paste them into the application as you may not save your application and return to resume it at a later time.
- E-Signature

The required online application must be completed and submitted to the AAFP by May 1, 2017. Winners will be notified by May 31. If you have questions about any National Conference scholarships, contact Rachel Larsen or call (800) 274-2237, ext. 6720.

**Scholarship Categories**

**First-time Student Attendee**

- First-time student attendees who wish to apply for this award must

complete an online application that includes two text boxes to answer the following questions: Why are you interested in family medicine? and Why do you want to attend National Conference? Each text box allows for 1500 characters (approximately 250 words). Remember, the online application does not allow you to save and return to resume the application at a later time.
- You must be a medical student during the 2017-18 academic year to apply. You are not eligible if you will graduate before July 1, 2017.

**Scholarship for Residents and Returning Students**
- Award applicants must be a family medicine resident (first time attendee or returning) or a medical student who has previously attended National Conference.
- Residents who wish to apply for this award must complete an online application that includes two text boxes to answer the following questions: What do you believe a career in family medicine holds for you? and Why do you want to attend National Conference? Each text box allows for 1500 characters (approximately 250 words). Remember, the online application does not allow you to save and return to resume the application at a later time.
- Students who wish to apply for this award must complete an online application that includes two text boxes to answer the following questions: How do you feel family medicine has influenced your medical training experience? and Why do you want to attend National Conference? Each text box allows for 1500 characters (approximately 250 words). Remember, the online application does not allow you to save and return to resume the application at a later time.
- If applying as a student, you must be a medical student during the 2017-18 academic year. You are not eligible to apply as a student if you will graduate before July 1, 2017.

**Minority Scholarship Program for Family Medicine Residents and Students**
- Residents (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Hispanic or Latino) who wish to apply for this award must complete an online application that includes two text boxes to answer the following questions: Why did you choose family medicine? and Why do you want to attend National Conference? Each text box allows for 1500 characters (approximately 250 words). Remember, the online application does not allow you to save and return to resume the application at a later time.
- Students (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Hispanic or Latino) who wish to apply for this award must complete an online application that includes two text boxes to answer the following questions: How do you feel family medicine has influenced your medical training experience? and Why do you want to attend National Conference? Each text box allows for 1500 characters (approximately 250 words). Remember, the online application does not allow you to save and return to resume the application at a later time.
- If applying as a student, you must be a medical student during the 2017-18 academic year. You are not eligible to apply as a student if you will graduate before July 1, 2017.

**Family Medicine Interest Group (FMIG) Leadership Award**
- Students who wish to apply for this award must complete an online application (including contact information for your FMIG coordinator) that includes three text boxes to answer the following questions: (1) Describe a FMIG project. What was your role in that project? (2) How do you exhibit leadership on your medical school campus? (3) Why do you want to attend National Conference? Each text box allows for 1500 characters (approximately 250 words). Remember, the online application does not allow you to save and return to resume the application at a later time.
- You must be a medical student during the 2017-18 academic year to apply. You are not eligible if you will graduate before July 1, 2017.
- Award applicants are not limited to FMIG presidents/coordinators or other elected leaders. Students who are recognized for developing and orchestrating individual FMIG projects, especially new and innovative activities, are encouraged to apply.
- Award recipients are required to attend the FMIG workshop sessions and FMIG Networking Breakfast and be willing to provide feedback to the program planners on those events.

For more information, please visit the AAFP website at www.aafp.org. If you need help during the application process, please email the LAFP at info@lafp.org or call 225-923-3313.


It's that time of year again! Do you know a colleague, who is a member of the LAFP, who exemplifies the finer attributes of a family medicine physician, one who is engaged in community affairs as well as provides compassionate, comprehensive and caring family medicine on a continuing basis? If so, it's time to submit your nomination!

The Family Physician of the Year Award is one of the LAFP's highest honors. Help us bring recognition and visibility to a deserving family physician that serves and benefits the profession, the specialty and the community. For the award criteria and to download the nomination form, please visit the LAFP website at www.lafp.org. Nominations and supporting documents are due in the Academy office no later than April 1, 2017.

The winner will be presented with the award during the LAFP's 70th Annual Assembly and Exhibition, August 3-6, 2017 at the Roosevelt Hotel in New Orleans, LA during the Awards and Installation Ceremony.

The Louisiana Academy Family Physician of the Year will automatically become the LAFP's nominee for the AAFP Family Physician of the Year award in the following year.

## Have You Reported Your CME???

The 2016 CME Re-election deadline of 12/31/2016 has passed! To determine your re-election cycle or to view/update your transcript, please visit www.aafp.org/mycme. Remember – only CME hours earned during your three-year cycle are applicable and consists of earning at least 150 credits with a minimum of 75 Prescribed credits and 25 credits from live learning activities.

If you are in the 2016 re-election cycle, you have till March 31 to report your CME at www.aafp.org/mycme for continued access to these benefits:

- Exclusive CME reporting, tracking, and planning
- Access to evidence-based clinical practice guidelines, coding and privileging tools, and practice support consultations
- Significant discounts on high-quality, specialty-specific CME
- Advocacy for your specialty at the state and national levels

Remember to report your CME to the AAFP. They will automatically inform the ABFM once you meet its CME requirements. It's one less thing to worry about, and it's one of the reasons CME reporting is the AAFP's top-rated services.

Please email us at contactcenter@aafp.org or call us at (800) 274-2237 with your questions. Thank you for your ongoing membership, it is our pleasure to serve you!

**Types of Credit**

Prescribed Credits include completing a fellowship, teaching*, participation in a research study, most life support courses, and most activities produced by the AAFP including online quizzes from American Family Physician and Family Practice Management, and CME Bulletin products.

Elective Credits include activities approved for the American Medical Association (AMA) Physician's Recognition Award (PRA) Category 1 CreditTM or American Osteopathic Association (AOA) credit, taking a Board certification exam, or even attending medical staff or medical society meetings.

Live Activities take place in real time, involve two or more physicians, and are either Prescribed or Elective credits such as medical seminars or conferences including the AAFP Scientific Assembly, lecture series, or life support activities (ACLS, ATLS, BLS, NALS, PALS, etc).

Other activities that may be eligible for CME credit include advanced training, clinical research, scholarly work, or medical writing or editing (there may be some limits on the number of credits from these types of activities applied to each re-election cycle.)

*A maximum of 60 Prescribed credits can be applied during a three-year re-election cycle for teaching medical students, residents, physicians, physician assistant students, physician assistants, nurse practitioner students, nurse practitioners, nursing students, or nurses in formal individual or live educational formats. Teaching is also considered a live activity.

# Participate in the Research Poster Competition

The LAFP will host a poster competition during the 70th Annual Assembly and Exhibition that will be held at the Roosevelt Hotel in New Orleans August 3-6, 2017. The purpose of the competition is to profile our family medicine residents and students, provide a venue to share research activities and encourage networking among our medical students, residents and active members.

The deadline to submit posters for consideration is May 15, 2017. Accepted poster submissions will be notified by June 23, 2017. Accepted submissions will be displayed during Annual Assembly beginning Thursday, August 3, 2017.

**Eligibility**
To enter the LAFP poster competition, medical students and family medicine residents must be:

- Currently enrolled in an ACGME/AOA accredited residency program or LCME/COCA accredited medical school.
- An active member in good standing of the Louisiana Academy Family Physicians and of the American Academy of Family Physicians.
- Willing to attend the 2017 Annual Assembly to be held at the Roosevelt Hotel in New Orleans on Friday, August 4, 2017 (evening event) and Saturday, August 5, 2017 and be present at their displays during select hours for the presentation of awards.

**Submission Requirements**

- The subject of the poster presentation must be of value to family medicine and within the scope of family medicine. It may be based on course work or an extracurricular project.
- All projects must be completed at the time of application. The printed poster is not needed until Annual Assembly, if accepted.
- Research projects from 2016 are eligible for submission.
- Abstracts are encouraged but not required.

**Instructions for Submission**
To be considered for the poster contest, please complete the application at www.lafp.org. The information listed below will be needed for your submission.

- Poster Title:
- Author Name(s):
- Contact Information:
- Short poster title (40 character maximum)
- Short abstract text (200 word maximum)
- Full abstract that includes the following: (is encouraged, but not required)
    - Project description
    - Objectives and purpose
    - Methodology
    - Results
    - Conclusions

**Judging**
Poster judging is a two-tier process.

**1. Application/Abstract**
Application and abstracts will be peer-reviewed and judged on the following criteria:

- Appropriateness and relevance to family medicine
- The originality of the project
- Clarity of the presentation
- Validity of conclusions

**2. On-site Poster Presentation**

- If accepted for presentation, poster authors will be invited to display their posters at the 70th Annual Assembly and Exhibition (see display information below).
- Authors will be required to staff their poster display during select exhibit hours at Annual Assembly.
- On-site judging will be held on August 4th during select exhibit hours.

**Display**

- Entries accepted for presentation will be displayed in the LAFP Exhibit Hall.
- Displays will be limited to one side of a 4' x 8' tack board. The recommended poster size is 3' x 4'. Download the guidelines for creating and displaying successful posters from the LAFP website.
- Costs associated with travel, printing, shipping, etc will be the responsibility of the authors.

**Recognition**
Prizes for 1st, 2nd and 3rd place will be awarded on Saturday, August 5, 2017.

## REMINDER: Renew Your 2017 LAFP Membership

Renew your membership today and continue to receive the following chapter benefits:

- Legislative Advocacy – the 2017 Session is gearing up FAST!
- High quality continuing education programs – member discounts, partner discounts, CME offerings, discounted rates (both local and national level)
- Access to important communications, including *The Louisiana Family Doctor* and *The Weekly Family Medicine Update*.
- Discounts on products, services, and courses.

If you have any questions about your membership or need another copy of your invoice, please contact the AAFP at 800-274-2237 or at contactcenter@aafp.org. If you would like, you may submit your payment online, visit www.aafp.org/quickpay. We appreciate your continued LAFP membership!

# REGISTRATION NOW OPEN!


Mark your calendars to join us this summer at the beach for our 70th Annual Assembly and Exhibition. Details are underway as we plan our annual in state members meeting.

**Registration**
The full registration fee covers CME offerings, daily continental breakfasts and coffee breaks, as well as one complimentary ticket to the Social Events. Registration rates include a member discount, non-members, residents and students. There is also an optional fee for guests and daily registrations to attend the CME.

CME sessions will begin at 8:00 am every day and last until lunch or right after. Breakfast will be served in the exhibit hall each day beginning at 7:00 am. Daily breaks are offered as well as lunch on Thursday and Friday- be sure to buy a ticket for the President's Party and Foundation Auction on Friday and the Awards and Installation Luncheon for Saturday!

**Registration Fees**

| Member Type | THU | FRI | SAT | SUN | FULL |
|---|---|---|---|---|---|
| LAFP/AAFP Active Member | $125 | $125 | $125 | $125 | $475 |
| Non-Member | $150 | $150 | $150 | $150 | $500 |
| LAFP/AAFP Life Members | $75 | $75 | $75 | $75 | $250 |
| LAFP/AAFP Resident Members | $75 | $75 | FREE | $75 | $175 |
| LAFP Student Members | FREE | FREE | FREE | FREE | FREE |

NOTE: Refunds, less a $100 Administrative Fee will be made upon receipt of written request until June 3, 2017.

**Accreditation:**
This program is being reviewed for Prescribed Credits by the American Academy of Family Physicians. This includes evidence based credit. AAFP Prescribed Credit is accepted by the American Medical Association (AMA) as equivalent to AMA PRA Category 1 Credit toward the AMA Physician's Recognition Award. When applying for the AMA PRA, prescribed credit earned must be reported as prescribed credit not as Category 1.

**Program Objectives:**
This activity is designed for the specialty of family medicine, but may also be of educational interest to the specialties of internal medicine, pediatrics, and other primary care fields. It is designed to introduce providers to the latest information, techniques, and technology applicable to office-based patient care through didactic lectures and interactive discussions. Upon completion of this program, participants should have a working and applicable comprehension of these topics. Specific objectives for each topic will be included in the participant syllabus.

**Accommodations:**
We are proud to designate The Roosevelt Hotel as our conference headquarters. A block of guest rooms is being held for the conference until July 2, 2017 or until the guest room block is full. The group rate is $185.00/night plus tax.

To book your room online at the LAFP reduced rate, please visit https://aws.passkey.com/go/LAFP or call reservations at (800) WALDORF and be sure to mention that you are with the LAFP and use Group Code: "FAM" to receive the group rate.

**Questions:**
Visit www.lafp.org for additional information or contact the LAFP at info@lafp.org or (225) 923-3313.

LAFP Calendar

## SAVE THESE DATES

**March 17, 2017**
Delegates Announced
Deadline for Resident Award of Excellence
Deadline for Student Awards

**March 17, 2017**
Match Day

**April 1, 2017**
Family Physician of the Year nominations due

**April 10, 2017**
Louisiana Legislative Session Convenes
Family Physician of the Day (Monday – Thursday during session)

**April 27-29, 2017**
AAFP Annual Chapter Leadership Forum/ National Conference of Constituency Leaders
Sheraton Kansas City at Crowne Center
Kansas City, MO

**May 10, 2017**
White Coat Day at the Capitol State Capitol
Baton Rouge, LA

**May 15, 2017**
Deadline for Poster Competition Submissions

**May 22 – 23, 2017**
Family Medicine Congressional Conference
Washington Court Hotel
Washington, DC

**June 1, 2017**
Selected Poster Competition Entries Notified

**June 8, 2017**
Louisiana Legislative Session Adjourns

**July 27-29, 2017**
AAFP National Conference of FM Residents & Medical Students
Kansas City Convention Center
Kansas City, MO

**August 2, 2017**
LAFP Board Meeting
TBD
New Orleans, LA

**August 3-6, 2017**
70th Annual Assembly and Exhibition
Poster Displayed in Exhibit Hall at Annual Assembly
The Roosevelt Hotel
New Orleans, LA

**August 4, 2017**
General Assembly
Poster Competition Reception and Final Judging
TBD
New Orleans, LA

**September 11 – 13, 2017**
AAFP Congress of Delegates
Grand Hyatt San Antonio
San Antonio, TX

**September 12 – 16, 2017**
AAFP Annual Scientific Assembly
Henry B Gonzalez Convention Center
San Antonio, TX

# Make Plans to Attend LAFP's 2017 General Assembly

As a member of the LAFP, you are encouraged to, attend and participate in the LAFP's 2017 General Assembly, which will convene on Friday, August 4, 2017. The General Assembly will be held in conjunction with LAFP's 70h Annual Assembly and Exhibition at the Roosevelt Hotel in New Orleans, LA.

**2017 CALL FOR RESOLUTIONS**

LAFP members may present resolutions for debate, which set the direction for the Academy in the coming year. Any LAFP member can submit a resolution for vote. If you wish to submit a resolution, it must be submitted, in writing, to Ragan LeBlanc, Executive Vice President of the LAFP at least thirty (30) days prior to the General Assembly (No later than July 3, 2017). Resolutions cannot be submitted from the floor except by an affirmative vote of two-thirds of the members of the General Assembly present and voting.

Any resolution submitted from the floor and accepted for presentation must be submitted in writing to the Speaker of the General Assembly, Dr. Derek Anderson. To learn more about writing a resolution, or to complete form, please visit the LAFP website at www.lafp.org . Remember, the deadline to submit resolutions to the LAFP is no later than July 3, 2017.

**BYLAWS AND AMENDMENTS TO BYLAWS**

Any five or more members may propose bylaws or amendments of bylaws. Such proposals must be submitted to Ragan LeBlanc, LAFP's Executive Vice President, at least sixty (60) days prior to any regular or special meeting of the General Assembly, and notice shall be given to all members at least thirty (30) days prior to the meeting at which the proposals are to be voted upon.

An affirmative vote of at least two-thirds of the members present and voting shall constitute adoption. Amendments shall take effect immediately upon adoption unless otherwise specified. For more information, please contact Ragan LeBlanc at rleblanc@lafp.org or call 225.923.3313.

Please visit the LAFP website, www.lafp.org, for more information and continued updates.

# CDC, AAFP Release 2017 Immunization Schedules

## *Updates Include New HPV, MenB and HepB Vaccine Recommendations*

*Reprint from AAFP News Now written by Chris Crawford*

The CDC and its Advisory Committee on Immunization Practices (ACIP), together with the AAFP and other medical professional organizations, have released the 2017 adult and childhood immunization schedules. These schedules can be found on the AAFP website by visiting http://www.aafp.org/patient-care/public-health/immunizations/schedules.html.

Changes this year include updated recommendations for a two-dose schedule of nine-valent HPV vaccine (HPV9; Gardasil 9) for patients ages 11-12, a two-dose schedule of meningitis B vaccine (MenB) for adolescents, a clarification regarding recommended adult candidates for hepatitis B (HepB) vaccine and revisions designed to make the adult schedule easier to navigate.

Release of the annual immunization schedules comes amid concerns that the Trump administration has proposed appointing a group to study the safety and effectiveness of vaccines.

In response, AAFP President John Meigs, M.D., of Centreville, Ala., said in a statement: "A new federal commission on immunizations is not necessary and would divert much-needed dollars from other, more pressing health care issues. To suggest the need for such an organization promotes unnecessary, ongoing and disproven skepticism about vaccines and public safety."

Meigs said plainly that vaccines are safe, effective and save lives, further explaining that allegations of a link between vaccines and autism have been thoroughly debunked.

"The science is clear, and family physicians stand ready to help everyone -- from the incoming administration to the general public -- understand how safe and important vaccines are," he stated.

**Childhood and Catch-up Schedule Highlights**

During the ACIP's Oct. 19-20 meeting, the group voted to recommend that patients ages 11-12 receive two doses of HPV9; however, this dosing schedule can begin as early as age 9 and as late as ages 13-14. Although it is recommended that the second dose of the two-dose schedule be administered six to 12 months after the first dose, the minimum interval between the first and second doses is five months.

This recommendation follows the FDA's approval(www.fda.gov) of a request this past October to add a two-dose schedule of HPV9 for adolescents ages 9-14 as an alternative to the previously licensed three-dose schedule.

For patients initiating HPV9 vaccination at or after age 15, the recommended immunization schedule is three doses. The second dose should be administered one to two months after the first dose, and the third dose should be administered six months after the first dose.

AAFP liaison to the ACIP Margot Savoy, M.D., M.P.H., told AAFP News a study published Jan. 23 in Cancer(onlinelibrary.wiley.com) revealed that after correcting national statistics for the prevalence of hysterectomy, mortality rates for cervical cancer were found to have been underestimated, particularly among black women.

"That's all the more reason why we need to vaccinate kids before they are exposed to HPV so that they don't have to have that conversation down the line," she said.

The ACIP's updates for the MenB vaccine apply only to the MenB-FHbp (Trumenba) product and clarify when two doses may be administered rather than the original three-dose schedule.

The approved final language reads: "For patients at increased risk for meningococcal disease and for use during serogroup B outbreaks, three doses of MenB-FHbp should be administered at ages 0, 1-2 months and 6 months. When given to healthy adolescents who are not at increased risk for meningococcal disease, two doses of MenB-FHbp should be administered at 0 and 6 months. If the second dose is given at an interval of less than 6 months, a third dose should be given at least 6 months after the first dose."

Regarding the HepB vaccine, the ACIP changed its birth dose recommendation to read "within 24 hours of birth" instead of the previous "at hospital discharge."

The full recommendation reads: "For all medically stable infants weighing greater than or equal to 2,000 grams at birth and born to HBsAg (hepatitis B surface antigen)-negative mothers, the first dose should be administered within 24 hours of birth. Only single-antigen HepB vaccine should be used for the birth dose."

And finally, as an update on the influenza vaccine, Savoy noted that even though live attenuated influenza vaccine (LAIV; FluMist) was taken off the market this flu season in the United

States, the ACIP still hasn't announced a plan for its use during the 2017-2018 season. The group is, however, scheduled to discuss the vaccine at its Feb. 22-23 meeting(www.cdc.gov).

**Adult Schedule Highlights**

The 2017 adult immunization schedule has been revised to be easier to read, with a new format that includes landscape formatting, cleaner graphics, use of abbreviations and a larger font in the footnotes.

Savoy said adult patients with a history of egg allergy that manifests with symptoms other than hives -- such as those who experience angioedema, respiratory distress, lightheadedness or recurrent emesis, or who require epinephrine or another emergency medical intervention -- may receive age-appropriate inactivated (IIV) or recombinant influenza vaccine (RIV). But, she added, administration of the inactivated vaccine should be supervised by a health care professional who can recognize and manage severe allergic conditions.

Adults with egg allergy who experience only hives after exposure to egg should receive IIV or RIV.

The ACIP recommends the HepB vaccine for adults with chronic liver disease, including those with hepatitis C infection and liver function enzyme levels twice the upper limit. This recommendation also includes patients with cirrhosis, fatty liver disease, alcoholic liver disease and autoimmune hepatitis.

"This recommendation broadens and better specifies which adults should receive hepatitis B vaccine," Savoy said.

Finally, she noted, the HPV recommendation for adults didn't actually change. Teens and young adults who start the series at ages 15-26 will continue to need three doses of HPV vaccine.

"If you are an adult and you're just now getting your HPV vaccine series, you should be getting the full three-dose series, as before," said Savoy.

Furthermore, patients in this age range who initiated the series before age 15 and who have received only one or two doses less than five months apart still require one additional dose for adequate immunization.

"It doesn't matter which vaccine

# Opt in to Receive Important Alerts and Information from the LAFP?

It's rapidly becoming that time of year again as the 2017 Louisiana Legislative session is approaching quickly. As part of our work to promote and preserve the family medicine in this process, we are once again asking for your help.

Last year we finally achieved a level of grass roots support that allowed us to defeat the NP bill and could not have been successful without the work of physicians across the state. The number of phone calls from physicians was very powerful and one of the biggest turning points of the session. We look to build on this again this year. We would like to put together a list of all members' cell phones so that we can more efficiently get in touch with our members via text, especially those in key areas we need phone calls from. As I can attest to, trying to get into contact with the members proved to be very difficult at times last year. The numbers we have on file were mainly office numbers. We wish to build a database of cell phone numbers that will allow us to rapidly text you when there is an important bill coming up for vote in either a committee meeting or on the floors. These texts would contain the contact information for you in the text and allow you to make these ever so important calls quickly and efficiently.

As we move forward with our legislative agenda for the year, we will again need the full support of all the LAFP and its members. If there is anything you feel we need to know or feel you would like us to work on or discuss please feel free to contact any of the Legislative affairs committee or the LAFP office.

Richard E. Bridges M.D.
LAFP Legislative Chair


***To opt in to receive text messages visit the LAFP website and click the "Act Now" button on the homepage of the website.***

# Help the LAFP Prepare for the Upcoming 2017 Legislative Session

As a subject matter expert and a valued constituent, elected officials need – and, in fact, count on – expert opinions like yours to make effective legislative decisions.

Of the 144 representatives and senators in the LA Legislature, there is not a physician who serves currently. Your members of the legislature have some medical knowledge but are more likely to be a former mayor, attorney, business owner, educator, or even a farmer than a healthcare professional.

While e-mails, social media outreach, and phone calls are valued ways of communicating, nothing compares to in-person visits with your legislators. It can be very difficult to find time to meet personally with your legislators while they are in session. However, over the next few months, meeting with your own representative and senator is an important goal of the LAFP as we begin preparing for the legislative session in 2017.

The LAFP needs your help in our efforts and are asking that as a member that you begin making contacts. We have developed a timeline for you as a guide leading up to when session starts.

- Make your first contact by stopping by your legislators' office and drop off your business card or contact information
- Make your second contact with a phone call to your legislators and follow-up
- Make your third contact with an in person visit to your legislators' office.

Ask your legislators for a meeting to explain the real implications of health care policy for you, your practice, and your patients.Reaching out to your legislator is easier than you might think, and can increase the visibility and importance of family medicine to those in the legislature. Resources are available on the LAFP website to help make the invitation to your legislator, direct the conversation, and inform the local media of your meeting.

April is just around the corner. Start making contacts, establishing a relationship and ask your member of the LA Legislature now for a meeting. Email Ragan LeBlanc, Executive Vice President at rleblanc@lafp.org with your questions and let her know when you make contacts or your meeting is scheduled.

# 2017 White Coat Day at the Capitol

**Wednesday, May 10th – 9:00 a.m. to 4:00 p.m.**

**Louisiana State Capitol Rotunda**

The LAFP invites you to participate in the Annual White Coat Day at the Capitol in Baton Rouge on Wednesday, May 10, 2017.

This opportunity will allow you to join colleagues at the state capitol, gain information about the issues affecting family medicine and your patients and dialogue with state legislators and administration officials.

White Coat Day allows family physicians to discuss salient healthcare issues with Louisiana legislators and relay the issues that affect their patients on a daily basis. You'll spend the day hearing from legislators, agency heads and the Governor's staff about relevant issues. YOU are the voice for your patients: **the LAFP is calling on you to make a difference**. Register today at www.lafp.org.

**Event Details:**

White Coat Day is designed to provide free health screenings to legislators while discussing important issues and concerns affecting the health of your patients.

Participants in White Coat Day will:

- Make a difference for the future of family medicine
- Learn about the challenges health care issues face today
- Inform legislators about the issues important to you and your patients
- Attend committee hearings and House and Senate sessions

Lunch will also be provided.

**Schedule is subject to change and will be updated as the event approaches.*

# FAMILY PHYSICIAN OF THE DAY

The Louisiana Academy of Family Physicians is asking its members to sign up to be "Family Doctor of the Day" at the Louisiana State Capitol during the 2017 Legislative Session. Thanks to all who participated last year!

This program enables the LAFP to build effective relationships with our senators and representatives; a relationship that must be maintained if our views and suggestions concerning health care are to be heard.

We need volunteers for 10:00 am to 4:00 pm, Monday through Thursday during the upcoming legislative session. You will be asked to provide non-invasive type procedures. Available dates are located below in the monthly calendars. Once you make your selections, you will be notified of the date(s) and time(s) that you have been assigned. A parking spot is available at the Capitol for your convenience and you will be covered under the state malpractice insurance when providing your services. If you are interested in serving in this program, please complete the information requested below. You may mail, fax or email the form to:

Louisiana Academy of Family Physicians
919 Tara Boulevard
Baton Rouge, LA 70806

Phone: 225.923.3313
Fax: 225.923.2909
Email : info@lafp.org

**Session Dates: April 10th – June 8th**
**(Available Dates Shown in Calendars Below - Dates Already Filled Shaded in Red)**

| APRIL | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| | | | | | | |
| | | | | | | |
| | 10 | 11 | 12 | 13 | | |
| | 17 | 18 | 19 | 20 | | |
| | 24 | 25 | 26 | 27 | | |

| MAY | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| | 1 | 2 | 3 | 4 | | |
| | 8 | 9 | 10 | 11 | | |
| | 15 | 16 | 17 | 18 | | |
| | 22 | 23 | 24 | 25 | | |
| | 29 | 30 | 31 | | | |

| JUNE | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| | | | | 1 | | |
| | 5 | 6 | 7 | 8 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I will serve _____ days.

1st choice _____ 2nd choice _____ 3rd choice _____

Name: _____

Address (OFFICE): _____ Phone: _____

City, State, Zip: _____ Fax: _____

Home Address: _____ Phone or Cell: _____

City, State, Zip: _____ Fax: _____

Please send confirmation to my (circle one): Office Home Email Address: _____

My Senator is: _____

My Representative is: _____

Would you like to serve as a key contact: YES _____ NO _____

# Legislative Report

Joe Mapes
*LAFP Lobbyist*

The 2017 regular session fast approaches, but not until we had another special session first for 10 days that began on February 13th. Yes, for the 2nd year in a row, we were working at the legislature on Valentine's Day. The special session was to deal with the $330 plus million the state still owes to fix the current budget by June 30th of 2017. Then, we begin a new fiscal year budget July 1st with a giant hole in that year's budget, as well. Stay tuned. As our illustrious president, Dr. Jim Taylor is noted as saying about the legislative process, "It's like a circus on acid"! These next two should live up to Dr. Taylor's assessment quite nicely.

That being said, the circus comes to town April 10th and doesn't get its nut back until June 8th when the session ends and they all go home. Hopefully, they will go home without hurting family medicine any further. It doesn't look like they can as the Governor's call for the session seems limited to matters of the state's budget, but we'll be in the Capitol all day, every day, in the LAFP First Aid Station just to be safe. Volunteer, come sit with us.

On to the regular session.....Good news first - it's 25 days shorter than a non-fiscal session, like last year. Now, for the bad news. Reliable sources tell us the Nurse Practitioners are going to again file legislation to remove the Collaborative Practice Agreement from Louisiana law so they can practice independent medicine. A lot could be said, at this point, but here it goes again! Batten down the hatches, and get ready to participate. As a matter of fact, the time is upon us to begin texting, calling, and visiting Senators and Reps back home, before they get to Baton Rouge and get overwhelmed. Talk to them. Let them know you are opposed to nurses practicing medicine independently. They will listen to you, but they need to know it's important to you. Teddy Roosevelt is credited for saying, "Nobody cares how much you know until they know how much you care." Show your legislators that you care about the integrity of family medicine and the patient population it serves. You, and your colleagues, will be asked to participate in several VoterVoice email campaigns sent by LAFP Headquarters. Do it. It's your profession. They're your patients. Nobody is going to promote and protect family medicine, if you don't. Fortunately, you are the best person for this job. So, please set aside any frustration you feel about not wanting to be involved with politics. You are involved, like it or not. The issue of family medicine is on the Merry-Go-Round that is Louisiana politics. LAFP bought a ride, and we're staying on until the end. Stay on the ride with your us, your colleagues, and your patients.

Sincerely,
Joe Mapes
LAFP Lobbyist

## Why Support Your PAC?

LaFamPac contributions go directly to support legislators who are informed and committed to Family Medicine's business and practice management issues. And the results....Family Medicine interests are much more likely to receive greater attention among the many competing interests and constant stream of proposals put forward for consideration.

Visit www.lafp.org today to DONATE!

### *Contribute Today!*

**Your contributions help keep the voice of Family Medicine heard on topics such as:**

- **Scope of Practice Issues**
- **Managed Care Issues**
- **Protecting Provider Rates**
- **The LA Medicaid Program**

## Thank you to our 2017 LaFamPac Donors!

The LAFP Political Action Committee (LaFamPac) would like to thank the following individual contributors:

**Derek J. Anderson MD**
**Richard Bridges MD**
**Kenneth Brown, MD**
**Mary Coleman, MD**
**Mark Dawson, MD**
**Christopher Foret MD**
**Jody George, MD**
**Jack Heidenreich, MD**
**Michael Madden, MD**
**Camille Pitre, MD**
**Bryan Picou, MD**
**Marguerite Picou, MD**
**Paul Rachal, MD**
**James M. Smith, MD**
**James A. Taylor, Jr. MD**
**Robert Wergin, MD**

If you would like to contribute to LaFamPac, visit the LAFP website at www.lafp.org or contact Ragan LeBlanc at rleblanc@lafp.org or 225.923.3313.

# Auction Items Needed


The Louisiana Academy of Family Physicians Foundation is gearing up for the 2017 Foundation Auction. It's not too early to consider donating items for the event. Your generosity could take many forms.

- Large items could come in small packages, such as dining certificates, event ticket packages, tours or certificates for luxury or convenience services.
- It could take shape as wine and gift baskets, art and/or jewelry items, culinary equipment.
- Smaller items can be paired with others to make a unique basket.

So long as one size fits all, nearly any item of value can double its worth when given up for bid at the auction.

The annual live and silent auction events are held in conjunction with the LAFP Presidents Party. It serves not only as a fun social event for Academy members and their guests, but also as an important fundraiser for the LAFP.

- This year's events will be held on Friday, August 4, 2017.
- To donate, please send an email to foundation@lafp.org or call (225) 923-3313.

The LAFP Foundation is recognized by the Internal Revenue service as a 501(c)(3) organization, so your donation is tax deductible. Thanks in advance!



## It's "TEE" time....Register today "FORE" the 2017 Foundation Golf Tournament

Don't miss the chance to "tee off" with fellow colleagues. The 2017 Foundation Golf Tournament will be held in conjunction with the LAFP's 70th Annual Assembly in New Orleans, LA. The tournament is scheduled for Thursday, August 3rd from 2:30 - 6:30 pm at The Golf Club at Audubon Park. The cost of the event is $135 per person and includes 18 holes of play, cart rental, refreshments, balls and prizes. Proceeds to directly support activities promised through the Louisiana Academy of Family Physicians Foundation.

If you are interested in playing please consider a Hole Sponsorship of $200. This will consist of a sign with your name and company name located on the course as well as your name or company name recognized in the list of tournament sponsors.

"FORE" more information or to register, please visit the LAFP website at www.lafp.org or contact us by email at foundation@lafp.org. You can also call the LAFP office at (225) 923-3313 for information.

# Thank you to our 2017 Foundation Donors

The Louisiana Academy of Family Physicians (LAFP) Foundation would like to thank the following individual contributors over the past year. The following individuals helped support Tar Wars, various awards and scholarships, and contributed to the LAFP Foundation General Fund.

**AmeriHealth Caritas - Louisiana**
**Windy Adams, NP**
**Dr. Derek and Mary Anderson, MD**
**Justin Angelle**
**Raymond Baez, MD**
**Donnie Batie, MD**
**John Bernard, MD**
**Ashley and Ben Berthelot**
**Bryan Bertucci, MD**
**John Bienvenu, MD**
**Walter Birdsall, MD**
**Joe Bolger, MD**
**Melvin G. Bourgeois, MD**
**Chad Braden, MD**
**Dr. Richard and Candace Bridges**
**Beau Brouillette, MD**
**Kenneth Brown, MD**
**Dr. William and Barb Brown**
**George Bucher**
**Norman Callais**
**James Campbell, MD**
**Lisa Casey, MD**
**Mr. Jake and Dr. Lacey Cavanaugh**
**Mary Coleman, MD**
**Rafael Cortes, MD**
**Michelle Cosse, MD**
**Russell O. Cummings, MD**
**Nick Daigle**
**Kathleen Darnall**
**Warren Degatur, MD**
**Danny Domingue**
**Jake and Natalie Dufour**
**Barry Dunn**
**Michael Dunn, MD**
**Brian Elkins, MD**
**Thomas G. Fontenot, MD**
**Natalie Fradella**
**Dale Galleger**
**Kim Gassie**
**Wayne Gravois, MD**
**Ashley Ayo Guy, MD**
**Brian Harrell, MD**
**Dr. James Harvey and Pam Redmond**
**Eric Hayes**
**Dr. Jack and Ellen Heidenreich**
**Jonathan Hunter, MD**
**Trent L. James, MD**
**Dan Jens, MD**
**Jimmy Kasischke**
**John Kurzatkowski**
**Alan Lebato, MD**
**Kenny Laborde**
**Terry and Alicia Lambert**
**Ragan LeBlanc**
**Ramsey LeBlanc**
**Blaine Lindsey**
**Selena Loupe**
**Dr. Michael and Judy Madden**
**Joe and Sandy Mapes**
**Michael Marcello, MD**
**Richard Marek, MD**
**Edward Martin, Jr., MD**
**Beau Martinez**
**Jose Mata, MD**
**Laura McCormick, MD**
**Rebecca Meiners**
**Darrin Menard, MD**
**Ann Miller**
**Tobe Momah, MD**
**James Newcomb, MD**
**Cindy Norris**
**Ochsner Health System**
**Brandon Page, MD**
**Drs. Bryan and Cissy Picou**
**Dr. Camille Pitre and Greg Naquin**
**Dr. Tahir and Jennifer Qayyum**
**Paul B. Rachal, MD**
**Phillis Ragusa**
**Al Rees, MD**
**Tim Riddell, MD**
**Russell Roberts, MD**
**Jake Joseph Rodi, MD**
**David Runyon, MD**
**Kirk Schexnayder**
**Linda Stewart, MD**
**Robert St. Amant, MD**
**Devan Szcepanski, MD**
**Robert Tassin, MD**
**James Taylor, MD**
**Patrick Thibodaux**
**Leonard Treanor, MD**
**Senator Mike Walsworth**
**Hugh Washburn, MD**

The Foundation would also like to extend a thank you to all of the LAFP membership that helped support individual fundraising activities such as the golf tournament and auction in the past. While the Foundation applies for grants to help support costs, we still rely on donations to fund our residency program and community outreaches. Thank you for helping support us and we look forward to supporting family physician initiatives in 2017!

# Support Your Foundation

"No act of kindness, no matter how small, is ever wasted."
*-Aesop*

*Your Foundation Donations Hard at Work...*

**Student & Resident Education Tracks**
**Grants for AAFP National Conference & LAFP Annual Assembly**
**Awards and Scholarships**
**Residency Mission Trips**

919 Tara Blvd, Baton Rouge, LA 70806
(225) 923-3313 | www.LAFP.org

LOUISIANA ACADEMY OF FAMILY PHYSICIANS FOUNDATION

## YES! I would like to support the LAFP Foundation!

❑ Enclosed is my check for _____ to support the initiative below.
❑ Please charge my credit card for _____ to support the initiative below.
❑ I would like to make regular monthly payments to the LAFP Foundation. Please charge my credit card $ _____ per month to support the initiative below.

VISA MasterCard DISCOVER CC #: _____ Expiration Date: _____ 3 Digit Code: _____

Name (s)_____ Phone: _____

Mailing Address:_____ City:_____ State _____ Zip: _____

- ❑ LAFP Resident and Student track at Annual Assembly
- ❑ LAFP scholarships for residents and student at Annual Assembly
- ❑ Michael O. Fleming, MD Award & Scholarship
- ❑ Resident and Student Leadership Conference
- ❑ Gerald R. Gehringer, MD Award and Scholarship
- ❑ Resident of Excellence Award and Scholarship
- ❑ Tulane Family Medicine Excellence Award & Scholarship
- ❑ FP Bordelon, MD Lectureship Fund Award
- ❑ AAFP National Conference of Family Medicine Residents and Medical Students
- ❑ General Fund

**Please mail your tax deductible donation directly to:**
**LAFP Foundation, 919 Tara Blvd., Baton Rouge, LA 70806**
**To donate online, please visit our secured website at www.lafp.org/content/foundation**


# Some opportunities could pose big risks to your practice.

COVERAGE 360° ANALYSIS

**New service lines could mean new liabilities.**

Adding supplemental products and services to your practice could mean increased exposure to risk. LHA Trust Funds offers proactive guidance that identifies risk and provides insurance products to ensure you are covered in an ever-changing healthcare market. Backed by 35 years of experience serving the Louisiana healthcare industry, consider LHA Trust Funds your partner in prevention. **For your 360° coverage analysis, call 225.272.4480 or visit LHATrustFunds.com.**

LOUISIANA HOSPITAL ASSOCIATION
TRUST FUNDS
*Administered by* HSLI

Insurance Solutions for Louisiana Healthcare Providers

MALPRACTICE TRUST | THE PHYSICIANS TRUST | WORKERS' COMPENSATION TRUST


# THE STRENGTH TO HEAL and get back to what I love about family medicine.

Do you remember why you became a family physician? When you practice in the Army or Army Reserve, you can focus on caring for our Soldiers and their Families. You'll practice in an environment without concerns about your patients' ability to pay or overhead expenses. Moreover, you'll see your efforts making a difference.

To learn more, contact SFC Derrick Hutcherson at 504-833-1404 or click goarmy.com/lafp

U.S.ARMY


## Eligible Primary Care Provider Types

- ✓ Family Medicine
- ✓ Internal Medicine
- ✓ General Practice

Hundreds of primary care doctors are discovering the value of Quality Blue Primary Care. This program offers primary care doctors tools, data and resources to help improve patient outcomes. Physicians enrolled in the program are rewarded for these improvements—and are paid a monthly care management fee on top of their usual fee-for-service amount.

Quality Blue is making measurable improvements in the lives of Louisianians – while keeping costs in line.

**Call:** 1-800-376-7765
**Email:** ClinicalPartnerships@bcbsla.com

Louisiana | Quality Blue PRIMARY CARE

Louisiana Academy of Family Physicians
919 Tara Blvd.
Baton Rouge, LA 70806



# Quality care starts with top doctors.

At Blue Cross and Blue Shield of Louisiana, we're committed to quality. That's why we're proud to recognize the 2016 Top Performers in Quality Blue, our patient-centered care program.

Because of you, more of our shared customers – your patients, our members – are getting coordinated care, better health outcomes and a higher quality of life.

## Quality Blue Primary Care Top-Performing Clinics 2016


**Highest OVERALL PERFORMANCE:**
**The Family Doctors** *(Shreveport)*
**and Shreveport Internal Medicine** *(Shreveport)*

**Highest Achievement in DIABETES CARE:**
**The Family Doctors** *(Shreveport)*

**Highest Achievement in HYPERTENSION CARE:**
**Bossier Family Medicine** *(Bossier City)*

**Highest Achievement in VASCULAR CARE:**
**Bossier Family Medicine** *(Bossier City)*

**Highest Achievement in KIDNEY CARE:**
**Bella Family Medical** *(Baton Rouge)*

To see the full list of top-performers, including more than 175 individual primary care doctors, visit **www.bcbsla.com/QBPC**.

Louisiana | Quality Blue PRIMARY CARE

*Together, we are improving the health and lives of Louisianians.*