

L O U I S I A N A FAMILY DOCTOR

An Official Publication of the Louisiana Academy of Family Physicians

Spring 2016

Louisiana's Attack Against its High Colorectal Cancer Rates

LAFP 69TH ANNUAL ASSEMBLY & EXHIBITION
SARDISIN BAYTOWNE CONFERENCE CENTER

LOUISIANA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR LOUISIANA

July 7-10, 2016
Register Today at
www.lafp.org

Receive \$25 off if you register
before April 15, 2016

"FOCUS ON FAMILY MEDICINE"



Some opportunities could pose big risks to your practice.



New service lines could mean new liabilities.

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



Insurance Solutions for Louisiana Healthcare Providers

Officers

Brian Elkins, MD
President

James Taylor, MD
President-Elect

M. Tahir Qayyum, MD
Vice President

Christopher Foret, MD
Secretary

Bryan Picou, MD
Treasurer

Melvin Bourgeois, MD
Immediate Past President

Derek Anderson, MD
Speaker/GA

Daniel Jens, MD
Vice Speaker

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. 2015-2017: Mary Coleman, MD

Dist. 1 Alt. 2015-2017: Vacant

Dist. 2 Dir. 2014-2016: Daniel Jens, MD

Dist. 2 Alt. 2014-2016: Luis Arencibia, MD

Dist. 3A Dir. 2014-2016: Jack Heidenreich, MD

Dist. 3A Alt.: 2014-2016: Camille Pitre, MD

Dist. 3B Dir. 2014-2016: Indira Gautam, MD

Dist. 3B Alt.2014-2016: Zeb Stearns, MD

Dist. 4 Dir.2015-2017: Ricky Jones, MD

Dist. 4 Alt.2015-2017: Gregory Bell, MD

Dist. 5 Alt.2015-2017: Tobe Momah, MD

Dist. 5 Alt.2015-2017: James Smith, MD

Dist. 6A Dir. 2014-2016: Phillip Ehlers, MD

Dist. 6A Alt. 2014-2016: Carol Smothers, MD

Dist. 6B Dir.2015-2017: Richard Bridges, MD

Dist. 6B Alt.2015-2017: Keisha Harvey, MD

Dist. 7 Dir.2015-2017: Jason Fuqua, MD

Dist. 7 Alt.2015-2017: Andrew Davies, MD

Dist. 8 Dir.2015-2017: Jonathan Hunter, MD

Dist. 8 Alt.2015-2017: Matthew Erickson, MD

Director At Large

Director Jody George, MD

Alternate Esther Holloway, MD

Resident/Student Members

Resident Becky Batiste, MD

Resident Alternate Clayton Runfalo, MD

Student-Tulane Koby Lanclos

Student Alternate-LSU NO Cara Permenter

LAFP Staff

Ragan LeBlanc

Executive Vice President

Lee Ann Albert

Membership & Education Director

Katie Underwood

Marketing & Events Coordinator

Mary DuCote

Administrative Coordinator

A Message from the President 4

A Message from the Secretary..... 4

Executive Vice President 5

Louisiana’s Attack Against its High Colorectal Cancer Rates 8

Louisiana Family Physician’s Contraceptive Counseling for Adolescents..... 9

Diagnosis and Treatment of Restless Legs Syndrome (RLS) During Pregnancy..... 11

Make Plans to Attend LAFP’s 2016 General Assembly 14

Call for Nominations: Family Physician of the Year 14

Don’t Be a Bored Member. Become a Board Member 16

LAFP Annual Assembly & Exhibition: REGISTRATION NOW OPEN! 18

REMINDER: Renew Your 2016 LAFP Membership..... 19

Scholarships Available to Attend the National Conference for Family Medicine Residents and Medical Students..... 20

Get Involved in the Academy: Serve as a Constituency Delegate..... 22

LAFP Calendar 23

Stay Connected with the LAFP 23

The New Year Brought New Life to Stark 24

Legislative Report..... 26

Why Support Your PAC? 26

Thank you to our 2015 LaFamPac Donors!..... 27

2016 White Coat Day at the Capitol..... 27

Thank you to our 2015 Foundation Donors 30

It’s “TEE” time...Register today “FORE” the 2016 Foundation Golf Tournament..... 30

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

A Message from the President



Brian Elkins, MD, FAAFP
LAFP President

As I write this near the beginning of the presidential primary season, there is a never-ending stream of political news on the radio, and it seems there is nowhere to escape it. I can't help but think what huge implications this process has for the practice of medicine and the care of patients in our country. Closer to home, we face the threat of potentially harmful budget cuts to two of our most vital systems in our state--the education and healthcare systems. And all this is happening at a time when so many in our state have lost their jobs in the oil and gas industry.

At times like this, my own office seems to be a refuge in some ways from all those bigger issues. I get to focus on one patient at a time (sometimes), doing what is in my power to alleviate pain and suffering, and to prevent

larger problems down the road as much as possible. But as much as I would like to try, I can't ignore the huge implications that decisions made in Washington or in Baton Rouge have on my own daily practice of medicine.

The Louisiana legislative session this year runs from March 14 through June 6, and it promises to be a lively one. Expect the push for further expanded scope of practice by non-physician providers to be very aggressive by a broad, unified group. Your involvement is as important as ever as we seek to promote legislation that significantly improves the overall health of Louisiana and its citizens, and to fight legislation that is counterproductive to that aim. There are many ways for you to be involved, from volunteering one or more days during the

legislative session as the Family Doctor of the Day at the Capitol, to becoming a Key Contact with your legislators. You can find out more about these and other opportunities at the LAFP website or by calling the Academy office. And follow me on Twitter @lafppresident for timely updates throughout the legislative session.

Lastly, as we make our way into Spring, don't forget to put the 69th Annual Assembly on your calendar! Assembly is back at the Sandestin Baytowne Conference Center this year from July 7-10, and is always a great educational and networking experience wrapped up with a super beach getaway. We'll see you there!

Sincerely,
Brian Elkins, MD

A Message from the Secretary



Christopher Foret, MD
LAFP Secretary

LAFP Members,

Welcome to 2016! A new year not only brings resolutions but also changes in the Louisiana health care environment. As most now know, Governor Edwards has made our state the newest participant in the Medicaid expansion. While many more citizens of the pelican state will be eligible for Medicaid (some estimates are up to 400,000), a bigger question will be: who will provide care for these individuals?

Furthermore, in the not so distant future, what will happen to hospitals when "dish" revenue (reimbursement for care administered to uninsured

and underinsured patients) begins to be reduced? How will hospitals adapt? Can hospitals adapt? Are quality driven initiatives the wave of the future or just a passing fancy?

2016 also brings a new legislative session with some old faces, but many new ones. The legislative committee worked tirelessly both vetting and supporting different candidates with success in the fall elections. New relationships were cultivated and older ones were solidified. Your academy is positioned to fend off both challenges of scope of practice issues and be the voice of organized medicine for the state of Louisiana. We need your help through

both advocacy and financial support to our political action committee, LAFAMPAC.

During the dark rainy days of winter, people find themselves longing for a summer day at the beach! Why not combine a beach trip and some CME? Come to Sandestin for the LAFP scientific assembly July 7-10, 2016.

This year will bring new challenges, questions and opportunities. Our actions as an academy will help shape the future of Louisiana healthcare. Can we count on you?

Sincerely,
Christopher Foret, MD

Executive Vice President



Ragan LeBlanc
LAFP Executive Vice President

Dear Members,

I recently had the opportunity to connect with an organization that's launching a new initiative of pertinent value to Louisiana practices.

The Consortium for Southeastern Hypertension Control (COSEHC) received a CMS award to transform clinical practices throughout the Southeastern U.S. Their practice transformation network (PTN), QualityImpact, will serve upwards of 3,400 providers over the next four years in their transition from fee-for-service to value-based delivery models.

Practices that enroll in the QualityImpact PTN will receive a comprehensive, transformation "package" that includes:

- MDinsight – A sophisticated, interoperable population health management platform
- Care Delivery Consulting – Process improvement facilitation enabling improved efficiency, quality, and proactive patient management

- Clinical Quality Improvement – Expert-led guidance tailored to care gaps/opportunities

Independent of this initiative, these tools and services cost hundreds of thousands of dollars,

By 2018, 50% of Medicare payments will be tied to value-based reimbursement models, and 90% will be linked to quality improvement.

but through grant support, **they are provided to participating practices at no cost.**

CMS's message is clear: value-based reimbursement is coming, whether you're ready or not. As an organization, we recognize the significant challenges your practices will face in this transition. QualityImpact presents a tremendous opportunity for you to receive support and resources to enable your success.

The PTN is onboarding providers on a first-come, first-serve basis. I encourage you to visit qualityimpact.org or contact Debra Simmons, the PTN Program Director (dwirth@wakehealth.edu, (336) 716-1130) to learn more.

Thank you,

Ragan LeBlanc

Executive Vice President

Continued on page 6

Continued from page 5

About QualityImpact

WE PROVIDE PRACTICES WITH MEANINGFUL SUPPORT AND RESOURCES TO ENABLE YOUR SUCCESS -- AT NO COST.



SPHA's MDINSIGHT - A SOPHISTICATED, INTEROPERABLE POPULATION HEALTH MANAGEMENT PLATFORM

- User-friendly interface enables patient and population-level action
- Incorporates dashboards to promote transparency
- Enables PQRS, HEDIS, HCAHPS reporting and more
- Currently in use by more than 6,000 providers nationwide



CARE DELIVERY CONSULTING – PRACTICE FACILITATION ENABLING IMPROVED EFFICIENCY, QUALITY, AND PROACTIVE PATIENT MANAGEMENT

- Implementation of standardized processes for personalized care
- Care coordination organization and development
- Team-based care design to increase productivity and collaboration



CLINICAL QUALITY IMPROVEMENT EXPERTISE – GUIDANCE TAILORED TO CARE GAPS/OPPORTUNITIES

- Education and training by clinical experts
- Physician leadership coaching



HOW YOUR PRACTICE WILL BENEFIT

Our joint solution is uniquely practical, minimally disruptive, and efficiently designed to:

- **Promote** sustainable, **data-driven transformation**
- **Protect and maximize revenue**, leveraging opportunities with existing payment models
- **Optimize** existing resources and create efficiencies
- **Promote a culture** of continuous quality improvement

Frequently Asked Questions

What Are The Transforming Clinical Practice Initiative Awards

Americans expect a health care system that delivers the right care, at the right time, and at a cost that is reasonable and easy to understand. Such a system will result in fewer unnecessary hospital admissions and readmissions, fewer healthcare-associated infections, and reduced patient harm, and will show continuous improvement in quality outcomes and cost efficiency. Patients will be able to rely on the quality of care they receive from their health care team, including at the doctor's office.

The Centers for Medicare & Medicaid Services (CMS) awarded \$685 million to 39 national and regional collaborative healthcare transformation networks and supporting organizations to provide technical assistance support to help equip more than 140,000 clinicians with tools and support needed to improve quality of care, increase patients' access to information, and spend dollars more wisely. The Transforming Clinical Practice Initiative (TCPI) is one of the largest federal investments uniquely designed to support clinician practices through

nationwide, collaborative, and peer-based learning networks that facilitate practice transformation.

Background

Since the passage of the Affordable Care Act, CMS has launched numerous programs and models to help health providers achieve large-scale transformation. Programs and models – such as the Hospital Value-Based Purchasing Program, Accountable Care Organizations, and the Partnership for Patients initiative with Hospital Engagement Networks – are helping clinicians and hospitals move from volume-based practices towards value-based and patient-centered health care services.

These efforts have contributed to fewer unnecessary hospital readmissions, reductions in healthcare-associated infections and hospital-acquired conditions, as well as improvements in quality outcomes and cost efficiency. Thanks to efforts such as Partnership for Patients, there has also been a cumulative total of 1.3 million fewer hospital-acquired conditions in 2011, 2012, and 2013 relative to the number of hospital-acquired conditions that would have occurred if rates had remained steady at the 2010 level. Approximately 50,000 fewer patients died in the hospital as a result of the reduction in hospital-acquired conditions, and approximately \$12 billion in health care costs were saved from 2010 to 2013.

To date, there have only been small-scale investments in a collaborative peer-based learning initiative. CMS estimates that about 185,000 clinicians currently participate in existing programs, models, and initiatives that facilitate practice transformation. This represents only 16 percent of the nation's one million Medicare and Medicaid providers. While this is an increase over previous years, there is more work to be done.

What's the Transforming Clinical Practice Initiative (TCPI)?

The Transforming Clinical Practice Initiative is designed to help clinicians achieve large-scale health transformation. The initiative is designed to support more than 140,000 clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies. The initiative is one part of a strategy advanced by the Affordable Care Act to strengthen the quality of patient care and spend health care dollars more wisely. At \$685 million, the Transforming Clinical Practice Initiative is one of the largest federal investments uniquely designed to support clinician practices.

The TCPI will support efforts among medical group practices, regional health care systems, regional extension centers, and national medical professional association networks. These efforts will help clinicians expand their quality improvement capacity, engage in greater peer-to-peer learning, and utilize health data to determine gaps and target intervention needs. The Transforming Clinical Practice Initiative is designed to help clinicians achieve large-scale health transformation. It aligns with the criteria for innovative models set forth in the Affordable Care Act:

- Promoting broad payment and practice reform in primary care and specialty care,
- Promoting care coordination between providers of services and suppliers,
- Establishing community-based health teams to support chronic care management, and
- Promoting improved quality and reduced cost by developing a collaborative of institutions that support practice transformation.

The initiative has two major components.

- 29 Practice Transformation

Networks will provide technical assistance and peer- level support to assist clinicians in delivering care in a patient-centric and efficient manner. Examples include providing dedicated coaches to help practices better manage chronic diseases, supporting improved patient access to practitioners through e-mails and other information technology applications, and helping to advance improved access to remote and virtual care.

- 10 Support and Alignment Networks will focus on such initiatives as creating a collaborative for emergency clinicians to address appropriate utilization of tests and procedures and forming collaboratives between psychiatry and primary care providers so patients can receive basic mental health care from their primary care providers.

What's a Practice Transformation Network (PTN)?

Practice Transformation Networks are peer-based learning networks designed to coach, mentor and assist clinicians in developing core competencies specific to practice transformation. PTNs provide practices with technical assistance, support, and tools to improve quality of care, increase patients' access to information, and spend dollars more wisely.

What's a Support and Alignment Networks?

The Support and Alignment Networks will provide a system for workforce development utilizing national and regional professional associations and public-private partnerships that are currently working in practice transformation efforts. Utilizing existing and emerging tools (e.g., continuing medical education, maintenance of certification, core competency

development) these networks will help ensure sustainability of these efforts. These will especially support the recruitment of clinician practices serving small, rural and medically underserved communities and play an active role in the alignment of new learning.

Who's eligible to join?

All provider groups, health centers, clinics or hospitals in the Southeast are encouraged to participate. In order to take full advantage of our transformation package, it is recommended that applying practices have an EHR. Primary Care Physicians, Specialists, Pediatricians, Nurse Practitioners and Physician Assistants are eligible provider types. Practices currently under Pioneer ACO or Medicare Shared Savings Program (MSSP) agreements are not eligible to participate. However, groups with commercial ACO contracts **may** participate.

Why is it free?

Our PTN's resources and tools are funded by CMS through the Transforming Clinical Practice Initiative, in an effort to support providers in successfully transitioning to value-based care.

Will this be burdensome to my practice and providers?

Through the design of our transformation package and approach, we're making every effort to ensure that disruption to the practice is minimized, and providers spend their days doing what they do best: caring for patients. As opposed to layering on additional work, we will seek ways to optimize processes and roles to gain efficiencies and reduce the transformational burden. Change is never easy, but our PTN will provide the structure and support to make it as enjoyable and productive as possible.

Is there an enrollment deadline?

Applications are being accepted on a first-come, first-serve basis. A specific enrollment deadline has not been set.

Louisiana's Attack Against its High Colorectal Cancer Rates

By Laura Ricks
Louisiana Cancer Prevention & Control Programs
www.louisianacancer.org

Louisiana is losing a battle with a deadly foe. As physicians know, colorectal cancer screening is extremely effective in detecting pre-cancerous polyps, as well as catching the cancer in its early stages – so much so, that colorectal cancer has a 90% five-year survival rate if found in the early stages. Yet in spite of the effectiveness of screening, Louisiana has the nation's third highest death rate of the disease.

Action was needed, so the legislature passed a resolution in 2014 creating the Louisiana Colorectal Cancer Roundtable (LCCRT). Charged with improving screening rates in the state, the LCCRT is using data to show clinicians where the situation is direst; increase access to care; and educate clinicians about increasing colorectal cancer screening rates. For example, the LCCRT is providing clinicians with evidence of the efficacy of the at-home FIT test as a good alternative to colonoscopies, which is a procedure that often is inaccessible for the state's rural and poor populations.

80% By 2018

The first goal for the LCCRT is to help Louisiana meet the national target of "80% By 2018" set by the National Colorectal Cancer Roundtable (NCCRT). That means getting 80% of Louisianians aged 50 and over screened by 2018, and to energize those efforts, the LCCRT will sponsor a prize competition among Louisiana primary care providers this March to increase their screening rates. (Watch for details in the weeks to come.)

One way that physicians can help increase screening rates is to take advantage of the research being conducted by the NCCRT. Researchers there have taken a good look at who is not being screened and why, and even have come up with ways to help reach

people who haven't been screened, including the largest unscreened groups:

- 1) African Americans
- 2) Hispanics
- 3) The Financially Challenged
- 4) The Newly Insured
- 5) The Insured, Procrastinator/Rationalizer

Doctors, African Americans and Hispanics

The NCCRT considers African Americans and Hispanic two key race and ethnic groups to target because African Americans, especially the men, have high colorectal

cancer incidence and death rates, while Hispanics have a very low screening rate (only 52%). Even more striking than that is that African Americans cite a lack of a screening recommendation from their doctor as the number one reason they don't get screened, while Hispanics cite it as the number three reason they don't.

Obviously, physicians play a major factor in making sure any patient gets a colorectal screening recommendation, and it should be known there is much room for improvement in doctor-patient communications for these two patient groups.

Lack of Affordability & Newly Insured

It should be no surprise that lack of affordability is the number one reason the unscreened are, in fact, unscreened. Hopefully, with Louisiana's recent Medicaid expansion, more people can now take



Pay Attention To:

- 1) African Americans
- 2) Hispanics
- 3) The Financially Challenged
- 4) The Newly Insured
- 5) The Insured Procrastinator/Rationalizer



And remember:
The best colorectal cancer screening test is the one they're going to get.

advantage of the preventive screenings (including colorectal cancer) that the government is requiring insurance plans to cover. Physicians should stress to the “Newly Insured” that screening is covered, as many do not know that. In addition, physicians should understand that though all insurance plans cover 100% of the cost of these screenings, including stool tests (FIT or FOBT), colonoscopy or flexible sigmoidoscopy for people ages 50-75, there may be other financial barriers. For example, colonoscopies may be cost-prohibitive for some due to having to take time off from work, or being unable to find transportation. Obviously, those same types of issues apply to the “Financially Challenged,” so it is pivotal that physicians help patients understand they have a number of options, as well as affordable ones.

The Insured, The Procrastinators and The Rationalizers

These are the people with whom it is a little more difficult to deal. Unlike giving a screening recommendation or telling patients that screenings are available and/or affordable, more in-depth understanding and education is needed.

The NCCRT says many people know they should be screened, but they fail to recognize its importance and have rationalized away

the need for it. People who don't have symptoms or a family history of the disease tend to feel screening messages don't apply to them, while those without any personal connections to cancer, such as knowing a family member or friend with it or knowledge of their own family history, tend to discount the need for screening, too.

Then there are those who have negative connotations about colorectal screenings (especially colonoscopies) and who describe it as invasive, unpleasant and embarrassing. Talking to your patient about these concerns, including fear of the test-prep, and using humor, which has been shown to be effective in discussing colorectal cancer screening (Remember the American Cancer Society's “Polyp Man?”), can help lessen these concerns.

And then there is an overall group of people who think of themselves as healthy, but really aren't, as they tend to not take care of their health, see a primary care doctor regularly, etc. Like the others, more education is needed with this group.

Other Effective Ways To Help Lower CRC Rates

Here are a few other proven ways to help convince people to get their colorectal cancer screenings:

- 1) If possible, incorporate other people's positive stories about screening, early detection and surviving colorectal cancer into your discussions and materials.
- 2) Make people feel they are empowered and that they can take charge of their lives and be healthier. People like to feel in control.
- 3) Specifically use the term “at-home” test to describe applicable stool tests. The term immediately makes people feel less afraid and more comfortable, while letting them know the test is quick, easy and affordable.
- 4) And remember, in addition to reminding your patients to get screened, the best advice you can give them is “The best test is the one you're going to get.”

To learn more about the LCCRT, please go to: www.louisianacancer.org/lccrt-home.

The LCCRT was established by a partnership of the CDC-funded Louisiana Cancer Prevention and Control Programs (LCP) housed at the LSUHSC School of Public Health, LSUHSC Shreveport Feist Weiller Cancer Center and the American Cancer Society.

Louisiana Family Physician's Contraceptive Counseling for Adolescents

The Louisiana Academy of Family Physicians assisted in a study of family physician's contraceptive counseling of adolescents. The study was conducted by Dr. Herbert Muncie, Professor of Family Medicine, LSU School of Medicine – New Orleans and Dr. Susan E. Rubin MPH, Associate Professor, Department of Family and Social Medicine, Albert Einstein College of Medicine, Montefiore Medical Center, New York.

The study was an internet based survey of the Louisiana Academy of Family Physicians members. Using Survey Monkey, an email invitation was sent to all practicing physicians and residents asking for their participation in the study. After the initial email request, three more email requests were sent to the physicians who had not responded.

Results

Of the 1,020 members who were invited to participate, 276 responded (28.6%). One hundred and seventy-seven respondents met eligibility criteria. Reasons for ineligibility were

Continued on page 10

Continued from page 9

first year resident status or fewer than two half days of clinical care/week (n= 56), their clinical panel did not include female adolescents (n=14), and no contraception discussion with an adolescent in the past 6 months (n= 29).

The table below represents demographics of the eligible respondents:

Characteristic	% (N)
Gender	
Male	59 % (105)
Female	41 % (72)
Practice location	
Urban	30 % (53)
Suburban	37 % (66)
Rural	33 % (58)
Geographic Location	
North LA	22 % (39)
Central LA	10 % (18)
Southern LA	67 % (118)
Practice Status	
Currently a resident	25 % (45)
Practicing physician	75 % (132)

Counseling about Contraception

In the prior six months, 53% (N=89) of respondents had ever discussed IUDs with a patient 18 years old or younger. Respondents were asked how frequently in a typical office visit with a female adolescent did they discuss various contraceptive methods. The frequency of counseling varied by contraceptive method with older methods being discussed more frequently.

The counseling results were:

Contraceptive Method	Very/Somewhat frequently discuss (%)
Oral contraceptive pills	86 %
Condoms	85 %
Depo-Provera	74 %
Abstinence	72 %
Dual protection (condom + another method)	64 %
Implantable contraception	38 %
Vaginal contraceptive ring	38 %
IUD	37 %
The contraceptive patch	36 %
Natural family planning	22 %
Withdrawal	10 %

Intrauterine device (IUD) counseling and recommendation

Current professional guidelines recommend discussing long-acting reversible contraceptives (LARC) with adolescents as a first line contraceptive option. The IUD is one form of LARC. We asked respondents the degree to which they felt very or somewhat competent with the following clinical activities:

"I feel very/somewhat competent....."	
Counseling about IUDs	90%
Answering patient's questions about IUDs	81%
Managing expected IUD side effects	76%

Use of current IUD eligibility

We assessed use of current IUD eligibility criteria by presenting five patient scenarios with varying pregnancy and sexually transmitted infection (STI) histories. Based upon guidelines from professional medical organizations, all patients in the scenarios were eligible for an IUD. To isolate the effect of a patient's age, each scenario was presented identically with a 27 year-old patient and then with a 17 year-old patient.

Below are the percentage of respondents who would recommend an IUD for a patient with the following history:

27 yo nulip no STI	82%
17 yo nulip no STI	64%
27 yo mom no STI	58%
17 yo mom no STI	38%
27 yo mom hx chlamydia	40%
17 yo mom hx chlamydia	26%
27 yo mom hx PID	17%
17 yo mom hx PID	14%
27 yo ectopic no STI	27%
17 yo ectopic no STI	20%

Two percent (N=4) of respondents had inserted an IUD in any patient in the prior six months.

Summary

Our results suggest there are missed opportunities for full-scope contraception counseling by LA FPs. The FPs who responded were more likely to counsel about commonly used methods and not the newer and/or more highly effective contraceptive methods. Additionally, our respondents are using overly restrictive IUD eligibility criteria, especially for adolescents. Respondents were significantly less likely to recommend an IUD to an adolescent as compared to an adult woman with the same pregnancy and STI history. Our results suggest a need for interventions to support change in LA FPs practices around contraception counseling in order to improve contraception access. Ultimately expanding the range of available contraceptive options will require a multifaceted approach at the individual, clinic and policy level. As one component, we suggest intensive dissemination and implementation of up-to-date contraception and IUD eligibility and management guidelines into FP's practice and increased IUD insertion availability at family medicine clinical sites.

A similar survey of Mississippi family physicians was conducted in 2015 through the Mississippi Academy of Family Physicians. The results from both surveys have been combined and analyzed for a final report.



The National Healthy Sleep Project involves a partnership between the American Academy of Sleep Medicine (AASM), the Center for Disease Control (CDC) and Sleep Research Society (SRS). The long-term goal of the project is to promote improved sleep health in the U.S. The project will increase public awareness of the importance of healthy sleep. It also will promote the treatment and prevention of sleep disorders.

Diagnosis and Treatment of Restless Legs Syndrome (RLS) During Pregnancy

Jonathan P. Hintze, MD and
Shalini Paruthi, MD

Case: A 31-year-old healthy female, 28 weeks into her third pregnancy sees her doctor to discuss her sleep. She complains of difficulty falling asleep and waking up multiple times throughout the night. She says she “just can’t get comfortable” and is tossing and turning all night because her legs “won’t sit still.” Upon further questioning she confirms that her legs feel worse particularly at night, and feel better when she gets up and walks around. Her pregnancy is otherwise uncomplicated and her only daily medication is a prenatal vitamin, though she has started trying over the counter benadryl at night without improvement in her sleep. She never had this problem with her other pregnancies. Her physical exam, including a detailed exam of her lower extremities, is unremarkable.

Restless legs syndrome (RLS) is a common sleep disorder that increases in prevalence during pregnancy. It is estimated to affect approximately 25% of all pregnancies with a peak in the third trimester.^{1,2,3,4} It is the third most common reason for insomnia during pregnancy,⁵ and as seen in our patient, the risk of developing RLS increases with each pregnancy and may not have been present in prior pregnancies.^{6,7} It is a clinical diagnosis which is made if the following criteria are met: (1) An urge to move the legs, usually associated with an unpleasant sensation in the legs, (2) this urge is worse with rest or inactivity (i.e. lying down), (3) it is relieved at least partially with movement (e.g.

walking or stretching), (4) and is worse in the evenings or at night. Additionally, symptoms cannot be explained by another condition (leg cramps or venous stasis, for example) and the symptoms must cause sleep disturbance, distress, or some impairment of function, whether mental, physical, social, or others.⁸ This patient clearly meets criteria for the diagnosis of RLS. As she describes, the sleep disturbance commonly observed in RLS is at sleep onset and may impact sleep maintenance as well.^{2,3,9-12}

Although the pathophysiology of RLS in pregnancy is still under investigation, in the general population there is evidence that

genetics, the central dopamine system, and iron all play roles.¹³⁻¹⁷ The role of iron is of particular interest during pregnancy, as many women develop iron deficiency during pregnancy.¹⁸ Specifically, iron is a known co-factor for the enzyme tyrosine hydroxylase, which is a rate-limiting reaction of dopamine production and has been hypothesized as a connection between low iron status and RLS.¹⁵ Therefore, it is not surprising the same population who is at a higher risk of iron deficiency is at a higher risk of developing RLS.

Continued on page 12

Continued from page 11

Recently, the International RLS Study Group (IRLSSG) published clinical guidelines for the diagnosis and treatment of RLS during pregnancy.¹⁹ The first step is to accurately diagnose RLS with the above criteria, and assess severity and possible comorbid depression.²⁰ Next, assessing iron status should be done by checking a serum ferritin, and this may also include a hemoglobin, iron, TIBC, and percent transferrin saturation as deemed appropriate. It is notable that ferritin is an acute phase reactant and may be elevated if there is a concurrent illness or chronic inflammation, making additional iron studies more useful. Ferritin levels below 75 mcg/L should be treated with oral iron supplementation of 65 mg elemental iron 1-2 times daily,²¹ and advising patients to take vitamin C together with iron can improve absorption.²² Repeat ferritin levels should be checked after 6-12 weeks to monitor a response. If there is a failure of response to oral iron and ferritin remains below 30 mcg/L, intravenous iron can be considered^{23,24} though is rarely needed.

Patients with RLS that is refractory to iron supplementation, or patients with an initial ferritin over 75 mcg/L may be considered for dopamine therapy specifically with carbidopa/levodopa. Low-dose clonazepam in the evening may also be considered.¹⁹ As with any medication considered during pregnancy, side effects, and the benefit to potential harm ratio must be discussed openly with each patient. However, even in patients with refractory RLS, reassurance can be given that most cases of pregnancy-related RLS will improve or resolve within one month after delivery.¹⁻³

Non-pharmacologic treatment

considerations which have been proven to improve RLS include moderate-intensity exercise, yoga, massage, and pneumatic compression devices.²⁵⁻²⁷ Anecdotally, many patients describe relief with compression stockings during the day, warm bath/shower before bedtime, or wearing socks to sleep.

Lastly, care should be taken to avoid common RLS exacerbating factors, such as sedating antihistamines like our patient has tried.

Case conclusion: The patient and her physician decide to check her hemoglobin and ferritin. They find that her ferritin is only 8mcg/L and begin an additional iron supplement in addition to her prenatal vitamin. Within 3 weeks she has significant improvement in her leg restlessness and is now able to fall asleep more quickly and sleep through the night.

Non-pharmacologic
treatment
considerations
which have
been proven to
improve RLS
include moderate-
intensity exercise,
yoga, massage,
and pneumatic
compression
devices

References

1. M. Manconi, V. Govoni, A. De Vito, N.T. Economou, E. Cesnik, I. Casetta, *et al.* Restless legs syndrome and pregnancy. *Neurology*, 63 (2004), pp. 1065–1069.
2. A. Hubner, A. Krafft, S. Gadiant, E. Werth, R. Zimmermann, C.L. Bassetti. Characteristics and determinants of restless legs syndrome in pregnancy: a prospective study. *Neurology*, 80 (2013), pp. 738–742.
3. J.P. Neau, A. Porcheron, S. Mathis, A. Julian, J.C. Meurice, J. Paquereau, *et al.* Restless legs syndrome and pregnancy: a questionnaire study in the Poitiers District, France. *Eur Neurol*, 64 (2010), pp. 268–274.
4. Ismailogullari, S., Ozturk, A., Mazicioglu, M.M., Serin, S., Gultekin, M., and Aksu, M. Restless legs syndrome and pregnancy in Kayseri, Turkey: a hospital based survey. *Sleep Biol Rhythms*. 2010; 8: 137–143.
5. Kızılırmak, A., Timur, S., and Kartal, B. Insomnia in pregnancy and factors related to insomnia. *Sci World J*. 2012; 2012: 1–8
6. Berger, K., Luedemann, J., Trenkwalder, C., John, U., and Kessler, C. Sex and the risk of restless legs syndrome in the general population. *Arch Intern Med*. 2004; 164: 196–202.
7. Pantaleo, N.P., Hening, W.A., Allen, R.P., and Earley, C.J. Pregnancy accounts for most of the gender difference in prevalence of familial RLS. *Sleep Med*. 2010; 11: 310–313.
8. American Academy of Sleep Medicine. International classification of sleep disorders,

3rd ed. Darien, IL: American Academy of Sleep Medicine, 2014.

9. Vahdat, M., Sariri, E., Miri, S., Rohani, M., Kashanian, M., Sabet, A. et al. Prevalence and associated features of restless legs syndrome in a population of Iranian women during pregnancy. *Int J Gynecol Obstetrics*. 2013; 123: 46–49.
10. de Castro, C.H., Martinez, F.G., Angulo, A.M., and Alejo, M.A. Restless legs syndrome in pregnancy. *Aten Primaria*. 2007; 39: 625–626.
11. Chen, P.-H., Liou, K.-C., Chen, C.-P., and Cheng, S.-J. Risk factors and prevalence rate of restless legs syndrome among pregnant women in Taiwan. *Sleep Med*. 2012; 13: 1153–1157.
12. Minar, M., Habanova, H., Rusnak, I., Planck, K., and Valkovic, P. Prevalence and impact of restless legs syndrome in pregnancy. *Neuro Endocrinol Lett*. 2013; 34: 366–371.
13. Trenkwalder, C., Hogl, B., and Winkelmann, J. Recent advances in the diagnosis, genetics and treatment of restless legs syndrome. *J Neurol*. 2009; 256: 539–553.
14. Picchietti, M.A. and Picchietti, D.L. Advances in pediatric restless legs syndrome: iron, genetics, diagnosis and treatment. *Sleep Med*. 2010; 11: 643–651.
15. Allen, R. Dopamine and iron in the pathophysiology of restless legs syndrome (RLS). *Sleep Med*. 2004; 5: 385–391.
16. Clemens, S., Rye, D., and Hochman, S. Restless legs syndrome: revisiting the dopamine hypothesis from

the spinal cord perspective. *Neurology*. 2006; 67: 125–130.

17. Dauvilliers, Y. and Winkelmann, J. Restless legs syndrome: update on pathogenesis. *Curr Opin Pulm Med*. 2013; 19: 594–600.
18. DeMayer EM, Tegman A. Prevalence of anaemia in the World. *World Health Organ Qlty* 1998; 38: 302-16.
19. Picchietti DL, et al. Consensus clinical practice guidelines for the diagnosis and treatment of restless legs syndrome/Willis-Ekbom disease during pregnancy and lactation, *Sleep Medicine Reviews* (2014), <http://dx.doi.org/10.1016/j.smr.2014.10.009>.
20. J. Westrom, A. Skalkidou, M. Manconi, S. Fulda, I. Sundstrom-Poromaa. Pre-pregnancy restless legs syndrome (Willis-Ekbom

disease) is associated with Perinatal depression. *J Clin Sleep Med*, 10 (2014), pp. 527–533.

21. R.N. Aurora, D.A. Kristo, S.R. Bista, J.A. Rowley, R.S. Zak, K.R. Casey, et al. The treatment of restless legs syndrome and periodic limb movement disorder in Adults—An update for 2012: practice parameters with an evidence-based systematic review and meta-analyses. *Sleep*, 35 (2012), pp. 1039–1062.
22. Cook JD and Reddy MB. Effect of ascorbic acid intake on nonheme-iron absorption from a complete diet. *Am J Clin Nutr*. 2001;73:93–8.
23. D. Vadasz, V. Ries, W.H. Oertel. Intravenous iron sucrose for restless legs syndrome in pregnant women with low serum ferritin. *Sleep Med*, 14 (2013), pp. 1214–1216.
24. J. Schneider, A. Krafft, A. Bloch, A. Huebner, M. Raimondi, C. Baumann, et al. Iron infusion in restless legs syndrome in pregnancy. *J Neurol*, 258 (2011), p. 55.
25. M.M. Aukerman, D. Aukerman, M. Bayard, F. Tudiver, L. Thorp, B. Bailey. Exercise and restless legs syndrome: a randomized controlled trial. *J Am Board Fam Med*, 19 (2006), pp. 487–493.
26. M. Russell. Massage therapy and restless legs syndrome. *J Bodyw Mov Ther*, 11 (2007), pp. 146–150.
27. C.J. Lettieri, A.H. Eliasson. Pneumatic compression devices are an effective therapy for restless legs syndrome: a prospective, randomized, double-blinded, sham-controlled trial. *Chest*, 135 (2009), pp. 74–80.

The patient and her physician decide to check her hemoglobin and ferritin. They find that her ferritin is only 8mcg/L and begin an additional iron supplement in addition to her prenatal vitamin. Within 3 weeks she has significant improvement in her leg restlessness and is now able to fall asleep more quickly and sleep through the night.

GENERAL ASSEMBLY

Louisiana Academy Family Physicians

Make Plans to Attend LAFP's 2016 General Assembly

As a member of the LAFP, you are encouraged to, attend and participate in the LAFP's 2016 General Assembly, which will convene on Friday, July 8, 2016. The General Assembly will be held in conjunction with LAFP's 69th Annual Assembly and Exhibition at the Sandestin Golf & Beach Resort in Destin, FL.

2016 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 June 8, 2016). 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 June 8, 2016.



Bylaws and Amendments to Bylaws

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

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

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



It's that time of year again! Do you know a colleague, who is a member of the LAFP, who exemplifies the finer attributes of a family medicine physician, one who is engaged in community affairs as well as provides compassionate, comprehensive and

caring family medicine on a continuing basis? If so, it's time to submit your nomination!

The Family Physician of the Year Award is one of the LAFP's highest honors. Help us bring recognition and visibility to a deserving family physician that serves and benefits the profession, the specialty and the community. For the award criteria and to download the nomination form, please visit the LAFP website at www.lafp.org. Nominations and supporting documents are due in the Academy office no later than April 1, 2016.

The winner will be presented with the award during the LAFP's 69th Annual Assembly and Exhibition, July 7-10, 2016 at the Sandestin Golf & Beach Resort in Destin, Florida during the Awards and Installation Ceremony.

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



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.™

Do you have big ideas for the LAFP? Want to help get the momentum going?

Don't be a bored member. Become a Board Member.



For many years, the LAFP has continued its mission in promoting and supporting the specialty of Family Medicine as well as fostering philanthropic and educational goals. The objective of the LAFP Board of Directors is to not only keep this mission alive—but to keep up with the changing times, and to maximize the potential of our incredible membership upon which the organization was founded.

Therefore...as 2016 begins, we are making room for a fresh new Board. We know there are great ideas out there—so we are calling upon YOU to show your interest in becoming a LAFP Board Member!

Of course, being a Board member has its inherent perks. Be a part of LAFP history. Flex your skills in a leadership position. Help form committees and working groups. Gain access to special networking opportunities. Give valuable input and address vital topics at the forefront. Add a special facet to your resume and professional career, as each position on the Board can translate to valuable experience in the field.

Here's your opportunity to run for a position or nominate a candidate!

The LAFP Nominating Committee will select a slate of officers and directors. We encourage your input. If you are interested in serving or have recommendations for consideration of the Nominating Committee, please submit your nomination by **April 1, 2016**. The following positions are up for re-election:

- President-Elect
- Vice President
- Secretary
- AAFP Delegate
- AAFP Alt. Delegate
- Speaker
- Vice Speaker
- District 2 Director
- District 2 Alt. Director
- District 3A Director
- District 3A Alt. Director
- District 3B Director
- District 3B Alt. Director
- District 6A Director
- District 6A Alt. Director
- District Director At Large
- Alt. District Director At Large

For more information regarding responsibilities for a specific position or a list of parishes/cities within a certain district, please contact Ragan LeBlanc at (225) 923-3313 or by email at rleblanc@lafp.org. **Please visit us at www.lafp.org to submit your nomination online.**



LOUISIANA ACADEMY OF
FAMILY PHYSICIANS

Nominees for LAFP Board

Please Help the LAFP Identify Academy Leaders for 2016

Please submit your nomination by April 1, 2016.

Name: _____ Phone: _____

Address: _____

Fax: _____ Email: _____

1. Please tell us why you would like to serve on the LAFP Board of Directors.

2. What special skills, experiences and contributions will you bring to the LAFP as a potential Board Member?

3. What do you hope to contribute/gain from the experience?

I understand and agree to the requirements of a Board position:

Signature: _____ Date: _____

Please return by April 1, 2016 to: LAFP, 919 Tara Boulevard, Baton Rouge, LA 70806 • Fax 225-923-2909

REGISTRATION NOW OPEN!

Mark your calendars to join us this summer at the beach for our 69th Annual Assembly and Exhibition. Details are underway as we plan our annual in state members meeting.



Registration

An Early Bird Discount of \$25 is being offered until April 15, 2016 for full paid registrations. The full registration fee covers CME offerings, daily continental breakfasts and coffee breaks, as well as one complimentary ticket to the Social Events. Registration rates include a member discount, non-members, residents and students. There is also an optional fee for guests and daily registrations to attend the CME.

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

Registration Fees

Early Bird Discount Offered for Full Paid Registrations—Postmarked on/before: April 15, 2016 - deduct \$25

Member Type	THU	FRI	SAT	SUN	FULL	Before April 15th
LAFP/AAFP ACTIVE MEMBER	\$125	\$125	\$125	\$125	\$475	\$450
NON-MEMBER	\$150	\$150	\$150	\$150	\$500	\$475
LAFP/AAFP LIFE MEMBERS	\$75	\$75	\$75	\$75	\$250	\$225
LAFP/AAFP RESIDENT MEMBERS	\$75	\$75	\$75	\$75	\$250	\$225
LAFP STUDENT MEMBERS	FREE	FREE	FREE	FREE	FREE	FREE

NOTE: Refunds, less a \$100 Administrative Fee will be made upon receipt of written request until June 6, 2016.

Accreditation:

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

Program Objectives:

This activity is designed for the specialty of family medicine, but may also be of educational interest to the specialties of internal medicine, pediatrics, and other primary care fields. It is designed to introduce providers to the latest information, techniques, and technology

applicable to office-based patient care through didactic lectures and interactive discussions. Upon completion of this program, participants should have a working and applicable comprehension of these topics. Specific objectives for each topic will be included in the participant syllabus.

Accommodations:

A room block has been reserved at The Sandestin Golf & Beach Resort for this meeting. The room block drop date is June 2, 2016.

The rates are as follows:

Accommodations	Daily Rate
Beachside Studio*	\$299.00
Beachside 1 Bdrm*	\$311.00
Beachside 2 Bdrm*	\$441.00
Village 1 Bdrm	\$221.00
Village 2 Bdrm	\$311.00
Grand Complex Studio	\$200.00
Grand Complex 1 Bdrm	\$229.00
Grand Complex 2 Bdrm	\$320.00
Luau Studio**	\$201.00
Luau 1 Bdrm**	\$229.00
Luau 2 Bdrm**	\$300.00
Luau 3 Bdrm**	\$401.00

*A minimum stay of 5 nights is required on Beachfront accommodations.

**A minimum stay of 4 nights is required in Luau accommodations.

Room rates are available to attendees three (3) days prior and three (3) days after meeting dates, based on availability.

Reservations may be made by calling (800) 320-8115 or online at www.Sandestin.com and enter group code 22Y1V4. Guests may also reserve by fax at (850) 267-8221. The reservation code is: 22Y1V4, Louisiana Academy of Family Physicians 2016.

Check-in time is 4:00 pm. While every effort will be made to accommodate guests arriving before check-in time, rooms may not be immediately available. Check-out time is 11:00 am. Depending on room availability, a late departure charge may be applied.

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

It's Easy to Pay Your 2016 Dues ONLINE

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

REMINDER: Renew Your 2016 LAFP Membership

- Legislative Advocacy – the 2016 Session is gearing up FAST!
- High quality continuing education programs – member discounts, partner discounts, CME offerings, discounted rates (both local and national level)
- Access to important communications, including *The Louisiana Family Doctor* and the *Weekly Family Medicine Update*.
- Discounts on products, services, and courses.

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

We appreciate your continued LAFP membership!

2015 CME Re-election

2015 CME Re-election

The 2015 CME Re-election deadline of 12/31/2015 has passed! To determine your re-election cycle or to view/update your transcript, please visit www.aafp.org/mycme. Remember – only CME hours earned during your three-year cycle are applicable and consists of earning at least 150 credits with a minimum of 75 Prescribed credits and 25 credits from live learning activities.

If you are in the 2015 re-election cycle, you have till March 31 to report your CME at www.aafp.org/mycme for continued access to these benefits:

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

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

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

Types of Credit

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

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

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

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

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



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

July 28-30, 2016

Kansas City, Missouri

Application Deadline: May 1st

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

In 2016, 220 scholarships will be awarded to attend the National Conference of Family Medicine Residents and Medical Students in Kansas City, Missouri from July 28-30. Scholarship recipients are selected by a panel of judges. The \$600 scholarship is intended to help reduce out-of-pocket expenses (registration, travel, lodging, meals) to attend National Conference. All scholarship checks are awarded at National Conference. If you are unable to attend the conference, your scholarship will be forfeited.

Eligibility Requirements

- You must be a member of the American Academy of Family Physicians (AAFP) to apply. Join now.
- You may apply for **one** scholarship annually.
- If you have previously **received** a Family Medicine Leads Scholarship, you are not eligible to apply for the **same** scholarship again.
- To apply for a student scholarship you must be a medical student during the 2016-17 academic year. You are not eligible to apply for a student scholarship if you will graduate before July 1, 2016.
- You must be able to attend the entire National Conference.
- You must agree to the Family Medicine Leads Scholarship Terms of Agreement(1 page PDF).
- Contact information
- Year in training (during the 2016-17 academic year)
- Essay attachment (include name at top of essay; preferably save as .pdf)
- E-Signature

Submission Guidelines

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

The required online application **must be completed and submitted to the AAFP by May 1, 2016**. Winners will be notified by May 31. If you have any questions about any conference scholarships, contact Amy Mulligan Kennedy at (800) 274-2237, ext. 6735.

Scholarship Categories

First-time Student Attendee

- Students who wish to apply for the award must complete an application and prepare a 500-word, one-page typed essay on the following topics: Explain why you are interested in family medicine and why you want to attend National Conference.
- You must be a medical student during the 2016-17 academic year to apply. You are not eligible if you will graduate before July 1, 2016.

Scholarship for Residents and Returning Students

- Award applicants must be a family medicine resident (first time attendee or returning) or medical student who has previously attended National Conference.
- If applying as a student you must be a medical student during the 2016-17 academic year. You are not eligible if you will graduate before July 1, 2016.
- Residents who wish to apply for the award must complete an application and prepare a 500-word, one-page typed essay on the following topics: Tell us your story. Explain what you believe a career in family medicine holds for you and why you want to attend National Conference.
- Students who wish to apply for the award must complete an application and prepare a 500-word, one-page typed essay on the following topics: Tell us your story. Describe how family medicine has influenced your medical training experience and why you want to attend National Conference.

Minority Scholarship Program for Family Medicine Residents

- Minority family medicine residents (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander; Hispanic or Latino) who wish to apply for this award must complete an application and prepare a 500-word, one-page typed essay on the following topics: Tell us your story. Explain why you chose family medicine and why you want to attend National Conference.

Minority Scholarship Program for Medical Students

- Minority medical students (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander; Hispanic or Latino) who wish to apply for this award must complete an application and prepare a 500-word, one-page typed essay on the following topics: Tell us your story. Describe how family medicine has influenced your medical training experience and why you want to attend National Conference.
- You must be a medical student during the 2016-17 academic year to apply. You are not eligible if you will graduate before July 1, 2016.

Family Medicine Interest Group (FMIG) Leadership Award

- Students who wish to apply for this award must complete an application, including contact information for your FMIG coordinator, and submit a description of an FMIG project, your role in that project, how you exhibit leadership on your medical school campus, and your reasons for wanting to attend National Conference.
- Award applicants are **not** limited to FMIG presidents/coordinators or other elected leaders. Students who are recognized for developing and orchestrating individual FMIG projects, especially new and innovative activities, are encouraged to apply.
- Award recipients are required to attend the FMIG workshop sessions, FMIG Networking Breakfast, and be willing to provide feedback to the program planners on those events.
- You must be a medical student during the 2016-17 academic year to apply. You are not eligible if you will graduate before July 1, 2016.

Additional Scholarship Opportunity: Family Medicine Leads - Emerging Leader Institute

A Program of the AAFP Foundation*

Enhance your leadership skills **and** earn a scholarship to attend National Conference through the *Family Medicine Leads (FML) Emerging Leader Institute*.

Requirements: Must be a member of the American Academy of Family Physicians. Medical students must be in second, third, or fourth year of medical school when the program begins. Residents must be in first, second, or third year of residency when program begins.

Three documents are required in order to complete the application process: the *FML Emerging Leader Institute* application, curriculum vitae (CV), and a letter of recommendation.

This exciting new program will be held following National Conference on Saturday, July 30, and Sunday morning, July 31.

If you have additional questions about the *FML Emerging Leader Institute* (www.aafpfoundation.org), please contact Erika Perkins at 1-800-274-2237, ext. 4458.

**Please note that all FML Emerging Leader Institute scholarships include your attendance to National Conference. As this is a heavily competitive opportunity we encourage you to also apply for a FML Scholarship to attend National Conference. Your FML Scholarship application will be considered only if you are not selected for the FML Emerging Leader Institute.*

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



Get Involved in the Academy: Serve as a Constituency Delegate

The Louisiana Academy of Family Physicians Special Constituencies Forum is seeking delegates to the American Academy of Family Physicians National Conference of Constituency Leaders (NCCL). NCCL will be held Thursday-Saturday, May 5-7, 2016, in Kansas City, MO.

The LAFP is looking for physician members who can represent the following five recognized special constituencies:

- International Medical Graduate (IMG) Physicians—an active member of the

AAFP who graduated from medical school outside the United States, Canada, or Puerto Rico

- New Physicians—an active member of the AAFP who has been in practice less than seven years
- Women Physicians—an active member of the AAFP who is a woman.
- Minority Family Physicians—an active member of the AAFP who is Black, Asian, Hawaiian Islander, American Indian, Eskimo, or Hispanic
- Gay, Lesbian, Bisexual, and Transgender (GLBT) Physicians—an active member of

the AAFP who self-identifies as GLBT or who is supportive of GLBT issues

During NCCL you will meet similar family physicians from across the United States, discuss and develop resolutions that shape AAFP policies, and have the chance to be elected for various leadership positions for the next NCCL or as a delegate to the annual AAFP Congress of Delegates.

LAFP delegates to the NCCL are reimbursed for eligible expenses (with the submission of a delegate report and receipts) according to the LAFP reimbursement policy. If you are interested in serving as an NCCL delegate, please contact the LAFP office at 225.923.3313 or by email at info@lafp.org.



BAPTIST HEALTH PHYSICIAN OPPORTUNITIES

Baptist Health has an exciting opportunity to build a new family practice in the financial business district in downtown Little Rock. The clinic will be open M-F 7a-4p. The ideal candidate will be a physician who is passionate about creating a new practice that will cater to an executive clientele.

Baptist Health also has Family Medicine opportunities in the following cities:

- | | | | |
|-------------|--------|-------------------|----------|
| Arkadelphia | Camden | Heber Springs | Sherwood |
| Bryant | Conway | North Little Rock | |

The majority of these opportunities are employed positions with Arkansas Health Group, a wholly owned subsidiary of Baptist Health. The compensation structure is a base salary plus bonus and a competitive benefits package. These are primarily outpatient positions M-F although one offers a non traditional full time schedule of 3 days per week. Another opportunity includes OB if desired.

For more information please contact the Baptist Health Physician Recruiters:

Claire Pittman, Baptist Health
501.202.4345 or 800.770.7587
claire.pittman@baptist-health.org

Phillip Wallace, Baptist Health
501.202.4377 or 800.770.7587
phillip.wallace@baptist-health.org



LAFP Calendar

SAVE THESE DATES

March 14, 2016

Louisiana Legislative Session Convenes

May 5-7, 2016

AAFP Annual Chapter Leadership Forum/
National Conference of Constituency
Leaders
Sheraton Kansas City at Crowne Center
Kansas City, MO

May 18, 2016

White Coat Day at the Capitol
State Capitol
Baton Rouge, LA

June 6, 2016

Louisiana Legislative Session Adjourns

July 6, 2016

LAFP Board Meeting
TBD
Destin, FL

July 7th – 10th, 2016

69th Annual Assembly and Exhibition
San Destin Golf & Beach Resort
Destin, FL

July 8, 2016

General Assembly
San Destin Golf & Beach Resort
Destin, FL

July 28-30, 2016

AAFP National Conference of FM
Residents & Medical Students
Kansas City Convention Center
Kansas City, MO

September 19-21, 2016

AAFP Congress of Delegates
Orlando, FL

September 20-24, 2016

AAFP Annual Scientific Assembly
Orlando, FL

Stay Connected with the LAFP

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

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

The New Year Brought New Life to Stark

As of January 1, 2016, the Physician Self-Referral Law (Stark Law) now includes two new exceptions to the physician self-referral prohibitions. The Stark Law prohibits a physician from making referrals for certain designated health services (DHS) payable by Medicare to an entity with which the physician (or an immediate family member) has a financial relationship, unless the requirements of an applicable exception are fully satisfied. The Stark Law also prevents the DHS entity from filing claims with Medicare for those services furnished as a result of a prohibited referral.

So what's new in 2016? Well, payments for non-physician practitioners and time-share arrangements. In the Calendar Year 2016 Medicare Physician Fee Schedule Final Rule with Comment Period issued by CMS (Final Rule), hospitals, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may now make payments to physicians for the purpose of recruiting and compensating non-physician practitioners under certain conditions. The non-physician practitioner is required to provide a minimum amount of primary care services in the physician's office, the financial assistance cannot exceed 50% of the aggregate compensation paid to the non-physician practitioner, and the amount must not exceed fair market value (FMV) of the patient care services furnished by the non-physician practitioner to the patients of the physician's practice.

The other new exception creates "license agreements" which permit time-share arrangements for the use of office space, equipment, personnel, items, supplies and other services. Physicians (licensees) are now permitted



to enter into "turnkey" arrangements with hospitals or physician organizations for office space, equipment furnishings, waiting areas, and necessary support staff. However, these arrangements must still be structured to comply with specific Stark Law exception requirements including ensuring that the compensation is set in advance, consistent with FMV, and does not take into effect the volume or value of referrals. Another requirement under this new exception is that the physician (licensee) must predominately furnish evaluation and management services and "advanced imaging equipment" (such as MRI or CT) may not be used in the space.

The Final Rule also attempts to provide clarity to Stark Law by addressing the following:

- Parties now have a 90-day grace period to obtain missing signatures on a written document, regardless of whether the failure to obtain the signatures was inadvertent;
- A "split-billing" arrangement does not create a Stark Law financial relationship when both the hospital and the physician bill independently for their services; and
- Compensation to a physician organization cannot take into account referrals of any physician in the physician organization, including referrals of employees and independent contractor who do not "stand in the shoes" of the physician organization.

The Final Rule is a gift that will keep on giving in 2017, especially for Physician-Owned Hospitals. The Final Rule finalized changes that provide that baseline and future calculations of a hospital's physician ownership percentage include all physicians, not just those physicians who refer to the hospital. This will take effect January 1, 2017.

Berryl Thompson-Broussard, LL.M., is an attorney at Gachassin Law Firm, which is dedicated to the representation and counseling of healthcare providers. Her practice area focuses on health care regulatory compliance, administrative and judicial appeals, and health care provider transactions.

This article is offered only for general informational and educational purposes. It is not intended to be offered as and does not constitute legal advice or legal opinions.

WE HAVE YOUR IMAGING NEEDS COVERED *for life*



OUR LADY OF THE LAKE
REGIONAL MEDICAL CENTER

WOMAN'S HOSPITAL

MARY BIRD PERKINS CANCER CENTER

LAKE IMAGING CENTER

MORAN IMAGING CENTER

LSU HEALTH CLINICS



www.lakeradiology.com



The "I'll Just Have One More" Martini

- 3 oz. gin or vodka
- 1/2 oz. dry vermouth
- 3 olives
- 1 automobile
- 1 long day
- 1 diminishing attention span
- 1 too many

Combine ingredients. Drink. Repeat.
Mix with sharp turn, telephone pole.

Never underestimate 'just a few.'
Buzzed driving is drunk driving.



Legislative Report



Joe Mapes
LAFP Lobbyist

The legislative session begins Monday, March 14th. With a new Governor, and 34 out of 144 legislators being new as well, many challenges lie ahead for family medicine. It's time to establish or renew your relationships with your State Representatives and Senators. Your relationships with your legislators are going to become vital over the next few years. Louisiana's current budget is hemorrhaging. This mess promises to reach out and touch every profession and industry that does business in Louisiana. LAFP's goal is to have some influence on how family medicine is affected by this and not just wait for the legislature and Governor to decide for us how we will be affected.

This session is a non-fiscal, or regular, session. The legislature has to do 60 days of business within an 85 day period. This year, since it is a non-fiscal session, the Governor is calling a special session to deal with fiscal matters pertaining to the State. A budget bill can be passed in a regular session; however, measures that

address removing or adjusting revenue like fees and taxes, cannot. Many of these types of bills are currently being considered as ways to raise revenue and fund the budget. The Governor will issue a "CALL" of the topics he will allow to be filed as legislation in the Special Session, so we will have some advance notice on legislation that will be filed in the Special Session. The session will probably last 10 days, so if LAFP has a position on a bill, we will need to move fast to educate legislators as to LAFP's position.

The Regular Session promises to be a monster. The Nurse Practitioners told us they are going to go as hard as they can to remove the Collaborative Practice Agreement from the law books. Our job is to educate the legislature that it is not safe for us to allow such legislation to pass in Louisiana. Patient safety is paramount. Our job is going to be more difficult now than ever, so your participation is as well. LAFP is sponsoring the First Aid Station in the Capitol again,

so please consider volunteering for a few hours either in a morning or afternoon. It's a great way for legislators and administrators to see family medicine at work. White Coat Day has been a great success, so please show up for that important day in the Capitol. Finally, when asked to participate in the VoterVoice email program, do it. It's very important. Otherwise, Ragan wouldn't be asking you to participate. We try to do most of the heavy lifting in Baton Rouge ourselves, but sometimes we need your help. The easiest, simplest way to help is to just click the submit button in the VoterVoice email, and your personalized message is sent to only your Reps and Senators. This type of targeted communication is highly effective.

It's taken LAFP a long time and a lot of effort from a lot of people to establish itself as a serious, political entity. We are at the table now. Let's stay there so we don't end up on the menu!



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 (LaFamPac) would like to thank the following individual contributors:

Derek Anderson, MD
Melvin Bourgeois, MD
Richard Bridges, MD
James Campbell, MD
Lacey Cavanaugh, MD
Mary T. Coleman, MD
Mark Dawson, MD
Brian L. Elkins, MD
Christopher Foret, MD
Jason B. Fuqua, MD
Kelly M. Fuqua, MD
Jody George, MD
Wayne Gravois, MD
Michael B. Harper, MD
Jack Heidenreich, MD
Jonathan Hunter, MD
Edmond J. Kalifey, MD
Alan LeBato, MD
Randall Lillich, MD
William M. Long, MD
Michael Madden, MD
E. Edward Martin, Jr., MD
Jose A. Mata MD
Brian Picou, MD
Marguerite B. Picou, MD
Camille Pitre, MD
Daniel Salmeron, MD
James M. Smith, MD
James A. Taylor, Jr., MD
Michael Williams, 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.

2016 White Coat Day at the Capitol

Wednesday, May 18th - 12:00 p.m. to 4:00 p.m.

Louisiana State Capitol Rotunda

The LAFP invites you to participate in the Annual White Coat Day at the Capitol in Baton Rouge on Wednesday, May 18, 2016.

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

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

Event Details:

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

Participants in White Coat Day will:

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

Lunch will also be provided.

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



FAMILY PHYSICIAN OF THE DAY



The Louisiana Academy of Family Physicians is asking its members to sign up to be "Family Doctor of the Day" at the Louisiana State Capitol during the 2016 Legislative Session. Thanks to all who participated last year!

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

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

Louisiana Academy of Family Physicians Phone: 225.923.3313
 919 Tara Boulevard Fax: 225.923.2909
 Baton Rouge, LA 70806 Email : info@lafp.org

Session Dates: March 14th – June 6th

(Available Dates Shown in Calendars Below - Dates Already Filled Shaded in Red)

MARCH						
S	M	T	W	T	F	S
	14	15	16	17		
	21	22	23	24		
	28	29	30	31		

APRIL						
S	M	T	W	T	F	S
	4	5	6	7		
	11	12	13	14		
	18	19	20	21		
	25	26	27	28		

MAY						
S	M	T	W	T	F	S
	2	3	4	5		
	9	10	11	12		
	16	17	18	19		
	23	24	25	26		
	30	31				

JUNE						
S	M	T	W	T	F	S
			1	2		
	6					

I will serve _____ days.

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

Name: _____

Address (OFFICE): _____ Phone: _____

City, State, Zip: _____ Fax: _____

Home Address: _____ Phone or Cell: _____

City, State, Zip: _____ Fax: _____

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

My Senator is: _____

My Representative is: _____

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

Serving, Caring,
Helping and Healing
for **25** years
and counting!



Pinnacle Pointe
BEHAVIORAL HEALTHCARE SYSTEM

11501 Financial Centre Parkway
Little Rock, Arkansas 72211
501.223.3322 • 800.880.3322
www.PinnaclePointeHospital.com

Thank you to our 2015 Foundation Donors

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

Amy Abraham	Tom Curtis, MD	Michael Madden, MD and Judy Madden
AmeriHealth Caritas-Louisiana	Brian Elkins, MD	Joe & Sandy Mapes
Derek Anderson, MD	Natalie K. Fradella	Michael Marcello, MD
William Baron	Jason B. Fuqua, MD	Edward Martin, MD
John Bernard, MD	Ronald Gagne, MD and Debbie Gagne	Ochsner Health System
Ashley Berthelot	Jody George, MD	Bryan and Marguerite Picou, MD
Walter Birdsall, MD	Michael Harper, MD	Camille Pitre, MD
Bob Bourgeois	Jack Heidenreich, MD and Ellen Heidenreich	M. Tahir Qayyum, MD
Gerard Bourgeois	Jonthan Hunter, MD	Paul Rachal, MD
Melvin Bourgeois, MD and Geri Bourgeois	Daniel Jens, MD	Jim Remetich
Kenneth Brown, MD	Floyd Jones, MD	Jake Rodi, MD
James Campbell, MD and Melinda Early	Alan LeBato, MD	James Smith, MD
Lacey Cavanaugh, MD and Jake Cavanaugh	Keith Landry, MD	James A Taylor, Jr., MD
Russell Cummings, MD	Marco & Ragan LeBlanc	Hugh Washburn, MD
		Rebecca Wood

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 2016!

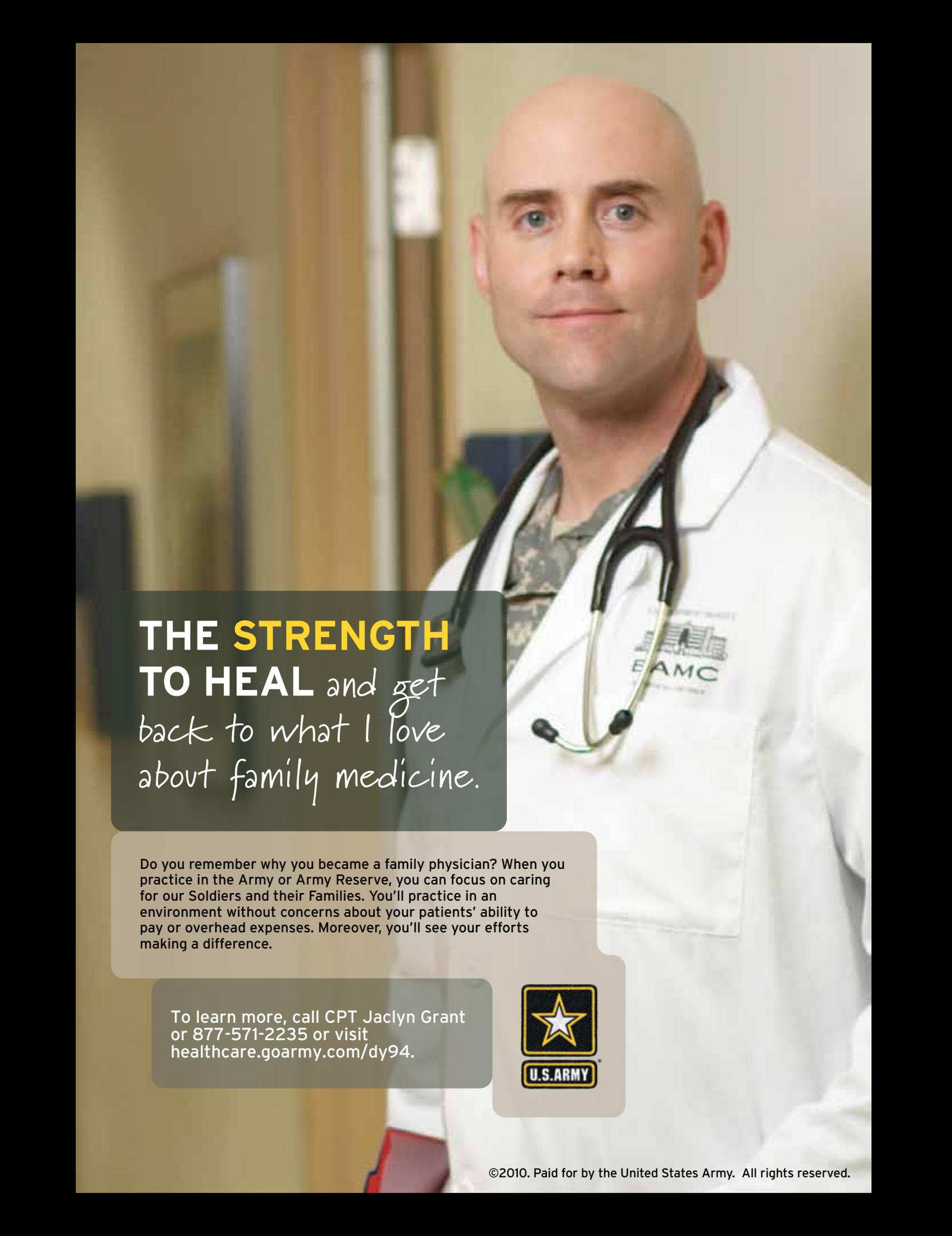
It's "TEE" time....Register today "FORE" the 2016 Foundation Golf Tournament

Don't miss the chance to "tee off" with fellow colleagues. The 2016 Foundation Golf Tournament will be held in conjunction with the LAFP's 69th Annual Assembly in Destin, FL. The tournament is scheduled for Thursday, July 7th from 2:30 - 6:30 pm. The cost of the event is \$135 per person and includes 18 holes of play, cart rental, refreshments, balls, and prizes. Proceeds to directly support activities promised through the Louisiana Academy of Family Physicians Foundation.

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

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





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

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

To learn more, call CPT Jaclyn Grant or 877-571-2235 or visit healthcare.goarmy.com/dy94.



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

Presorted Standard
U.S. POSTAGE PAID
LITTLE ROCK, AR
PERMIT NO. 2437



Come be a part of
the solution.

CCS is a healthcare provider that has provided comprehensive healthcare to correctional facilities since 2003.

Full and Part Time Physician Opportunities

For more information, please contact:
Alex English
Phone (800) 592-2974 ext. 5513
Email: aenglish@correctcaresolutions.com



For more information visit
correctcaresolutions.com

