

L O U I S I A N A FAMILY DOCTOR

An Official Publication of the Louisiana Academy of Family Physicians

Summer 2015



Jazz It Up With Family Medicine!

LAFP 68th Annual Assembly & Exhibition

August 6 - 9, 2015

New Orleans, LA

Comprehensive
insurance services.
One proactive provider.



Complete insurance solutions customized for your practice.

Relying on multiple providers can mean gaps in coverage. Choose a provider with one, clear vision for your practice. 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](#).**



Insurance Solutions for Louisiana Healthcare Providers

MALPRACTICE TRUST

THE PHYSICIANS TRUST

WORKERS' COMPENSATION TRUST

LOUISIANA FAMILY DOCTOR

Published by Louisiana Academy of Family Physicians

Volume 28 • Issue 1

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

Officers

Melvin Bourgeois, MD
President

Brian Elkins, MD
President-Elect

James Taylor, MD
Vice President

Chris Foret, MD
Secretary

Bryan Picou, MD
Treasurer

Michael Harper, MD
Immediate Past President

AAFP Delegates/Alternates

Russell Roberts, MD, AAFP Delegate
Marguerite Picou, MD, AAFP Delegate
James Campbell, MD, AAFP Alt. Delegate
Bryan Picou, MD, AAFP Alt. Delegate

District Directors

Dist. 1 Dir. 2013-2015:	Mary Coleman, MD
Dist. 1 Alt. 2013-2015:	William Woessner, MD
Dist. 2 Dir. 2012-14:	Daniel Jens, MD
Dist. 2 Alt. 2012-14:	Luis Arencibia, MD
Dist. 3A Dir. 2012-14:	Jack Heidenreich, MD
Dist. 3A Alt.: 2012-14:	Camille Pitre, MD
Dist. 3B Dir. 2012-14:	Indira Gautam, MD
Dist. 3B Alt. 2010-12:	Zeb Stearns, MD
Dist. 4 Dir. 2013-15:	Ricky Jones, MD
Dist. 4 Alt. 2013-15:	Gregory Bell, MD
Dist. 5 Dir. 2013-15:	Tahir Qayyum, MD
Dist. 5 Alt. 2013-15:	Tobe Momah, MD
Dist. 6A Dir. 2012-14:	Phillip Ehlers, MD
Dist. 6A Alt. 2012-14:	Carol Smothers, MD
Dist. 6B Dir. 2013-15:	Kevin Plaisance, MD
Dist. 6B Alt. 2013-15:	Richard Bridges, MD
Dist. 7 Dir. 2013-15:	Jason Fuqua, MD
Dist. 7 Alt. 2013-15:	Jody George, MD
Dist. 8 Dir. 2013-15:	Jonathan Hunter, MD
Dist. 8 Alt. 2013-15:	Matthew Erickson, MD

Director At Large

Director	Admir Seferovic, MD
Alternate	Esther Holloway, MD

Resident/Student Members

Resident	Keisha Harvey, MD
Resident Alternate	Francis Tran, MD
Student-Tulane	Kelly Reed
Student Alternate-Tulane	Amanda Olivier

Committee Chairs

Tobe Momah, MD
Committee on Education

Bryan Picou, MD, Chair
Committee on Operations

James Taylor, MD, Chair
Committee on Legislative and Membership Issues

LAFP Staff

Ragan LeBlanc
Executive Vice President

Joe Mapes
Lobbyist

Lee Ann Albert
Manager of Membership and Education

Clay Coco
Manager of Events and Communications

Mary DuCote
Administrative Assistant

IN THIS ISSUE

A Message from the President	4
A Message from the Secretary.....	5
Executive Vice President	6
Have You Registered For The 68th Annual Assembly And Exhibition?	12
LAFP Staff and Members Attend the AAFP Annual Chapter Leader Forum and National Conference of Constituency Leaders	16
LAFP Sends Delegation to AAFP National Conference of Constituency Leaders (NCCL)	16
Are you receiving your LAFP Newsletter?	17
LAFP Calendar	17
Make Plans to Attend LAFP's 2015 General Assembly	18
Stay Connected with the LAFP	18
Compare and Contrast: Term vs. Permanent.....	20
Retirement Questions?.....	21
Legislative Report.....	22
2015 White Coat Day at the Capitol.....	24
Why Support Your PAC?	24
Thank you to our 2015 LaFamPac Donors!.....	24
Join us in New Orleans as we celebrate honoring Dr. Melvin Bourgeois and Raise Money for the Foundation!	26
Dust Off Those Clubs...It's Time for the 2015 Foundation Golf Tournament	28
Thank you to our 2015 Foundation Donors!.....	31

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.

No material in *Louisiana Family Doctor* is to be construed as representing the policies or views of the Academy. The editors reserve the right to review and to reject commentary and advertising deemed inappropriate. Advertisers and agencies must indemnify and hold the LAFP harmless of any expense arising from claims or actions against the LAFP because of the publication of the contents of an advertiser. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording or any information storage and retrieval systems, without permission from the editor.

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

Michelle Forinash • 1-800-561-4686

mforinash@pcipublishing.com

Edition 22

A Message from the President

Melvin G. Bourgeois, MD
LAFP President



LAFP Members,

Topics impacting the practice of medicine and your practices have been the topic of conversation, particularly in Congress and in the Louisiana Legislature. On all fronts, health care is evolving. The many changes present family physicians tremendous opportunities to shape our future health care system. It's up to all of us as family physicians to advocate for our specialty in the halls where decisions are made that affect our patients and our practices.

In Washington D.C., lawmakers accomplished a huge win for family physicians by fixing Medicare's

broken payment model. The AAFP has also been busy advocating for changes in the Meaningful Use Requirements, delaying ICD-10, and reforming graduate medical education funding. Another area in which AAFP is concentrating efforts is in making payment for direct primary care services a qualified health benefit under IRS rules. This would enable patients to pay for direct primary care with pre-tax HSA and FLEX account dollars, a move that would aid the expansion of this emerging and promising model of practice.

Here in Louisiana, LAFP's lobbyist, Joe Mapes, LAFP's Legislative Committee Chair, Jim Taylor, MD, along with LAFP's Legislative Committee, and LAFP's Board of Directors have all been very engaged during this legislative session advocating for Family Medicine Physicians and your patients. You would be very proud to see them in action. If you want to be more engaged with the legislative activities, consider joining the Legislative Committee. Numerous bills being presented in the Louisiana Legislature this session can adversely affect the public, as well as our medical practices. The legislative team is working to defeat these bills, and we ask you to please help in any way that you can by contacting your area representatives and senators.

to attend the Academy's strategic planning retreat. The meeting included LAFP Board members, the Academy's AAFP delegation, residency program directors, and committee chairs. Additional attendees included LAFP staff, and facilitator, Nancy Laughlin with the AAFP. The attendees reviewed the Academy's mission and developed goals and objectives that have become the guiding plan for 2015 – 2018.

The LAFP Foundation sponsored a Grand Rounds recently at Andreas in Metairie, LA., where a presentation was conducted on "Hepatitis C." Members from the New Orleans/Metairie area were invited to participate. The next Grand Rounds is scheduled for June, so please RSVP with the LAFP office regarding your attendance.

Lastly, we will celebrate LAFP's 68th Annual Assembly and Exhibition in New Orleans, LA, to be held August 6-9, 2015, at the Hotel Monteleone. Included in this issue is the full conference schedule and information on registration. We have the best CME topics and speakers lined up for you. Bring your families to enjoy New Orleans and the family activities we have planned. Please make your hotel reservations soon to get the best hotel rate in our block.

Looking forward to seeing you there.

Sincerely,
Melvin Bourgeois, MD
LAFP President

In April of 2015, Academy leaders traveled to Baton Rouge

68th Annual Assembly and Exhibition

Jazz It Up With Family Medicine

FREE Student Track

- Interactive procedural workshops
- Opportunity to meet with Family Medicine Residency Program Directors
- Residency networking social

Registration opens February 1, 2015

Register today at www.lafp.org

New Orleans
Saturday, August 8, 2015 | 8:30am-4:00pm
Hotel Monteleone | 214 Royal Street

Questions? Contact the LAFP office at (225) 923-3313 or by email at info@lafp.org.

A Message from the Secretary

Christopher Foret, MD
LAFP Secretary



LAFP Members,

Spring has sprung and with it has come another legislative session! With a large budget deficit looming, contentious hearings and intense negotiations are a virtual certainty. Members of the Legislative Committee spent over 3 hours discussing numerous proposed bills and their potential impact upon family physicians and patients. Thanks to our LAFP staff, Mapes and Mapes, and Dr. Jim Taylor for the background research prior to our meeting.

As spring will pass quickly, summer will soon arrive. Towards the end, the 68th LAFP Annual Assembly will occur. The dates are August 6-9 in New Orleans at the Hotel Monteleone in the historic French Quarter. The meeting agenda has something for everyone! With a lot of free time,

opportunities to explore this changing city abound.

What a great time to be in New Orleans! Saturday night August 8th, will be Dirty Linen Night in "The Quarter." Like the similar event in the warehouse district (White Linen Night), the art galleries and antique stores will be alive for a Saturday night stroll. The title dirty linen nights insinuates that one will wear the dirty linen from the Saturday prior. Additionally, one can enjoy a dirty martini or dirty rice courtesy of one of the French quarter merchants. After the "stroll," enjoy dinner at one of the great New Orleans restaurants and take advantage of the culinary specials during the summer. This entails a price-fixed menu and a great deal!

In addition to great education and great entertainment, the Assembly provides an

opportunity to network and be involved in your Academy. Join us at the President's Party and the Auction to benefit the LAFP Foundation. The General Assembly meeting provides a forum for member input and the ability to provide feedback to the National Academy through our delegates.

A final thought: use the meeting as a chance for a reunion of sorts. Join us and ask 5 other family physicians to have a great weekend in NOLA. Whether you decide to invite classmates, residency mates, or coworkers, with daily registration or registration for the entire meeting, there is something for everyone. We will have a great time and all learn something.

Sincerely,
Christopher Foret
LAFP Secretary



Learn what hundreds of Louisiana primary care doctors already know



Our network primary care doctors are discovering the value of our Quality Blue Primary Care program. They're using tools and resources the program provides to benefit their patients and medical practice. And it's paying off for them in the form of financial rewards and improved patient health.

Interested? Learn more about how you can join. Look for the Blue Cross display at the LAFP 68th Annual Assembly and Exhibition Aug. 6-9, 2015, for more information.

01MK6125 05/15

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

68th Annual Assembly and Exhibition
Jazz It Up With Family Medicine
FREE Resident Track

Opportunities to get yet more than 60 exhibitors
• Contract Negotiator (6)
• Practice Management (6)
• Job fair featuring local job employers

[Facebook](#) [Twitter](#) [Email](#) [Family Doctor](#)

Registration opens February 1, 2015

Register today at www.lafp.org

New Orleans
Saturday, August 8, 2015 | 8:30am-4:00pm
Hotel Monteleone | 214 Royal Street

Questions? Contact the LAFP office at (225) 923-3313 or by email at info@lafp.org

Executive Vice President

Ragan LeBlanc
LAFF Executive Vice President



The SGR Fix and What You Should Know

The perennial doc fix debate is now history. The Senate voted overwhelmingly to permanently repeal Medicare's despised sustainable growth-rate (SGR) formula for paying doctors, ending more than a decade of legislative gridlock on the issue. With President Barack Obama's signing of legislation repealing the SGR rate formula for physician compensation and revising the Medicare qualified entity program, doctors will be paying more attention than ever to value.

The healthcare industry is celebrating the demise of Medicare's SGR rate formula for paying physicians. But some are already questioning the new framework, which is intended to push doctors to embrace value-based pay.

The AAFP pushed for several components of *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA) that support primary care and increased access for target populations in need. The bill expands access to care for children and vulnerable populations with two years of extended funding for CHIP, the National Health Service Corps, the Teaching Health Center Graduate Medical Education (GME) program and the federal community health center program

In the coming years, CMS will replace the SGR formula with a new Merit-Based Incentive Payment System (MIPS) that consolidates and expands existing Medicare fee-for-service incentive programs. A second track includes incentives for physicians to adopt alternative payment models that depart from traditional fee-for-service. It incorporates current programs that

penalize physicians for failing to report quality measures and failing to use electronic health records that comply with meaningful-use requirements. MIPS also incorporates the value-based payment system that was part of the Affordable Care Act, which rewards or penalizes providers depending on how they score. Under the new system, penalties and incentives would range from -4% to 4% in 2018. Those rewards or penalties would range from -9% to 9% by 2021.

The current payment rate in the Medicare physician fee schedule will rise 0.5 % on July 1, 2015, and another 0.5 % each year through 2019. The shift away from fee-for-service and toward alternatives such as accountable care organizations and bundled-payment initiatives is the most important development. Under the new legislation, the updated payment will not change from 2020 through 2025. However, physicians in alternative payment models, such as patient-centered medical homes, would earn a 5 % update in payment rates each year. Starting in 2019, doctors who have at least 25% of their patients in value-based payment models will be eligible for 5% bonus payments through 2024. After that they'll receive annual payment bumps of 0.75%, three times the level of increase for physicians that remain on the fee-for-service track.

The push toward value-based payments for doctors is part of the broader push to move away from the traditional fee-for-service model, which many economists argue creates financial

incentives to perform more services regardless of whether they lead to better patient outcomes. In January, Health and Human Services (HHS) Secretary Sylvia Mathews Burwell set a goal of having 50% of Medicare spending outside of managed care in value-based payment models by 2018.

The LAFP will continue to update you with new developments. Make sure to check the *Weekly Family Medicine Update* for important information. You may also contact the LAFP office at 225.923.3313 for any questions you may have.

Frequently Asked Questions

How does the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA) impact Medicare payments to physicians?

This legislation repeals the flawed Medicare SGR formula that calculates payment rates to physicians. The legislation establishes an alternative set of annual payment updates to replace the SGR:

- January 2015 to June 2015 – Medicare physician payments would remain at the pre-April 1, 2015 level
- July 2015 to December 2015 – Medicare physician payments would increase by 0.5 %
- 2016 through 2019 – Medicare physician payments would increase 0.5 % each year

- 2020 through 2025 – Medicare physician fee-for-service payments would remain at 2019 levels

The legislation also establishes two payment tracks for physicians that would offer bonuses beginning in 2019 and differing payment updates starting in 2026 – one for physicians who participate in an alternative payment model such as the patient-centered medical home, and another for those who stay in fee-for-service and participate in the Merit-Based Incentive Payment System.

What is an “alternative payment model,” and how will I be paid under this option?

Physicians choosing to participate in an alternative payment model (APM) will receive a 5 % bonus on their Medicare billings for years 2019 to 2024. Starting in 2026, physicians participating in an APM qualify for a 0.75 % annual update. The bill defines APM to mean any of the following:

- Patient-centered medical home
- Any model under the Center for Medicaid and Medicare Innovation (other than a health care innovation award)
- A Medicare shared savings program accountable care organization (ACO)
- Selected Medicare demonstrations, or other demonstration required by federal law

What is the Merit-Based Incentive Payment System?

The Merit-Based Incentive Payment System (MIPS) is a new addition to the Medicare fee-for-service payment system that would offer performance improvement incentive payments from 4 to 9 % beginning in 2019. Starting in 2026, physicians participating in the MIPS will be eligible for a 0.25 % annual update in their payments. The MIPS consolidates several existing programs, including Medicare and Medicaid EHR Incentive Programs, Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier into a single, more simplified program. The MIPS program will assess physician performance under four performance categories to determine whether an individual qualifies for an incentive payment:

- Quality
- Resource use
- Clinical practice improvement activities
- Meaningful use of certified EHR technology

The MIPS program presents the first real opportunity for high-performing physicians to earn substantial bonuses, and for all physicians to avoid penalties if they meet prospectively established quality thresholds.

How does the legislation assist small practices?

The legislation allocates \$100 million for HHS to provide technical assistance to practices with 15 or fewer eligible

professionals as they transition to APMs or participate in the MIPS. Priority will be given to those in rural areas, health professional shortage areas, medically underserved areas, and those with low composite scores.

Does the legislation improve the Meaningful Use program?

The bill sets a target of achieving interoperability of electronic health records by the end of 2018. It also prohibits the deliberate blocking of information sharing.

Does the legislation include any medical liability protection for physicians?

Yes, the bill contains a provision that will prevent quality program standards and measures (such as PQRS/MIPS) from being used as a standard or duty of care in medical liability cases.

What is the AAFP doing to help its members?

The AAFP is providing its members with news and information on the bill through its website and communication channels, such as *AAFP News*. The AAFP also will continue to provide its members with information, tools, and other resources to help them comply with and benefit from the law, wherever possible. The AAFP’s website will be updated as such information, tools, and resources become available.

Where can I find more information on MACRA?

Visit aafp.org/payment-reform for additional information and resources.

Fecal Microbiota Transplantation

John D. Johnson, MD and Hung Chung, MD-Faculty Advisor



Department of Family Medicine
Family Medicine Residency – Alexandria



Introduction to Fecal Transplantation

Background:

FMT has parallels in the veterinary world, where the practice of transfauna has been used for centuries to treat ruminants with severe ruminal acidosis and other gastrointestinal disorders and for the treatment of equine diarrhea. In humans, the first use of FMT dates back at least to Denver in a 1958 case series of four patients with pseudomembranous enterocolitis. Three of four patients reported in the 1958 series were in a critical state when fecal enemas were administered, and in all patients symptoms resolved within hours of transplantation. The first documented case of confirmed CDI treated with FMT was reported in 1983 by Schwan et al. when a 65-year-old woman who had "prompt and complete normalization of bowel function". At follow-up nine months later, the patient remained asymptomatic. Roughly 500 FMT treatment have occurred in the U.S.

Rationale:

Fecal microbiota transplantation (FMT) has been employed in patients with severe and recurrent *C. difficile* infection who have failed multiple attempts at conventional antibiotic therapy. The human gut microbiota is estimated to consist of as many as 1000 to 1200 bacterial species and at least 10 to 14 bacteria, most of which are in the colon. The beneficial roles mediated by the microbiota for the host include the synthesis of vitamins, the fermentation of dietary carbohydrates, the metabolism of bile and host hormones and competitive exclusion ("colonization resistance") of pathogens taking residence in the gut community. Recurrent *C. difficile* is associated with a decrease in fecal microbial diversity deficient in *Bacteroides*, *Saccharomyces*, and *Firmicutes*. Some species of *Bacteroides* produce "bacteriocins" which rival Vancomycin in the ability to kill *C. difficile*.

FMT Procedure

Indications:

- Recurrent or relapsing CDI.
- At least three episodes of mild-to-moderate CDI and failure of a 6-8 week taper with Vancomycin with or without an alternative antibiotic (e.g., rifaximin, nitazoxanide).
- At least two episodes of severe CDI resulting in hospitalization and associated with significant morbidity.
- Moderate CDI not responding to standard therapy (Vancomycin) for at least a week.
- Severe (and perhaps even fulminant *C. difficile* colitis) with no response to standard therapy after 48 hours.

Donor Selection

- Intimate contacts (e.g., spouse, significant other) have the advantage of sharing infectious risk factors, which minimizes the risk of transmitting an infectious agent.
- Maternal-line first-degree relatives may have a theoretical advantage of sharing the greatest number of microbial species in their intestinal microbiota with the recipient.

Donor Exclusion

- Infectious Disease (use AABB donation questionnaire)
- GI Co-Morbidities (IBD, IBS, chronic constipation, cancer)
- Factors that affect the donor microbiota (abx, immunosuppressive, chemo)
- Ingestion of specific allergens by donor

Donor Prep

- Consider the use of a gentle osmotic laxative the night before procedure.
- Avoidance of any foods to which recipient may be allergic for 5 days prior to the procedure.
- Instructions to notify the practitioner if any symptoms of infection (fevers, diarrhea, vomiting) which occur between screening and time of donation

Recipient Prep

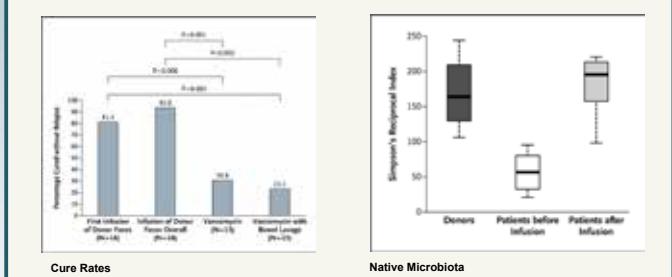
- Large volume bowel prep regardless of route of FMT. The severity of the patient's illness may limit the ability to perform this step.
- Loperamide (if giving FMT via enema or colonoscopy) is optional.
- If FMT is to be delivered by NGT, then a PPI should be given to the recipient the evening before and the morning of the procedure

Stool Preparation

- Use within 24 hours of passage
- Universal precautions with biohazard hood
- Dilute with normal saline or 4% milk
- Homogenize with dedicated blender
- Strain to remove particulate matter
- Use slurry immediately

Administration

- Colonoscopy - Reach entire colon to cecum, may give largest volume of mixture
High risk of perforation due to colitis
- Enema - Only reach splenic flexure; Likely to require multiple treatment
- NGT - Reach entire length of colon; smallest volume of mixture; Lowest cure rate



Hypothesis/Goal

Prove that fecal microbiota transplantation (FMT) is an effective, method for the treatment of refractory and severe Clostridium difficile infections (CDI)

Results

Study Design

In an open-label, randomized, controlled trial, we compared three treatment regimens: the infusion of donor feces preceded by an abbreviated regimen of vancomycin and bowel lavage, a standard vancomycin regimen, and a standard vancomycin regimen with bowel lavage. The study was conducted at the Academic Medical Center in Amsterdam. Patients who had been admitted to referring hospitals were visited by the study physicians, who performed the randomization. All participants provided written informed consent. A data and safety monitoring board monitored the trial on an ongoing basis. The research protocol was approved by the ethics committee at the Academic Medical Center.

Treatment Groups

Patients received an abbreviated regimen of vancomycin (500 mg orally four times per day for 4 or 5 days), followed by bowel lavage with 4 liters of macrogol solution (Klean-Prep) on the last day of antibiotic treatment and the infusion of a suspension of donor feces through a nasoduodenal tube the next day. Patients in whom recurrent *C. difficile* infection developed after the first donor-feces infusion were given a second infusion with feces from a different donor. Standard vancomycin regimen (500 mg orally four times per day for 14 days) Standard vancomycin regimen with bowel lavage on day 4 or 5.

Results

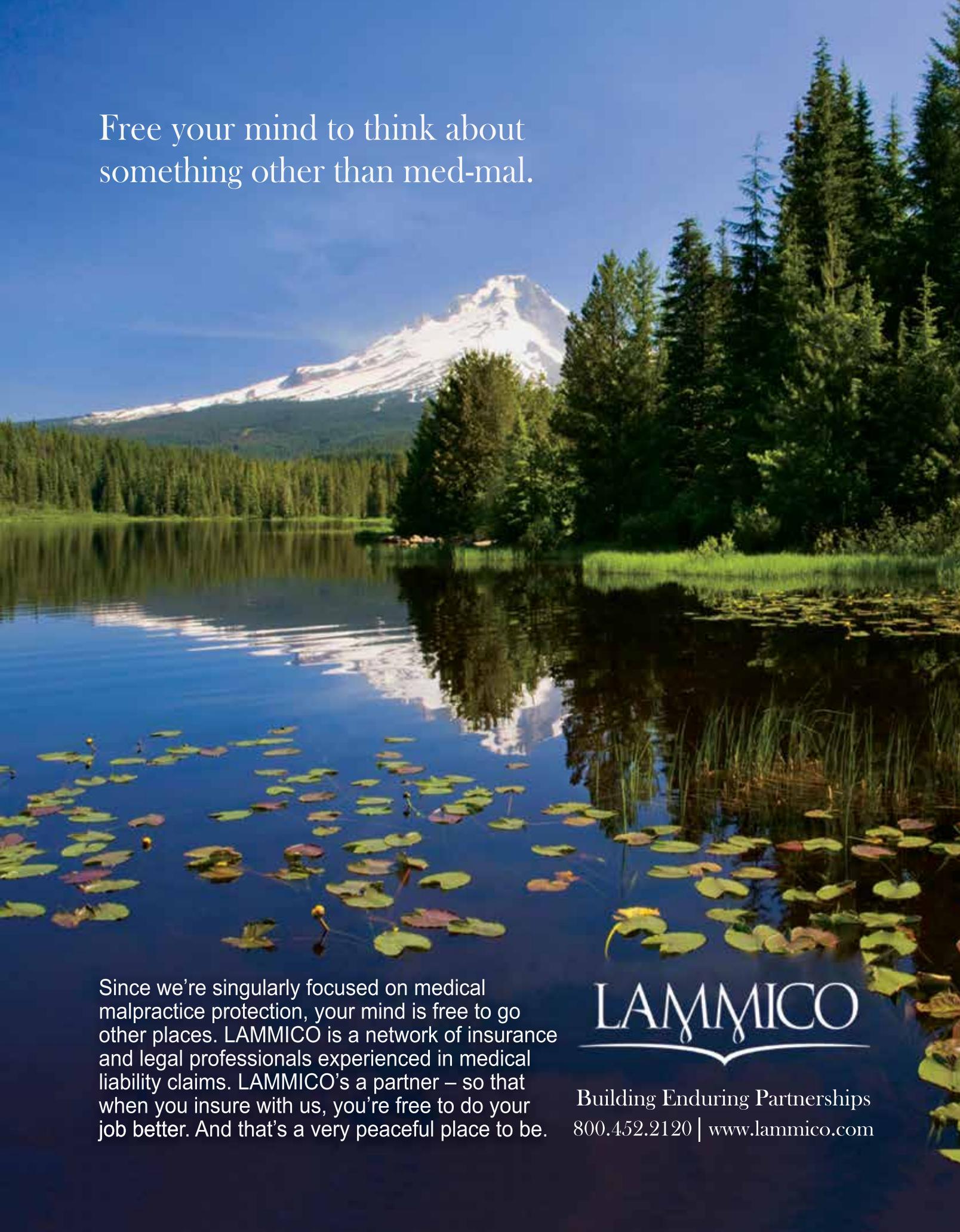
Of 16 patients in the infusion group, 13 (81%) were cured after the first infusion of donor feces. The 3 remaining patients received a second infusion with feces from a different donor at 14, 50, and 53 days after randomization; of these patients, 2 were subsequently cured. Overall, donor feces cured 15 of 16 patients (94%). Resolution of infection occurred in 4 of 13 patients (31%) in the vancomycin-alone group. Resolution occurred in 3 of 13 patients (23%) in the group receiving vancomycin with bowel lavage. Donor-feces infusion was statistically superior to both vancomycin regimens ($P<0.01$ for both comparisons after the first infusion and $P<0.001$ for overall cure rates). The overall cure rate ratio of donor-feces infusion was 3.05 as compared with vancomycin alone (99.9% confidence interval [CI], 1.08 to 290.05) and 4.05 as compared with vancomycin with bowel lavage (99.9% CI, 1.21 to 290.12).

Discussion/Conclusion

The procedure has been proven successful however use has been restrained. The FDA has labeled the procedure "experimental" which limits the ability to freely practice this method. A provider would need approval by a hospital IRB. Also most hospitals are reluctant to allow the procedure due to difficulty in billing. At this time the procedure is mainly performed in large GI institutes.

References

- Els van Nood et al. Duodenal Infusion of Donor Feces for Recurrent Clostridium difficile. <http://www.nejm.org/doi/full/10.1056/NEJMoa1205037SO> - New England Journal of Medicine January 31, 2013 368(5):407
- Bakken JS. Fecal bacteriotherapy for recurrent Clostridium difficile infection. *Anaerobe* 2009; 15:285.
- Robinson CJ, Bohannan BJ, Young VB. From structure to function: the ecology of host-associated microbial communities. *Microbiol Mol Biol Rev* 2010; 74:453
- Floch MH. Fecal bacteriotherapy, fecal transplant, and the microbiome. *J Clin Gastroenterol* 2010; 44:529.
- Rothke F, Surawicz CM, Stollman N. Fecal flora reconstitution for recurrent Clostridium difficile infection: results and methodology. *J Clin Gastroenterol* 2010; 44:567
- Tvede M, Rask-Madsen J. Bacteriotherapy for chronic relapsing Clostridium difficile diarrhea in six patients. *Lancet* 1989; 1:1156.
- Nieuwdorp M, van Nood E, Speelman P, et al. [Treatment of recurrent Clostridium difficile-associated diarrhoea with a suspension of donor faeces]. *Ned Tijdschr Geneeskde* 2008; 152:1927



Free your mind to think about something other than med-mal.

Since we're singularly focused on medical malpractice protection, your mind is free to go other places. LAMMICO is a network of insurance and legal professionals experienced in medical liability claims. LAMMICO's a partner – so that when you insure with us, you're free to do your job better. And that's a very peaceful place to be.

LAMMICO

Building Enduring Partnerships
800.452.2120 | www.lammico.com



Statin-related myalgia: A challenge for atherosclerotic cardiovascular disease risk reduction

Ifedolapo Sulyman Olanrewaju, MD and Brian C. Jobe, MD-Faculty Advisor
 Department of Family Medicine
 Family Medicine Residency – Alexandria



Introduction

Atherosclerotic cardiovascular disease (ASCVD) remains a major public health problem in the United States. In the state of Louisiana, a significant proportion of patients seen in primary care practices have either multiple uncontrolled risk factors for the disease or have established ASCVD¹.

Recent updated guidelines from the American College of Cardiology/American Heart Association (ACC/AHA) on the treatment of blood cholesterol indicate consistent clinical benefit with statin therapy in reducing risk for ASCVD with a strong recommendation towards the use of higher statin doses².

The use of statins is associated with myalgia in some patients³. The tendency for many patients suffering from this adverse effect to discontinue therapy poses a critical challenge to achieving meaningful risk reduction in patients with established ASCVD or risk factors.

The purpose of this review is to identify the challenges related to the management of statin-related myalgia and its implications for atherosclerotic cardiovascular disease risk reduction.

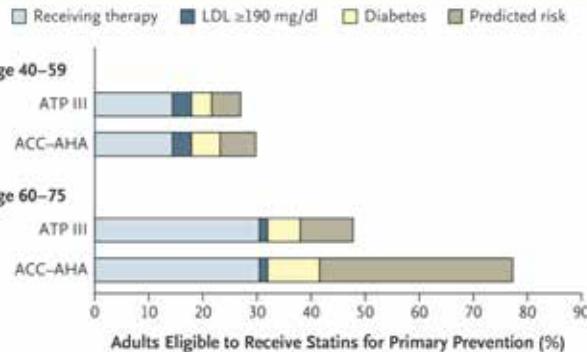


Figure 1. U.S. Adults who would be eligible for statin therapy for 1st prevention; ACC/AHA contrasted with ATP-III guidelines. (Source: Pencina MJ et al. N Engl J Med 2014;370:1422-1431.)

Statins

Statins competitively inhibit the enzyme 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase, which catalyzes the rate-limiting step of the cholesterol biosynthesis pathway at the level of the hepatocytes³.

This competitive inhibition results in a reduction of intrahepatic low-density lipoprotein (LDL-C) with increased expression of hepatocyte membrane LDL-C receptors and an augmented clearance of circulating LDL-C⁵.

The reduction in LDL-C levels contributes significantly to atherosclerotic cardiovascular disease risk reduction.

Statins and Atherosclerotic Cardiovascular Disease (ASCVD) Risk Reduction

There is overwhelming evidence from multiple randomized-controlled trials (RCTs), meta-analysis of RCTs and systematic reviews about the efficacy of statins in lowering blood cholesterol levels, specifically, LDL-C and reducing overall risk for ASCVD, while preventing nonfatal and fatal ASCVD events².

The recent updated guidelines from the ACC/AHA advocate the use of higher intensity statin therapy to achieve the highest percentage reduction in LDL-C levels and therefore, maximize ASCVD risk reduction².

The 4 major statin benefit groups identified in the recent updated guidelines are as follows²:

1. Individuals with clinical ASCVD
2. Individuals with primary elevations of LDL-C ≥ 190 mg/dL
3. Individuals 40 to 75 years of age with diabetes with LDL-C 70-189 mg/dL
4. Individuals without clinical ASCVD or diabetes who are 40 to 75 years of age with LDL-C 70-189 mg/dL and an estimated 10-year ASCVD risk of 7.5% or higher

There is significant clinical benefit with ASCVD risk reduction which far outweighs the potential for adverse drug events in these groups of patients².

References

1. Lloyd-Jones D, Adams RJ, Brown TM, Carnethon M, Dai S, De Simone G, et al. Executive summary: heart disease and stroke statistics—2010 update: a report from the American Heart Association. Circulation. 2010;121(7):948-54.
2. Stone NJ, Robinson JG, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, et al. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Journal of the American College of Cardiology. 2014;63(25 Pt B):2889-934.
3. Ahmad Z. Statin intolerance. The American Journal of Cardiology. 2014;113(10):1765-71.
4. Pencina MJ, Navar-Boggan AM, D'Agostino RB, Sr., Williams K, Neely B, Sniderman AD, et al. Application of new cholesterol guidelines to a population-based sample. The New England Journal of Medicine. 2014;370(15):1422-31.
5. Stancu C, Sima A. Statins: mechanism of action and effects. Journal of Cellular and Molecular Medicine. 2001;5(4):378-87.
6. Naci H, Brugts J, Ades T. Comparative tolerability and harms of individual statins: a study-level network meta-analysis of 246 955 participants from 135 randomized controlled trials. Circulation Cardiovascular quality and outcomes. 2013;6(4):390-9.
7. Cohen JD, Branton EA, Ito MK, Jacobson TA. Understanding Statin Use in America and Gaps in Patient Education (USAEDGE): an internet-based survey of 10,138 current and former statin users. Journal of clinical lipidology. 2012;6(3):208-15.
8. Mancini GB, Baker S, Bergeron J, Fitchett D, Froehlich J, Genest J, et al. Diagnosis, prevention, and management of statin adverse effects and intolerance: proceedings of a Canadian Working Group Consensus Conference. The Canadian Journal of Cardiology. 2011;27(5):635-62.
9. Rosenson RS, Baker SK, Jacobson TA, Kopecky SL, Parker BA. An assessment by the Statin Muscle Safety Task Force: 2014 update. Journal of clinical lipidology. 2014;8(3 Suppl):S58-71.
10. Thompson GR, Group H-UAW. Recommendations for the use of LDL apheresis. Atherosclerosis. 2008;198(2):247-55.

Statin-related myalgia

The statin class of medications are well-tolerated with some variability in individual safety profiles⁶. Myalgia is the most common complaint related to statin therapy with a prevalence rate that may be as high as 25%⁷. Risk factors include aging, female sex, excessive physical activity, comorbid conditions—chronic kidney disease, diabetes mellitus and hypothyroidism, polypharmacy and high statin dose—which strongly correlates with development of myopathy. Figure 1 above would suggest an expected rise in prevalence for this reason^{3,4,8}.

Diagnosis can be challenging because of lack of a standardized definition and absence of a consistent biomarker of disease. The typical patient was started on a statin, 1-6 months prior, reports symmetric proximal myalgia with prompt resolution of symptoms within 1-3 months of discontinuing therapy. Patients may be completely- or partially-intolerant to statin therapy⁸.

The pathophysiology may be related to the interruption of generation of downstream intermediates, most notably coenzyme Q10, in addition to metabolism via the cytochrome P-450 system. This system is responsible for the metabolism of all statins except pravastatin^{3,8}.

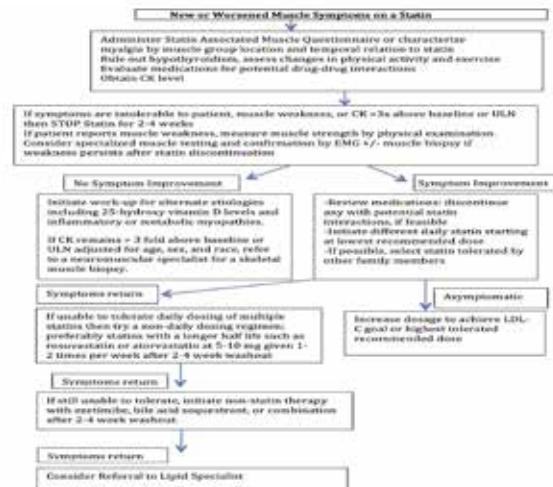


Figure 2. Algorithm for evaluation of statin-related myalgia. (Source: Rosenson RS et al. Journal of clinical lipidology. 2014;8(3 Suppl):S58-71.)

The challenge of ASCVD risk reduction when statin-related myalgia complicates care

Recognizing statin-related myalgia is challenging in primary care where multiple confounding factors and differential diagnoses abound. Proactive patient education at initiation of therapy places patients in the driving seat for recognition and enables the clinician to narrow down the clinical considerations when the temporal relationship fits.

Statin withdrawal and rechallenge is central to the management of statin-related myalgia². The Statin Muscle Safety Task Force recommends the algorithm in Figure 2 above for the evaluation of statin-related muscle symptoms⁹. Current expert practice recommendations with regards to management of statin-related myalgia highlight anecdotal trial of different statins, drug-free periods, alternative dosing regimens, and non-statin strategies while emphasizing therapeutic lifestyle interventions as the cornerstone for ASCVD risk reduction².

Among completely intolerant patients, non-statin strategies may be employed. The ACC/AHA guideline recommends the use of cholesterol-lowering therapies that have been shown to reduce coronary heart disease events—niacin and cholestyramine². Ezetimibe lacks supporting clinical outcomes data relevant to ASCVD events². Red yeast rice containing Monacolin K, a neutral form of lovastatin may also be employed³. LDL-apheresis remains an option in a limited cohort of patients¹⁰.

Conclusion

Statins are generally safe but may cause muscle-related adverse drug events (ADEs) in about one-tenth of patients particularly when higher doses are used. Statin-related myalgia is the preeminent ADE related to statin use.

The incidence of statin-related myalgia is expected to rise with the recent updated ACC/AHA guidelines for cholesterol management which have expanded the statin-benefit groups and recommend higher-intensity therapy.

ASCVD risk reduction can be daunting in statin-intolerant patients. Alternative dosing strategies and non-statin modalities can be employed in these patients in addition to a central role for therapeutic lifestyle modification.



IMAGINE A PRACTICE LIKE THIS...

Now, imagine this part-time without leaving your practice or patients!

The Navy Reserve is an outstanding part-time option for those who want to serve their country while maintaining a practice at home.

As a Navy Reserve Physician you can bring home one of these financial incentives:

- up to \$25,000 in specialty pay
- immediate, one-time sign-on bonus of \$10,000

MAKE A DIFFERENCE IN THE WORLD - AS A NAVY PHYSICIAN



To find out more Call 800-852-7251
or email your curriculum vitae
to nola@navy.mil

AMERICA'S
NAVY
A GLOBAL FORCE FOR GOOD™



HAVE YOU REGISTERED FOR THE 68TH ANNUAL ASSEMBLY AND EXHIBITION?

68th Annual Assembly and Exhibition August 6-9, 2015 | Hotel Monteleone

Please join us for the 2015 LAFP Annual Meeting "Jazz It Up With Family Medicine" August 6-9, at the Hotel Monteleone in New Orleans. This 4-day event is the highlight of the year for family doctors from all parts of the state to meet, enjoy fellowship and earn CME. We have many great activities and CME planned. Whether near or far, rural or urban, I hope each of you will join us to jazz it up with family medicine!

REGISTRATION

You can register for the 2015 Annual Meeting by:

1. Registering online at <http://www.lafp.org>

2. Or phoning in your registration to 225.923.3313 or 800-375-5237 (toll free).

Full registration fee covers CME offerings, syllabus, daily continental breakfasts and coffee breaks, as well as one complimentary ticket to the Social Events. Registration rates include member discount, non-members, and optional fees for guests of every age.

ACCREDITATION

This program is being reviewed for Prescribed Credits by the American Academy of Family Physicians (AAFP). 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.

CME OFFERED: Earn up to 17.00 total credits!

Annual Meeting: This live activity, LAFP 2015 Annual Meeting, with a beginning date of August 6, 2015, is being reviewed up to 17.00 Prescribed Credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This live activity, *AAFP Chapter Lecture Series: ADHD in Females* August 6, 2015, has been reviewed and is acceptable for up to 1 Prescribed Credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 each lectures' objectives. Specific objectives for each topic will be included in the participant handouts that will be provided online.

ACCOMMODATIONS

A room block has been reserved at The Hotel Monteleone for this meeting. Use Group code **FAM27G** when making your reservation. The deadline to confirm your reservation at the special conference rate is **Wednesday, July 15, 2015**. Reservations may be made by calling (504) 523-3341 or by calling our Group Reservations number at 1- 800-217-2033. Please have your attendees identify themselves as Louisiana Academy of Family Physicians to ensure they receive the group rate and the group receives the proper credited pick up.

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

HIGHLIGHTS

Times are subject to change

THURSDAY

August 6, 2015

Foundation Golf Tournament | 2:30 pm – 6:30 pm

Support the Foundation's fundraising effort while playing 18 holes on the spectacular Audubon Golf Course. Play is open to all registrants, guests, and supporters. *Cost is \$135 per person, includes green fees, cart rental, and prizes.*

Welcome Reception | 7:00 pm – 9:30 pm

Join us the first night of the conference for mingling among colleagues at Pat O'Brien's on the River where drawings will be done for an assortment of prizes, and entertainment provided. *No ticket is required to attend this event. Hor d'oeuvres and cash bar will be provided.*

FRIDAY

August 7, 2015

Two Concurrent Tracks: Lectures will be offered on practice management topics as well as medical education. Both tracks are CME accredited and office/practice managers are encouraged to attend.

General Assembly/Member Meeting | 1:00 pm – 3:00 pm

Hear updates from the AAFP President, Robert Wergin, MD, and Mike Reitz from Blue Cross Blue Shield of LA; Elect your 2015-16 officers. Special award and scholarship recipients will be honored.

Support the LAFP-Foundation

Foundation Silent/Live Auction and President's Party | 7:00 pm – 10:30 pm

Support the Foundation's fundraising effort by coming out for the live/silent auction, where we will have food and fun. The LAFP Foundation Silent Auction will be open Thurs and Fri with a variety of interesting items to bid on during the hours that the registration desk is open. Friday night there will be a live auction where a full meal and entertainment will be provided. The silent auctions items will be present for additional bidding. Cocktails will be served at the World War II Museum where we will honor Dr. Melvin Bourgeois and thank him for his time served as LAFP President! Proceeds from both of the events go to the LAFP-F to support student and resident programs, truly a worthy cause!. *Ticket required. Full and Guest registrations include one ticket.*

SATURDAY

August 8, 2015

Three Concurrent Tracks: A CME track, an interactive student workshop and a resident track. The day will close with an ice cream social featuring all of the Louisiana Family Medicine Residency Programs for the student and resident attendees.

Awards & Installation Luncheon | 12:45 pm – 2:45 pm

Join us at the Awards & Installation Luncheon as new officers will be installed followed by the inaugural address of incoming president, Brian Elkins, MD. This function spotlights the F.P. Bordelon Lectureship Series, the 2015-2016 Family Physician of the Year, and the 25-50 Year Members. *Ticket required. Full and Guest registration includes one ticket.*

Continued on page 14

Continued from page 13

2015 MEETING SCHEDULE

Louisiana Academy of Family Physicians

August 6-9, Hotel Monteleone

Earn up to 17.00 total credits

Wednesday, August 5

6:00 pm – 9:00 p.m. LAFP, LAFP Foundation and LaFamPac Board of Directors Meeting

Thursday, August 6

7:00 am - 2:15 pm Registration Desk Open

7:00 am - 8:00 am Breakfast in the exhibit hall / visit exhibits

8:00 am - 9:00 am AAFP Chapter Lecture Series: ADHD in Females

This CME activity is funded by an educational grant to the AAFP from Shire.

9:00 am - 10:00 am Achieving Glycemic Control: When Optimized Basal Insulin Isn't Adequate - Louis Kuritzky, MD

10:00 am - 10:30 am Break/ visit exhibits

10:30 am - 11:30 am 5 TIWIKLY (5 Things I Wish I Knew Last Year) - Louis Kuritzky, MD

11:30 am - 12:15 pm Lunch/ visit exhibits

12:15 pm - 1:15 pm Targeted Combined Approaches for the Treatment of Type 2 Diabetes: The Role of the Kidney - Jennifer Green, MD

1:15 pm - 2:15 pm Improving Long-Term Outcomes in Chronic Heart Failure - Paul Hauptman, MD

2:30 pm - 6:30 pm Foundation Golf Tournament – Audubon Golf Course

7:00 pm - 9:30 pm Welcome Reception (*Photo Booth 7:00 – 8:30*) – Pat O's on the River

Friday, August 7

7:00 am - 4:00 pm Registration Desk Open

7:00 am - 8:00 am Breakfast in the exhibit hall / visit exhibits

7:00 am - 8:00 am Past Presidents Breakfast

Track A – CME Track

*8:00 am - 9:00 am

*9:00 am - 10:00 am

10:00 am - 10:45 am

*10:45 am - 11:45 am

*11:45 am - 12:45 pm

1:00 pm - 3:00 pm

7:00 pm - 10:30 pm

Track B - Office Managers/Practice Management

*8:00 am - 9:00 am ICD-10 - Patty Hawkins

*9:00 am - 10:00 am Topic TBD

10:00 am - 10:45 am Break / visit exhibits

*10:45 am - 11:45 am

*11:45 am - 12:45 pm

12:45 pm - 1:00 pm Lunch

1:00 pm - 2:00 pm Panel Discussion: Bayou Health Plan Overview – Panelists: AmeriHealth Caritas

2:00 pm - 3:00 pm PQRS - Lisa Solomon – EQ Health Solutions

* Concurrent sessions

Saturday, August 8

7:00 am - 12:45 pm

7:00 am - 8:00 am

7:00 am – 8:00 am

Pediatric Pizzazz in the City of Jazz –Paul Berman, MD

Pep Talk Weight: Talking to Your Obese Patients About Weight Loss Therapies: Primary Care Decision Making for Success - Timothy Church, MD

Break / visit exhibits

PQRS Plus the Best Approach to ABFM's Part IV (PPMs, MIMs and Alternative PPM - Joseph Tollison, MD

Talking Immunizations with your Adult Patient: Practical Strategies for Overcoming Barriers - Speaker TBD (Vemco MedEd)

Lunch AND LAFP General Assembly/ Member Meeting & Elections

Foundation Auction and President's Party – WWII Museum, Louisiana Pavilion

ICD-10 - Patty Hawkins

Topic TBD

Break / visit exhibits

Quality Blue Primary Care – Blue Cross and Blue Shield of LA

HIPPA Compliance – Beryl Broussard, Gachassin Law Firm

Lunch

Panel Discussion: Bayou Health Plan Overview – Panelists: AmeriHealth Caritas

PQRS - Lisa Solomon – EQ Health Solutions

Registration Desk Open

Breakfast in the exhibit hall / visit exhibits

Residency Directors Breakfast

TRACK A: CME Track

8:00 am - 9:00 am	Antinuclear Antibody Test-Red Herring or Reliable - Tobe Momah, MD	10:30 am - 11:30 am 11:30 am – 12:30 pm	Dr. Wergin, AAFP President Lunch Case Presentation - S. Prasad MD MPH, BRGMC Family Medicine Residency; Case Presentation – LSUHSC-Lafayette
9:00 am - 10:00 am	Diabetes: Making the Right Choice in a Sea of Treatment Options - Aaron King, MD		
10:00 am - 10:30 am	<i>Break / visit exhibits (exhibitors leave at conclusion)</i>	*12:30 pm – 1:30 pm	Procedural Workshop - Tentative: Bogalusa
10:30 am - 11:30 am	Diabetes: Making the Right Choice in a Sea of Treatment Options - Aaron King, MD	*1:30 pm – 2:30 pm	Procedural Workshop - Tentative: Kenner
11:30 am - 12:30 pm	Topic TBD - James Campbell, MD	2:30 pm – 4:00 pm	Ice Cream Social/Residency Fair
12:45 pm - 2:45 pm	Awards and Installation Luncheon	* Concurrent sessions	

TRACK B: Resident Track

8:30 am – 9:00 am	Registration Desk Open	Sunday, August 9 7:00 am - 12:15 pm	Registration Desk Open
9:00 am – 10:00 am	Beyond the Office Visit – Dr. Rhea, LAMMICO	7:00 am - 8:00 am	<i>Breakfast</i>
10:00 am - 10:30 am	<i>Break / visit exhibits (exhibitors leave at conclusion)</i>	7:00 am - 8:00 am	<i>Non-CME Breakfast Symposium</i> – Carol O'Brien
10:30 am - 11:30 am	Dr. Wergin, AAFP President	8:00 am - 9:00 am	Fertility and Family Planning: The Science and Methodology of Fertility Awareness Based Methods of Family Planning - Robert Chasuk, MD
11:30 am – 12:30 pm	Lunch Case Presentation - S. Prasad MD MPH, BRGMC Family Medicine Residency; Case Presentation – LSUHSC-Lafayette	9:00 am - 10:00 am	Integrating Occupational Medicine into Your Practice - Robert Bourgeois, MD
*12:30 pm – 1:30 pm	Financial Management - Davis Prescott, Iberia Bank	10:00 am - 10:15 am	<i>Break</i>
*1:30 pm – 2:30 pm	Contract Negotiation - Ben Gaines, Gachassin Law Firm	10:15 am - 11:15 am	Barriers to HIV Testing in Primary Care - Lorna M. Seybolt, MD
2:30 pm – 4:00 pm	Ice Cream Social/Residency Fair	11:15 am - 12:15 pm	When Should Immunodeficiency Be Suspected - Ricardo Sorenson, MD

TRACK C: Student Track/Workshops:

8:30 am – 9:00 am	Registration Desk Open
9:00 am – 10:00 am	Beyond the Office Visit – Dr. Rhea, LAMMICO
10:00 am - 10:30 am	<i>Break / visit exhibits (exhibitors leave at conclusion)</i>

LAFP Staff and Members Attend the AAFP Annual Chapter Leader Forum and National Conference of Constituency Leaders

A delegation of Louisiana Academy of Family Physicians leaders attended the 2015 AAFP Annual Chapter Leader Forum (ACLF) and National Conference of Constituency Leaders (NCCL) held April 30 – May 2 in Kansas City, MO. Attendees from Louisiana included: Ragan LeBlanc, Executive Vice President, Lee Ann Albert, Director of Membership and Education, and Clay Coco, Event & Marketing Coordinator.

Keynote speaker, Astronaut Colonel Mullane opened with a dramatic narration of a shuttle countdown and launch, leading the audience to question, “If it were YOU on that

rocket, what type of team would you want holding your life in their hands?” Obviously, you would want a team that’s the BEST! Astronaut Mullane used experiences he had as an astronaut and an Air Force flyer to develop key fundamentals.

ACLF serves as a great orientation for emerging leaders who serve, or who are interested in serving, on chapter boards. In addition, many chapters send professional staff to participate in a wide range of professional development sessions. It provides chapter leaders from around the country the opportunity to network and exchange ideas with

chapter peers and AAFP leaders, share best practices and peer-to-peer learning, and develop individual leadership skills as well as learn how to help chart the course for state constituent chapters. Drawing more than 200 attendees each year, ACLF features targeted breakout sessions on chapter governance, advocacy, and communication, among other topics. ACLF is a time to focus on — and find new ways to address — the issues that affect the members of your chapter and state, by engaging in important dialogue.

Next year's ACLF is scheduled for **Thursday-Saturday, May 5-7, 2016!**

LAFP Sends Delegation to AAFP National Conference of Constituency Leaders (NCCL)

The Louisiana Academy of Family Physicians (LAFP) was recognized for sending a delegation to the 2015 National Conference of Constituency Leaders (NCCL) held April 29 – May 2, 2015 in Kansas City, MO. NCCL is held annually in conjunction with the American Academy of Family Physicians (AAFP) Annual Chapter Leader Forum.

NCCL delegates from Louisiana were:

- Richard Bridges, MD – New Physician Representative

- Jody George, MD – International Medical Graduate Representative

NCCL is the AAFP forum that address members' issues specific to women, minorities, new physicians, international medical graduates, and GLBT physicians. Through this forum, members of these underrepresented constituencies are able to voice their concerns. The conference serves as a platform for different perspectives and concerns of AAFP members from underrepresented constituencies to help bring about change. NCCL

participants help shape AAFP policies and positions, build leadership skills, elect national officers, and meet others who share common interests.

If you are interested in serving as a Louisiana delegate to the 2016 NCCL, please contact Ragan LeBlanc at (225) 923-3313 or email rleblanc@lafp.org for more information.

SAVE THESE DATES

Are you receiving your LAFFP Newsletter?

The Louisiana Academy of Family Physicians newsletter is distributed via email every Tuesday. If the newsletter is not arriving to your inbox, check to make sure it is not being routed to junk mail and/or allow info@lafp.org to be listed as a safe sender.

We are dedicated to making it a valuable resource with information you won't want to miss! Check your inbox today and adjust your settings so you can receive regular LAFFP member updates and event information.

L A F P

LOUISIANA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR LOUISIANA

Weekly Family Medicine Update

IN THIS ISSUE:

- Registration to open February 1st - 68th Annual Assembly
- The LAFFP Website Has a NEW Look!
- Reminder: Pay Your 2015 Membership Dues ASAP
- Legislative and Advocacy Seminar set for March 14, 2014 - Register Now
- We need YOU! Become a Key Contact.
- The Louisiana Academy of Family Physicians is now accepting nominations for the 2014 Family Physician of the Year award.
- The LAFFP is Currently Accepting Students, Residents and Physicians Interested in Joining the LAFFP Mentorship Program
- Providing Immunizations with Atlantic Can Benefit Your Practice!
- Better, Smarter, Healthier: In Historic Announcement, HHS Sets Clear Goals and Timeline for Shifting Medicare Reimbursements from Volume to Value

Registration to open February 1st - 68th Annual Assembly

August 8, 2014 Hotel Monteleone New Orleans, LA

68TH ANNUAL ASSEMBLY & EXHIBITION

Mark your calendar for the 68th Annual Assembly and Exhibition. Details are under way as we plan our in-state annual members meeting.

[Read more...](#)

The LAFFP Website Has a NEW Look!

The LAFFP website has a new look! The LAFFP staff has been hard at work to get the new and improved LAFFP website loaded with relevant and useful information for our members!

[Read more...](#)

Reminder: Pay Your 2015 Membership Dues ASAP

This is a friendly reminder regarding your 2015 AAFP/LAFFP membership dues. The payment deadline for your membership dues was January 1, 2015. You are very important to us! Please take a moment to renew your membership today.

It's Easy To Pay 2015 Dues ONLINE

To continue to enjoy your AAFP and LAFFP membership benefits, please visit the new [online dues payment service](#) or enroll in AAFP's installment plan by calling the AAFP Contact Center at 800.274.2237. If you did not receive your invoice, please contact Lee Ann Albert at (225) 929-3313 or lalbert@lafp.org.

2015

June 24, 2015

New Orleans Grand Rounds
Andreas Restaurant – Metairie, LA

July 30 - August 1, 2015

National Conference of Family Medicine Residents
Kansas City, MO

August 5, 2015

LAFFP Board of Directors Meeting
LAFFP Foundation Board of Directors Meeting
LAFAMPAC Board of Directors Meeting

August 6th-9th, 2015

68th Annual Assembly and Exhibition
Hotel Monteleone
New Orleans, LA

August 13 - 15, 2015

Southeastern Forum Meeting
Norfolk, VA

August 31 – September 1, 2015

AAFP Chapter Executive Leadership Program
Memphis, TN

September 28th - 30th, 2015

Congress of Delegates
Denver, CO

September 29th - October 3rd, 2015

AAFP Annual Scientific Assembly
Denver, CO

Make Plans to Attend LAFP's 2015 General Assembly

As a member of the LAFP, you are encouraged to attend and participate in the LAFP's 2015 General Assembly, which will convene on Friday, August 7, 2015 at 1:00 pm. The General Assembly will be held in conjunction with LAFP's 68th Annual Assembly and Exhibition at the Hotel Monteleone in New Orleans, LA.

2015 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 8, 2015). 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 8, 2015.

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

LAFFP General Assembly to meet



Hotel Monteleone - New Orleans, LA

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.

Stay Connected with the LAFP

The LAFP Website Has a NEW Look!

The LAFP website has a new look! The LAFP staff has been hard at work to get the new and improved LAFP website loaded with relevant and useful information for our members!

We continue to work on it daily to get you the most up-to-date information possible and any links and articles we feel are important. We are currently working on a "Physician Finder" component where patients in need of a family physician will be able to go to the LAFP website and search to find our members' offices in and around their area! You will also be able to update all of your contact information and decide what information you would like to be provided.

We encourage you to search the new LAFP website and let us know what you think, what ideas you have or if you would like to have anything added. Feel free to submit any announcements for the newsletter and the news feed on the homepage or submit any articles you would like to share. You may send this information to the LAFP office at info@lafp.org or contact us at 225.923.3313 for any questions.

Like Us on Facebook

The LAFP is on Facebook to provide its members and others with up-to-date



information about LAFP news and events and other family medicine information.

Follow Us on Twitter

The LAFP uses twitter to provide urgent Academy news and official statements quickly and easily to members, Louisiana media, and legislative individuals. **Follow us** [@lafp_familydocs](https://twitter.com/lafp_familydocs)



You make your patients' lives better. We'll do the same for you.

At Amerigroup Louisiana, Inc., we're easy to do business with. Our precertification, referrals, claims and payment processes are streamlined to help you focus on what you do best – caring for your patients.

We support you with:

- A coordinated approach to care with innovative patient outreach/education
- Disease and case management resources
- Patient-centered medical home transformation
- Online self-service tools and live-agent support
- Local Provider Relations staff committed to your success

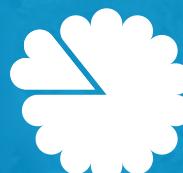
Plus, Amerigroup providers get extras, like our new incentive programs:

- **Enhanced Primary Care** – rewards providers for improving the overall health and wellness of Amerigroup members
- **Maternal Quality Improvement** – rewards providers for maximizing appropriate prenatal and postpartum care for Amerigroup members
- **Quality and Access to Care** – rewards practices with 250+ Amerigroup members for achieving quality benchmarks
- **Quality and Population Management** – rewards practices with 1000+ Amerigroup members for focusing on quality results



To join the Amerigroup network:

- Visit providers.amerigroup.com and select Louisiana
- Call our Provider Services team at **1-800-454-3730**



Amerigroup
RealSolutions
in healthcare

providers.amerigroup.com/LA

Compare and Contrast: Term vs. Permanent

When faced with the wide range of **life insurance** coverage available, you may wonder which type is best suited to your needs. As the years go by, it will be important to review and update your plans, as you will likely find that your coverage needs will evolve with your changing life goals. There are two basic types of coverage—**permanent** (sometimes referred to as **cash value**) and **term life insurance**. A closer look can illustrate the short- and long-term benefits that each provides.

Cash Value Life Insurance—Value for Your Dollar

Permanent life insurance not only helps provide financial security for surviving loved ones at the death of the insured, but it also serves as a “living” savings vehicle for the policyholder. Premium payments first pay the cost of the policy coverage itself. Then the insurance company, in order to build the cash values of the policy, invests the “leftover” dollars. Permanent life insurance links protection with savings, as assets and earnings accumulate throughout the life of the policy, which the policyholder can access for any purpose.

Some permanent policies provide policyholders with annual **dividends**. These dividends are the result of higher investment returns and lower expenses than were originally predicted when premium amounts were set. Dividends can be used in many ways, including as a means of paying future premiums, and they can even be reinvested into the policy to generate additional cash values.

Premium amounts owed are contractually guaranteed and will not change as long as premiums are paid in accordance with the schedule set forth in the policy. Payments may continue for a predetermined period chosen by the policyholder, typically ranging anywhere from ten years after the date of purchase to the number of years until a person reaches age 100. The length of the payment period and the amount of coverage will affect the premium cost. Permanent life insurance protection is guaranteed. As long as premiums are paid, the insured is guaranteed coverage for life in accordance with the terms of the policy. Evidence of insurability will never be necessary as long as the original policy remains in force, and benefits will never decrease.

Another feature to consider is its value as a “creditor.” Funds may be borrowed against the cash value of the policy at a predetermined loan interest rate. Loan approval comes from the insurer, but it is generally granted. No repayment schedule is set beyond regular payment of interest on the loan, with outstanding loan balances deducted from the death benefit. These loans are generally tax free, and there are no restrictions on their use.

Term Insurance—Pure Protection for Your Dollar

In a term insurance policy, there are three basics to consider: first, the period of protection is for a predetermined, specified term; second, policies do not accumulate cash values like permanent insurance; and third, premiums may

initially be substantially lower than cash value premiums.

Nonrenewable, nonconvertible term insurance for one, five, or ten years may provide the most inexpensive protection available, and this option may be advantageous for those who want to be covered while their children are underage, to back a business loan, etc. Premiums will, however, increase over the period of protection. Term insurance is also available for longer durations (e.g., to age 95), but increasing premiums may result in higher overall costs than permanent insurance in the long term.

Term insurance may be ideal to help cover a specific need, such as an outstanding mortgage. These goals can be met by purchasing coverage for a specified period of time and at the lowest premium outlay. In fact, many companies offer decreasing term insurance in which the death benefit proceeds diminish over time (for instance, to cover a decreasing mortgage balance).

Which Product When?

A thorough review of your insurance needs can help you choose the right policy for *your* individual situation. It is important to determine the short-term and/or long-term nature of your needs, your current cash position, and the coverage you can afford.

This article furnished by Grimes-Guidry, Frank Grimes 318-547-5516; Barbara Guidry 337-278-3881; e-mail: grimes_guidry@yahoo.com

INLTERM1 Copyright © 2008 Liberty Publishing, Inc. All rights reserved.

Retirement Questions?

Do you know what will happen to your medical practice when you retire? By necessity, many physicians spend all of their time thinking about the here and now, with little thought about the future. But your practice's long-term survival -- and your own retirement security -- may depend on establishing a realistic and workable exit strategy. Here are some tips on how to lay the proper groundwork. You'll have to begin by asking yourself some tough questions and supplying answers that are as specific as possible.

Set a Retirement Date

Here's your first question: When do you plan to quit working? You may have a general idea of the age range when you'd like to retire, but now's the time to set a precise date. That gives you a timeline to work with, which will make all your other planning more specific.

Consider Your Options

The next essential question: Whom do you expect will take over your practice? Many physicians make one of three choices: 1) either another physician buys the company from you, 2) a younger physician who already works in the practice takes over your practice base when you retire, or 3) you close the business and sell the assets. It's important to consider which of the three is the most realistic option so that you can ensure a smooth transition down the road. Depending on your plans, there are different steps you should take now to ensure a smooth transition.

If You Plan to Sell

If you are going to sell your practice to another physician, you will need an accurate idea of what it is worth. You should

get a practice appraisal when you are ready to sell, but it may be a good idea to get one now, even if there are many years until your planned retirement date. An appraisal can help highlight your practice's strengths and weaknesses, so you can analyze how those attributes impact its overall worth. The information in the appraisal can be used to make changes that improve operations, revenues, and make you more profitable. Those steps will help increase your practice's value and its appeal to potential buyers at your planned retirement date. You can get an appraisal from a CPA with expertise in business valuation or from another qualified appraiser.

If You Plan to Promote from Within

It's always a good idea to have a current idea of your practice's worth, but there are also other necessary factors to consider if you are hoping that someone within your practice will one day take over the reins of leadership. The first question, of course, is who that person will be. Is there a very talented younger physician whom you believe could one day take over? If so, begin grooming him or her now. This includes introducing the physician to key clients, increasing his or her level of responsibility and including the physician in decision making whenever possible.

You'll have to begin by asking yourself some tough questions and supplying answers that are as specific as possible.

Questions Your CPA Can Answer

There are several possible exit strategies available to owners of medical practices. No matter which course you choose, it will be a good idea to have an accurate sense of the practice's worth and to have a strong management team in place. Your local CPA can help provide the solutions you need for these and other business issues. Call on him or her for help addressing exit strategy concerns or any other challenges facing your business.

Legislative Report

Joe Mapes
LAFP Lobbyist



After 60 days, the regular session of the 2015 Louisiana Legislature ended on June 11th, at 6:00 p.m. In the month of May, family medicine was deep in the throes of the Fiscal Session. Though it was a fiscal session, all 144 legislators could file 5 bills

not related to the State's budget. We're all a little safer until next year. As far as the "House of Medicine," it was a very interesting session. Scope of practice has continued to be at the forefront for medicine again this year. The chiropractors came with legislation

to allow them to counsel and instruct patients regarding health, wellness, diet, and nutrition and also order such diagnostic tests as are necessary for determining the patient's condition, as well as order, perform, and utilize x-ray procedures for the sole purpose of diagnosis. With regards to nurse practitioners and collaborative practice agreements, two bills were filed. House Bill (HB) 486 by Representative Johnson, would restrict the Louisiana State Board of Medical Examiners (LSBME) from limiting the right of a physician and an advanced practice registered nurse to engage in a collaborative practice agreement. HB 416 was filed by Representative Regina Barrow that would have abolished the Collaborative Practice Agreement regulated by the LSBME completely. This is similar to legislation filed several years ago. That bill died in the House Health & Welfare Committee.

Another bill of interest was HB 573 by Representative Chris Hazel filed on the behalf of the Louisiana State Medical Society. This bill requires the board to promulgate rules to provide for the investigation of complaints against physicians and adjudication of alleged violations by physicians, raises the quorum of the LSBME to four and prohibits the executive director from acting as the lead investigator for any complaint regarding a physician received by the board or any investigation regarding a physician initiated by the board upon its own motion.

Measures like these illuminate the need for LAFP members to participate in the legislative process. The LAFP Board voted to institute the VoterVoice grassroots email program. Its first run was on HB 486 by Representative Robert Johnson. Over 100 LAFP members participated in the VoterVoice campaign. Though this bill did pass in the House, many votes were changed because of the contacts you made. Thanks to you all. This is the kind of participation needed to continue to promote and protect family medicine and its patient population. Keep up the good work!

A better Medicaid solution delivers better outcomes – in theory *and* in practice.

Welcome to **Louisiana Healthcare Connections**.

We are a physician-driven, Louisiana-based Bayou Health Plan bringing dedicated provider support to ensure comprehensive patient care, minimal referral needs and timely claims processing.

Interested in successful outcomes for you, your patients *and your practice?* Visit us online at www.louisianahealthconnect.com or call 1-866-595-8133.



Your Plan for Success



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:

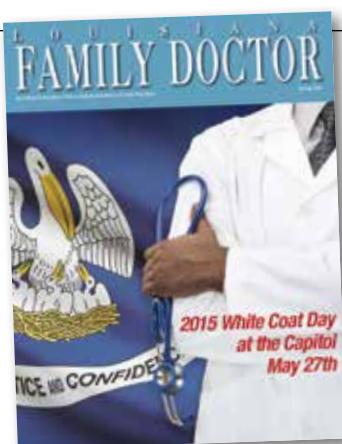
- Scope of Practice Issues
- Managed Care Issues
- Protecting Provider Rates
- The LA Medicaid Program

Thank you to our 2015 LaFamPac Donors!

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

Derek Anderson, MD
Melvin Bourgeois, MD
James Taylor, 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.



For Advertising Information

contact Michelle Forinash
Publishing Concepts, Inc.
by phone at
501/221-9986 ext. 112
or by email at
mforinash@pcipublishing.com



**BE THE CENTER
OF IT ALL.**

FACULTY OPPORTUNITY

Montgomery Family Medicine Residency program is seeking a Board Certified Family Medicine physician to join the faculty. This growing, fully accredited, 8-8-8 community-based program prefers that candidates have at least 2-3 years experience in office-based practice, be skilled in hospital and ICU medicine, and be very well versed in AL forms of information technology. OB experience is not required for this general medicine position. Typical duties of a faculty member include hospital and ICU medicine, private patient duties, precepting, lecturing, scholarly activities, and curriculum management.

This position offers a competitive academic salary with a production bonus, as well as relocation assistance. EOE

**FOR MORE INFORMATION ABOUT THIS OPPORTUNITY, PLEASE CONTACT
BONITA LANCASTER AT TOLL-FREE (866) 507-3385, (334) 273-4527,
OR BLANCASTER@BAPTISTFIRST.ORG.**

Baptist Health is a faith-based, three hospital system located in Montgomery, the state capital of Alabama. We are affiliated with the UAB Health System and enjoy clinical relationships with UAB through teaching activities and services agreements. In June of 2014, we will proudly open the new UAB School of Medicine Montgomery Regional Campus on the campus of Baptist Medical Center South, central Alabama's regional tertiary medical center. Baptist Health is the market leader for health care services and provides a full spectrum of specialty services and primary care.



2015 White Coat Day at the Capitol

Wednesday, May 27th

12:00 p.m. to 4:00 p.m.

Louisiana State Capitol Rotunda

On Wednesday, May 27th the LAFP held the 2015 White Coat Day at the Capitol. This event was a valuable and successful day for the LAFP.

The residency programs from around the state set up various screening booths for the White Coat Day Health Fair in the State Capitol Rotunda. Including:

- Body Mass Index Screening- Baton Rouge General Family Medicine Residency Program
- Cholesterol Screening - Primary and Specialty Clinic of St. Charles
- Blood Pressure Screening- LSUHSC New Orleans at Lake Charles and Bogalusa Family Medicine Residency Program.
- Glucose Screening- East Jefferson Family Medicine Residency

- Preventative Healthcare Screening - Kenner Family Medicine Residency Program

Here, our physicians were able to put their advocacy skills into practice. Legislators were seen throughout the afternoon by our residents and physicians while hearing concerns and feeling

the presence of Family Medicine as a solidified unit.

The day as a whole was a great success, and we greatly appreciate all of our members who took the time to participate and help strengthen the voice of Family Physicians in Louisiana. If you were unable to attend this year, be on the lookout for 2016 dates!





LAFP Participates in Family Medicine Congressional Conference (FMCC)

On May 12-13, the American Academy of Family Physicians Commission on Governmental Advocacy and the Academic Family Medicine Advocacy Committee jointly conducted the 2015 Family Medicine Congressional Conference (FMCC) in Washington, D.C. Over 200 family physicians, educators, students, and chapter staff including LAFP member and AAFP Delegate, Marguerite "Cissy" Picou, MD attended.

Advocates convened in Washington, DC to learn about and advocate for legislative issues affecting family medicine. One of the themes of the conference was how to overcome that next hurdle now that the SGR is history. Now that the onerous Medicare sustainable growth rate (SGR) formula has been permanently repealed, family physicians can set their sights on new issues for the coming year -- specifically, the primary care physician shortage. Several speakers focused on the lack of support in graduate medical education (GME) institutions for training the primary care workforce.

Two legislative aides at FMCC discussed the political obstacles that make it difficult to introduce changes in GME funding. Lisa Grabert, M.P.H., a staff member on

the House Ways and Means Committee, explained that any proposed changes to GME funding or administration will encounter strong opposition from teaching hospitals.

One of the themes of the conference was how to overcome that next hurdle now that the SGR is history. Now that the onerous Medicare sustainable growth rate (SGR) formula has been permanently repealed, family physicians can set their sights on new issues for the coming year -- specifically, the primary care physician shortage.

Physicians at FMCC heard how family medicine supports sitting legislators and legislative candidates through FamMedPAC, the AAFP's federal political action committee. Mark Cribben, J.D., director of FamMedPAC, and Randy Wexler, M.D., the committee chair, provided an update on contributions to the committee. FamMedPAC received \$930,000 in contributions for the 2013-2014 election cycle, a record high. During that cycle, FamMedPAC gave \$783,000 to 124 candidates, 60 percent of them Democrats. More than 84 percent of candidates who received support from FamMedPAC won their races, they said. So far during the 2016 election cycle, \$182,000 has gone to 51 candidates, 54 percent of them Democrats.

The conference concluded with attendees meeting with a total of 243 Congressional legislators and their staff (83 Senate and 160 Representatives).

Foundation Auction and President's Party

Join us in New Orleans as we celebrate honoring Dr. Melvin Bourgeois and Raise Money for the Foundation!

The LAFP Foundation has begun gearing up for the **23rd Annual Foundation Auction** fundraising event! Thanks to our members' continued support, every year the success of the Foundation Auction continues to grow. We have already begun collecting items and accepting donations for this year's event. 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, or culinary equipment.
- Smaller items can be paired with others to make a unique basket.

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

As in the past, the Foundation Auction will be held in conjunction with the 68th Annual Assembly and Exhibition in New Orleans, LA, August 6-9, 2015. It serves not only as a fun social event for Academy members and their guests, but also as an important fundraiser for the LAFP.

The live and silent auction fundraiser will be held on August 7,

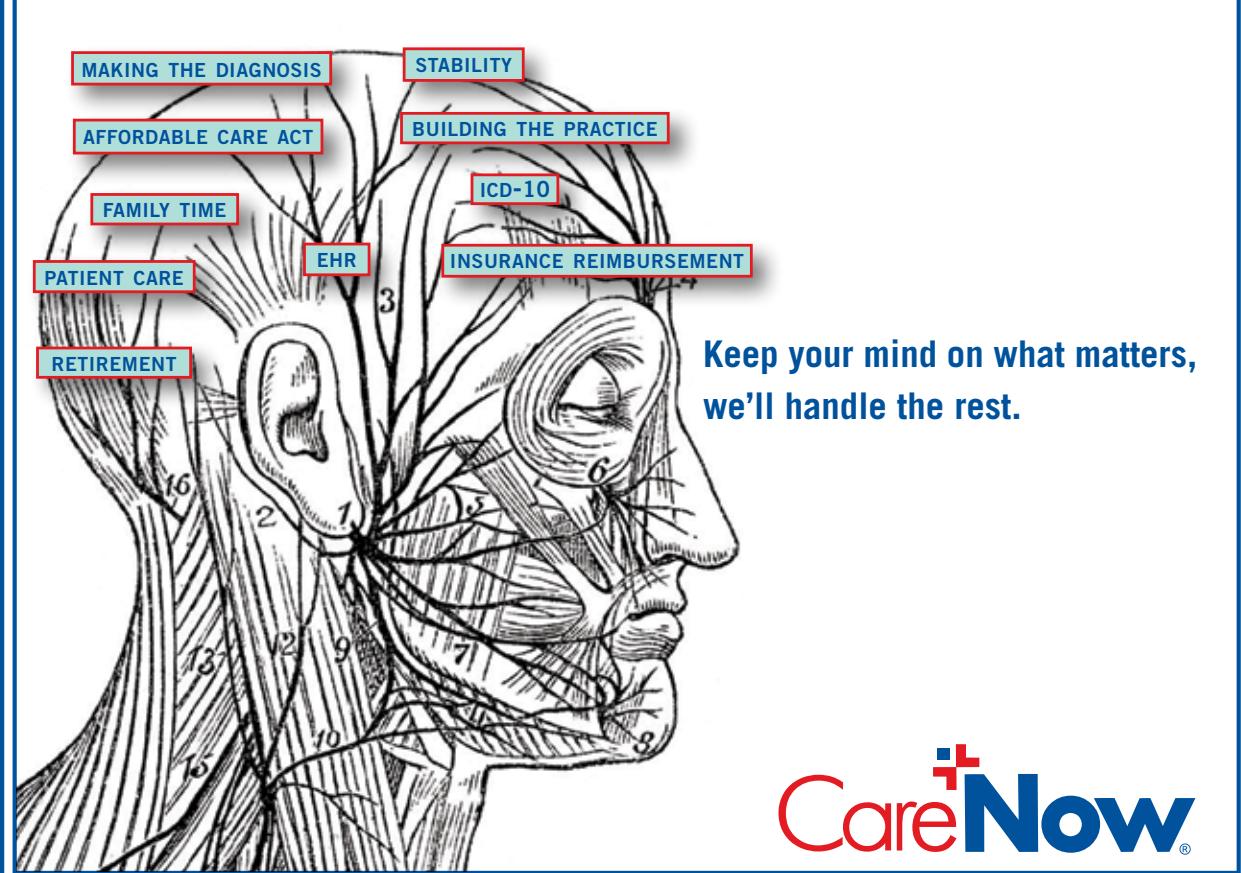
2015, at the World War II Museum. Guests will enjoy dinner, drinks and dancing while bidding on silent auction gift baskets with an array of themes such as a spa package, wine and cheese, seafood-lovers, pet care, tailgating, and much more. The live auction will feature several enviable items including a print designed by the late, great Louisiana artist, George Rodrigue, a two-night stay at the Sandestin Golf and Beach

Resort and autographed LSU sports memorabilia.

This year's party is promising to be a fun night of dinner, dancing, and entertainment. Get ready for a great time!

Questions? Please contact Mary DuCote at (225) 923-3313 or mducote@lafp.org.





At CareNow, we believe in helping physicians practice medicine, not manage a practice. Serving Dallas/Fort Worth with upscale, non-appointment family practice centers for over 20 years, CareNow is AAAHC accredited and offers the stability physicians trust. And by proactively responding to healthcare changes, physicians can count on CareNow to be the smart choice for a healthy career.

- Generous retention bonus
- Highly competitive base pay
- Monthly and quarterly bonuses
- 401K
- Time off for vacation and CME
- Paid malpractice insurance
- Health/dental insurance
- Life insurance and LTD

See why more physicians are choosing CareNow.

Scan the QR code or visit carenow.com/home/static/career

Call 972-906-8124 or email doctorpositions@carenow.com



Dust Off Those Clubs....It's Time for the 2015 Foundation Golf Tournament

It's that time of the year again to join in on some "friendly competition" among colleagues and friends at the 2015 Foundation Golf Tournament! This year's fundraiser will be held Thursday, August 6th at the **Audubon Golf Course**. The tournament is open to EVERYONE... bring your family, friends, spouses, and even invite exhibitors!

LAFP members, spouses, children, and non-members can play for a donation of \$135 per person. Come out and support this Annual LAFP Foundation fundraising event and let's make this the most successful year yet! The tournament begins at 2:30 pm, so you will not miss out on your CME classes.

Your \$135 donation includes:

- 30 minutes of practice
- Thank you gift bag to all participants
- All fees and cart rental
- Prizes for winning team
- Prizes for "closest to the hole," "longest drive," and "hole in one"

You may sign up for the golf tournament when you register for Annual Assembly so that you can take care of everything in one registration. Already signed up for Annual Assembly, but need to sign up for the tournament? Visit www.lafp.org to register online or print your registration form.

HOLE SPONSORSHIPS:

If you do not play golf, but wish to donate, then we encourage you to sponsor a hole, which are available for \$200 per hole. 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. Companies may also wish to sponsor a hole for additional exposure – be sure to spread the word!

If you are interested in playing please also consider a Hole Sponsorship of \$200.

If you have any questions or wish to sponsor a hole, please call Mary DuCote at (225) 923-3313 or email mducote@lafp.org.

Family Practice New Orleans and Region

We are representing a network of non-profit Federally Qualified Health Centers in the New Orleans metropolitan area, they are seeking family practitioners. Locations range from downtown to the north shore (Slidell & Covington) and to the south in Belle Chasse. Each location offers a great schedule (Monday- Friday) 8 to 5 with phone coverage one in every ten weeks.

They offer a terrific financial package that includes salary, a full benefit package and they are participants in the National Health Service Student loan forgiveness program. Please contact Richard Gormley of Rogo Search at richard@rogosearch.com or 610-251-6980 to discuss details of these opportunities. We have additional practice opportunities nationally if you are considering other locations.

Rogo Search, The Physician Source

5 Great Valley Parkway Suite 259
Malvern, Pa. 19355

610-251-6980 (office)
610-724-6968 (cell)

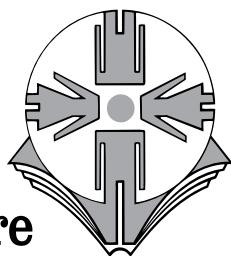
Member of the NAPR

www.rogosearch.com

The Core Content Review of Family Medicine

Why Choose Core Content Review?

- CD and Online Versions available for under \$250!
- Cost Effective CME
- For Family Physicians by Family Physicians
- Print Subscription also available



The Core Content Review of Family Medicine

Educating Family Physicians Since 1968

PO Box 30, Bloomfield, CT 06002

North America's most widely-recognized program for Family Medicine CME and ABFM Board Preparation.

- Visit www.CoreContent.com
- Call 888-343-CORE (2673)
- Email mail@CoreContent.com

Support Your Foundation

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

- Aesop

The Louisiana Academy of Family Physicians Foundation (LAFP/F), a 501(c)(3) philanthropic organization, is a source of substantial and unique support for the advancement of Family Medicine in the areas of research, education, student interest, and academic achievement.

Specifically the Louisiana Academy of Family Physicians and our Foundation work to:

- ⇒ Increase interest in family medicine among medical students and college students through its scholarship and grant programs.
- ⇒ Assist men and women in entering the practice of family medicine through mentorship programs and resident repayment programs.
- ⇒ Enhance the specialty through encouragement and support of research by medical students and family physicians.

Please consider joining your fellow family physicians in supporting the work of the Foundation to help us better serve those who wish to stay and practice Family Medicine in Louisiana.

Consider providing a monthly gift—donating over time provides continual support to these important programs and enables us to better plan the future of the Foundation and expand its outreach.



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.



CC #:

Expiration Date: _____ 3 Digit Code: _____

Name (s) _____ Phone: _____

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

- Family Medicine Externship Program
- Michael O. Fleming, MD Award & Scholarship
- Resident and Student Leadership Conference
- Gerald R. Gehringer, MD Award and Scholarship
- Family Medicine Congressional Conference

- 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

Thank you to our 2015 Foundation Donors!

The Louisiana Academy of Family Physicians (LAFP) Foundation would like to thank the following individual contributors to our 2015 fundraising efforts. The following individuals helped support Tar Wars, various awards and scholarships, and contributed to the LAFP Foundation General Fund.

John Bernard, MD
Russell Cummings, MD
Judy and Michael Madden, MD
Michael Marcello, MD
Edward Martin, MD
Ochsner Health System
Jake Rodi, MD
James Smith, MD
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 2015!

COME GROW WITH US!

North Oaks Health System is currently seeking primary care physicians for:

- Traditional Practice • Hospital Medicine • Outpatient Only



North Oaks Health System has provided quality care and service to our community for more than 50 years. Conveniently located in Hammond, LA, North Oaks Medical Center is within one hour of both New Orleans and Baton Rouge. North Oaks boasts 330 rooms (mostly private) and 14 brand new operating suites, making North Oaks the largest health care delivery system in our region. The Emergency Department is the 2nd busiest in the state with 45 beds. In addition to the Medical Center, the system includes a Rehabilitation Hospital, Same Day Surgical Center, two Diagnostic Centers and a growing network of Primary Care and Specialty Clinics.



www.northoaks.org

To learn more, contact the North Oaks Physician Services Staff at physicians@northoaks.org or directly at:

Lindsay Pinell, Recruiter • (985) 230-7753
 Tammy Chauff, Manager • (985) 230-6572
 Stephanie Kropog, Director • (985) 230-6576



North Oaks Medical Center



North Oaks–Livingston Parish Medical Complex



North Oaks Rehabilitation Hospital



Doctor Recommended.

In 29 states and more than 200 hospitals.

Wherever you see yourself and your new practice, chances are a CHS-affiliated hospital is nearby. And if you choose to practice with one, chances are you'll be glad you did. Approximately 27,000 physicians – employed and independent – serve on the medical staffs of more than 200 CHS-affiliated hospitals in 29 states. The hospitals deliver a wide range of health services and function as vitally important members of their local communities. Last year, physician satisfaction was high at 89 percent, and 91 percent of physicians said they would recommend the hospitals with which they are affiliated to family and friends.*

In 2013, The Joint Commission named 93 CHS-affiliated hospitals as Top Performers on Key Quality Measures. An array of national quality recognitions and honors includes accredited chest pain centers, accredited stroke centers, and Centers of Excellence for bariatric services.

While we're literally "all over the map," we're focused on helping you find a place to build a successful practice. Affiliated hospitals have the flexibility to meet individual needs and the ability to offer **competitive recruitment packages and start-up incentives**,

which may include medical education debt assistance and even residency stipends.

Hundreds of physicians choose CHS-affiliated hospitals each year – for quality of care and quality of life.

One may be right for you!



 **CHS** Community Health Systems

For more information, visit: www.chsmedcareers.com.

Email: docjobs@chs.net Call: 800-367-6813

*CHS-affiliated facilities included 135 hospitals in 2013.