

L O U I S I A N A FAMILY DOCTOR

An Official Publication of the Louisiana Academy of Family Physicians

Summer 2017

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THE ROOSEVELT HOTEL • AUGUST 3-6, 2017



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***SEE PAGE 12 FOR REGISTRATION DETAILS
INFORMATION AND SCHEDULE OF EVENTS***



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Edition 30

A Message from the President



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

Another deadline, and our Executive Director is texting me in ALL CAPS that I really need to get my article in for the summer journal. I want to write about something other than politics, if for no other reason than to get away from the group-craziness and the complete abandonment of camaraderie, which functioning organizations (should) cultivate and defend.

Then, I realize that, once again, Ragan has kept everything organized and is making a herculean effort to keep me on track through this presidential year. My medical assistant, Tina, brings me the messages that I absolutely must address before I go to the Capitol, and my office manager, Courtney, spent a good part of her day today talking to my accountant, Suzonne, about what we are going to do about our delayed contract notifications (cough Humana cough cough). Adding my wife and daughter, it takes 6 women to keep me looking like I am organized.

I used to be somewhat proud that it took so many people to keep me heading in the right direction – as if they were lucky to have me around to give them purpose. OK, well maybe not that egotistical, but certainly not appreciative of the work and stress they

take on to allow me to be the physician that sits in front of the patient. It is probably not coincidental that they are all women. With one exception, they are also all mothers who have taken on another part-time child.

Having just celebrated Mother's Day, I ask that all of us in lead clinical and administrative roles stop for a few minutes and look at the workday through the eyes of those women who support us and protect the physician-patient moments for us. What else is going on in their lives? Are they coming to work because they want to or because they have to? How can you, Doctor, become a support to them? Are you accomplishing enough to make their efforts worthwhile?

I was raised among emotionally strong men and women, for which I am grateful. As a family physician, I see a multitude of adults and children who did not have that privilege. Their loss from that absence is one that we all ultimately bear, in terms of mental health outcomes and socioeconomic mobility. I ask that family physicians take a few extra minutes to encourage the 2-job single mom who is always behind on labs and follow-up visits, the mother of a teen on drugs, the

grandmother raising children when she should be spoiling them as grandchildren and sending them home to capable parents. It costs virtually nothing, and we all potentially benefit.

I will make brief mention of our legislative success to this point. SCR21 (Mizell), eliminating pain as a 5th vital sign, has cleared Senate Health and Welfare Committee and is going to the Senate floor. HCR75 (White) also addresses this issue, and is pending its first committee hearing. HCR51 (Jackson), expansion of notification of immunization into LINKS for all patients, has cleared House Health and Welfare without opposition. These resolutions are part of the "Better Yes" we promised the Legislature we would bring after so many years of fighting scope-of-practice battles.

It may be of interest to you that Senator Mizell and Representatives White and Jackson have something in common. They are all women. Imagine that.

Sincerely,

James Taylor, Jr., MD

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A Message from the Secretary



Christopher Foret, MD
LAFP Secretary

Welcome to Summer! Hopefully all have had a productive and safe year to date. As of this writing things are a buzz in Baton Rouge.

The legislature is again in session. Many prospective pieces of legislation were filed that could impact physicians. Changes involving prescription of controlled substances and use of the prescription monitoring program are most likely forthcoming. Within the same bill, a requirement for continuing education exists in reference to opiates. With 113 deaths a day from drug overdoses nationwide, bipartisan support will most likely lead to passage of this bill.

Thus far, no bills in reference to expanding scope of practice for allied health professionals have been filed. Last year, you the membership, were successful in defeating a landmark bill. Your actions were noticed by and your message delivered to our legislators. Thank you!

Summer also brings the return of our scientific assembly in New Orleans. The dates for the assembly are August 3-6 at the Roosevelt Hotel. With lots of social functions, a resident track and great CME, this meeting presents an opportunity to say goodbye to summer in a festive way. The weekend also provides opportunities for networking and idea sharing for facing the day to day challenges of the practice of medicine. Registration is now open. Ask a friend to join you for the meeting!

The LAFP is happy to serve you. The board is always open to suggestions and welcomes more participation of its members. We have a wonderful staff who is willing to help any way they can. We need your help as members. If you know a family physician who has not renewed their membership, please encourage them to do so. Furthermore, please help us in recruiting new members. Strength is in numbers! Through your efforts, the LAFP has become as powerful as any

physician group in Louisiana from a legislative standpoint. See you in NOLA!

Sincerely,

Christopher Foret, MD

LOUISIANA ACADEMY OF FAMILY PHYSICIANS FOUNDATION
ANNUAL GOLF TOURNAMENT
Held in conjunction with LAFP's 70th Annual Assembly & Exhibition
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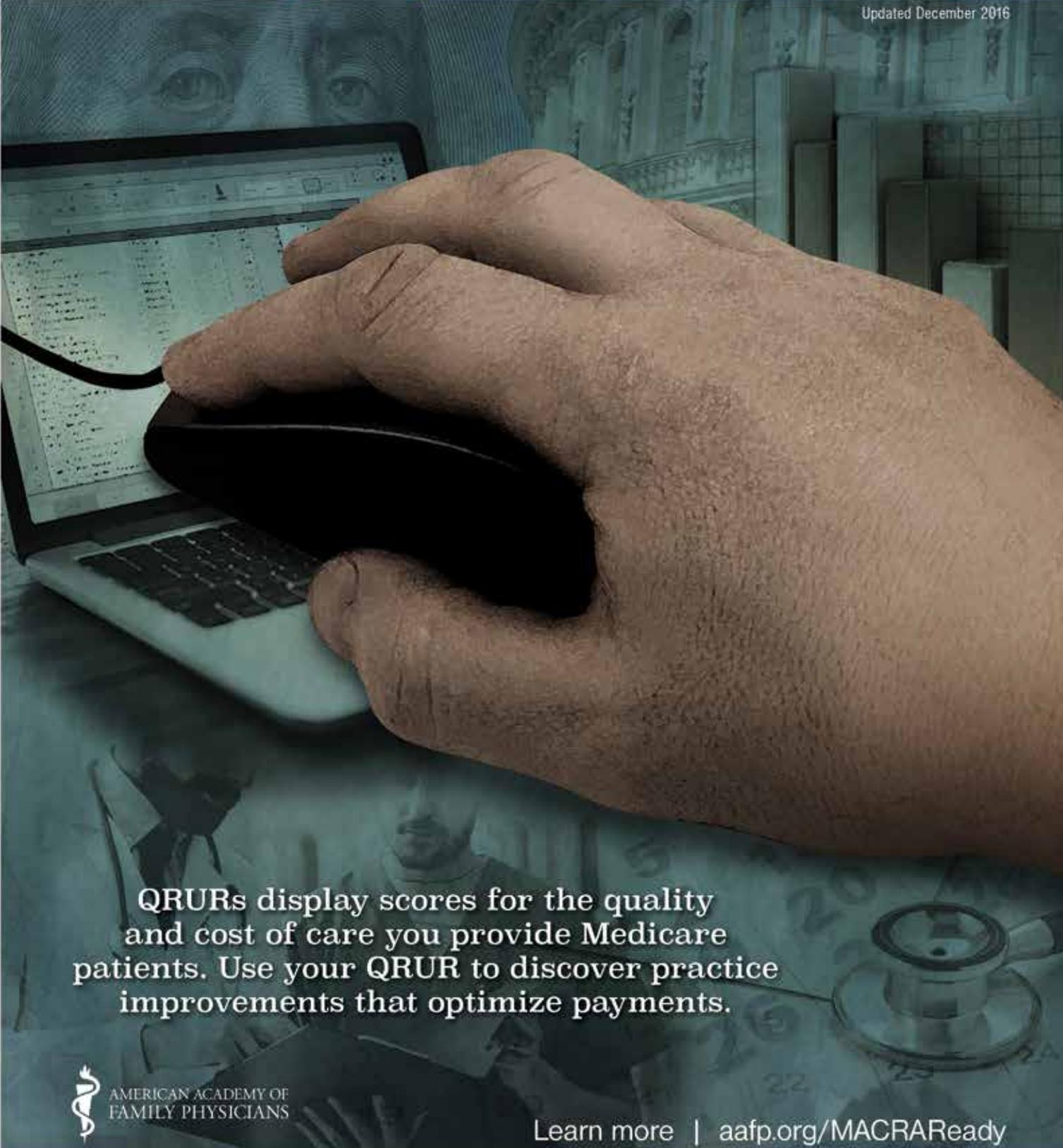
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Making Sense of MACRA: Using Data to Prepare

Updated December 2016

A large, close-up photograph of a hand clicking a computer mouse. The background is a collage of medical and financial imagery, including a doctor's face, a stethoscope, a laptop screen showing data, and a bar chart.

QRURs display scores for the quality and cost of care you provide Medicare patients. Use your QRUR to discover practice improvements that optimize payments.



Learn more | aafp.org/MACRAReady

Maximize Payment Through Quality and Cost Reporting

Each year, the Centers for Medicare & Medicaid Services (CMS) generates Quality and Resource Use Reports (QRURs) that assess the quality and cost of care you provide to Medicare Part B beneficiaries. This report serves as your Medicare "report card." It scores performance in two Medicare quality programs.



Physician Quality Reporting System (PQRS)



Value-Based Payment Modifier (VBPM)

The QRUR includes performance information about PQRS quality measures, claims-based outcome measures, and claims-based cost measures. CMS uses that information to compare your performance to that of your peers. Data in the QRUR is used to calculate your Value Modifier (VM) and assign payment adjustments (positive, negative, or neutral) in the VBPM program.

If you're not reporting to Medicare quality programs, your Medicare physician fee schedule (PFS) payments can be reduced by up to 9% (2% for PQRS, up to 4% for the VBPM, and 3% for meaningful use). Reviewing your practice's QRUR gives you information that can help your practice optimize payments now and in the future. This insert provides an overview of the QRUR, including information about the types of reports, how to access your practice's QRUR, examples of tables (called "exhibits") in the annual QRUR, and what the reports mean to your practice.

Types of QRURs

CMS generates QRURs twice a year for all solo practitioners and groups based on their tax identification number (TIN). The mid-year QRUR and annual QRUR both contain information about the quality and cost of care of Medicare beneficiaries. Eligible professionals (EPs) are identified by their individual National Provider Identifier (NPI) in supplementary exhibits. The supplementary feature of the annual QRUR enables users to drill down to view individual EP performance.

Preparing for the Future

The Medicare Access and CHIP Reauthorization Act (MACRA) transitions the existing Medicare physician fee schedule (PFS), as well as the current structure of Medicare's payment programs, from volume- to value-based payment models.

Aspects of the PQRS and the VBPM programs have been incorporated into MACRA. Your scores in the quality and cost performance categories under MACRA will help determine your payment adjustments. The first performance period for MACRA begins in 2017.

Mid-Year QRUR

The mid-year QRUR is for informational purposes only and does not affect your Medicare PFS payments. It will only contain information on the quality and cost measures calculated by CMS using Medicare claims data. This report provides a good checkpoint to let you assess your performance and adjust it accordingly. Your 2015 mid-year QRUR is based on care provided from July 1, 2014, through June 30, 2015.

Annual QRUR

The annual QRUR contains information used to determine your payment adjustments under the VBPM. It contains information on quality and cost measures (or resource use) for your Medicare beneficiaries. The annual QRUR uses data reported to PQRS, as well as outcome and cost measures calculated by CMS using claims data. You can download and review your 2015 annual QRUR now.

For every QRUR table, there is a corresponding excel spreadsheet of supplementary exhibits. The supplementary exhibits provide the raw data that supports the aggregate data provided in the annual QRUR. The information in these exhibits allows the practice to drill down to patient- and provider-level data. You can use the supplementary exhibits to identify patients who may benefit from additional care coordination and care management services.

Benchmarking and Risk Adjustment

In your QRUR, benchmarks indicate how well your practice has performed on quality and cost measures when compared with your peers. To account for differences among practices and their patient populations, CMS applies risk adjustments when calculating your scores. For example, a practice that cares for a large number of patients who have multiple chronic conditions would be expected to have difficulty achieving high-quality scores and lower cost scores. Risk adjustment facilitates more accurate comparisons by accounting for differences in patient panels.

Accessing Your QRUR

QRURs are available to each Medicare-enrolled TIN and accessed via the CMS Enterprise Portal (portal.cms.gov) by authorized individuals of solo or group practices. Each TIN needs a designated "security official," or in the case of solo practices, an "individual practitioner." These roles are acquired through the CMS Enterprise Identity Management (EIDM) system. If you don't know who has this role in your TIN, ask your medical director or administrator. You may also call the QualityNet Help Desk at (866) 288-8912. Tell the help desk you are attempting to download your QRUR and need to know your TIN's security official. If a security official exists, you can request a "representative" role that will give you privileges to download your TIN's QRUR. If no security official exists, the QualityNet Help Desk can assist you with creating the role. The help desk also provides assistance with other questions related to QRURs, PQRS, and measure-specific questions. While you may not be able to access the QRUR directly, it is important that you discuss it with your medical director or administrator.

Reviewing Your QRUR

In your QRUR, you'll find a number of graphs and tables that show your quality and cost performance scores, along with the benchmark for each measure. If you're in a group practice, you can review your practice's scores. Drill down to see specific measures, as well as individual EP- and patient-level data in each exhibit by reviewing the corresponding supplementary exhibits. Drilling down is especially valuable when you're considering implementing quality improvements and making cost adjustments.

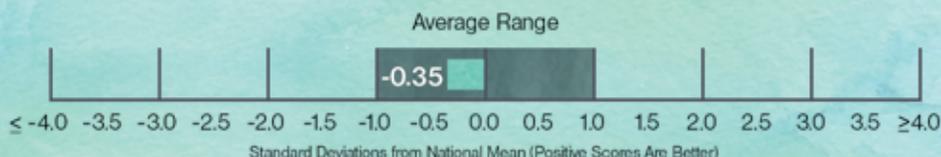
Performance Highlights

The following sections provide examples of selected exhibits from a 2014 annual QRUR and how to interpret the data. The first graphic in your QRUR is a snapshot of your TIN's quality and cost composite scores compared with those of your peers.

PERFORMANCE HIGHLIGHTS

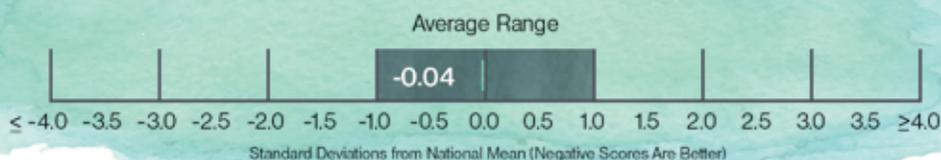
Your TIN's quality composite score: average

The graph below displays your TIN's standardized Quality Composite Score.



Your TIN's cost composite score: average

The graph below displays your TIN's standardized Cost Composite Score.

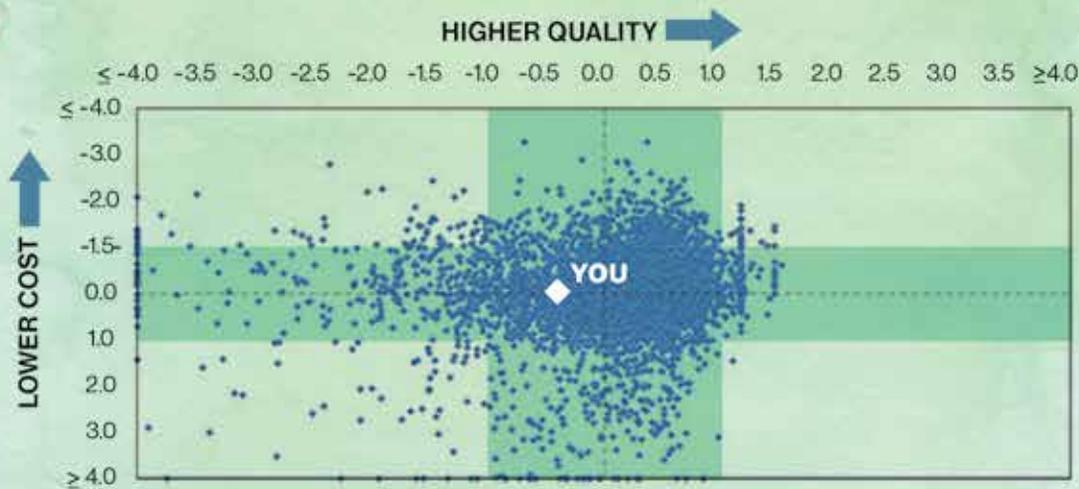


Performance Highlights (continued)

In the example on the previous page, the practice's scores are slightly below average for quality (-0.35), and nearly at the average for cost (-0.04). A positive number for the quality composite score is better, while a negative number for the cost composite score is more favorable.

Your TIN's performance: average quality, average cost

The scatter plot below displays your TIN's quality and cost performance ("You" diamond), relative to that of your peers.



Note! The scatter plot reflects the performance of a representative sample of your peers.

The scatter plot graph above shows where your TIN falls on the X/Y axis of average quality and costs scores in relation to that of your peers. The white diamond represents your TIN, while practice groups of similar size are represented by the blue dots. To earn the maximum positive payment adjustment, you will want to be in the upper, right-hand quadrant. Falling in the lower, left-hand quadrant will result in the maximum negative payment adjustment. The darker green-shaded area represents average performance.

Quality-Tiering

CMS bases your payment adjustment on your performance compared to your peers—a process called quality-tiering. Quality-tiering determines the direction (positive, negative, or neutral) and percentage of your payment adjustment. The table below shows the possible VBPM payment adjustments. For example, if quality and cost are both average (highlighted in the teal box below), CMS applies a 0.0% payment adjustment. If cost is low and quality is high (highlighted in the green box below), CMS applies a +2.0% payment adjustment.

	Low quality	Average quality	High quality
Low cost	0.0%	+1.0% x *	+2.0% x *
Average cost	-1.0%	0.0%	+1.0% x *
High cost	-2.0%	-1.0%	0.0%

* = adjustment factor determined by CMS

In 2016, the VBPM was only applied to groups with 10 or more EPs. In 2017 and 2018, it will be applied to all groups and solo EPs.

Quality Scoring

Quality scoring includes domain scores and a quality composite score, which is used in the calculation of your VBPM. CMS calculates domain scores using measures you report through PQRS. They also calculate three outcome measures using your Medicare claims data. A positive score reflects higher quality, while negative scores reflect lower quality. The -0.35 quality composite score (highlighted in the teal box in the quality domain table) is an overall score for quality measures. By reviewing the supplementary exhibits in your QRUR, users can drill down in each quality domain by quality measure, individual EP, and patient. You can use this specific data to work toward quality improvements in your practice and to assess individual patient care.

Quality domain	Number of quality measures included in composite score	Standardized performance score (quality-tier designation)
Quality composite score	14	-0.35 (Average)
Effective clinical care	6	-0.79
Person and caregiver-centered experience and outcomes	0	—
Community/population health	4	-1.27
Patient safety	1	-0.92
Communication and care coordination	3	0.49
Efficiency and cost reduction	0	—

Cost Scoring

Similar to quality scoring, cost scoring includes domain scores and a composite score. CMS uses claims data to calculate your cost scores so there is no reporting required. Keep in mind, lower (negative) scores mean better performance for costs. The -0.04 score (highlighted in the teal box below) is slightly better than the mean, but still considered average.

Data in the exhibit below shows performance by cost domain. This includes each cost measure and benchmarks for each measure. All cost outcomes (highlighted in the teal column below) were lower than the benchmark, but still within the average range. This practice may want to drill down in their per capita costs for patients with diabetes to see what types of services their patients are receiving outside of their TIN.

Cost domain	Number of cost measures included in composite score	Standardized performance score (cost tier designation)
Cost composite score	6	-0.04 (Average)
Per capita costs for all attributed beneficiaries	2	-0.45
Per capita costs for beneficiaries with specific conditions	4	-0.22

Per Capita or Per Episode Costs for Your TIN's Attributed Medicare Beneficiaries

Cost domain	Cost measure	Your TIN's Eligible Cases or Episodes	Your TIN's Per Capita or Per Episode Costs	Benchmark	Benchmark -1 Standard Deviation	Benchmark +1 Standard Deviation	Standardized Score	Included in Domain Score?
Per Capita Costs for All Attributed Beneficiaries	Per Capita Costs for All Attributed Beneficiaries	17,973	\$10,740	\$10,907	\$8,066	\$13,749	-0.06	Yes
	Medicare Spending per Beneficiary	122	\$19,140	\$20,475	\$18,877	\$22,073	-0.84	Yes
Per Capita Costs for Beneficiaries with Specific Conditions	Diabetes	4,610	\$15,227	\$15,826	\$11,466	\$20,185	-0.14	Yes
	Chronic Obstructive Pulmonary Disease (COPD)	1,619	\$23,736	\$24,854	\$17,524	\$32,185	-0.15	Yes
	Coronary Artery Disease (CAD)	5,972	\$16,694	\$18,234	\$13,132	\$23,336	-0.30	Yes
	Heart Failure	1,956	\$25,795	\$28,033	\$19,606	\$36,460	-0.27	Yes

Assistance on QRUR

The AAFP offers continuous education and resources to help members review and understand their QRURs. You can view an informational webcast, register for future webinars, and access additional resources by visiting aafp.org/qrur. You can also access your local quality improvement organization for direct assistance.

Becoming MACRA Ready

Both the PQRS and VBPM programs end after 2018 (based on 2016 reporting year) to make way for MACRA. Aspects of each have been consolidated into what CMS is calling the Quality Payment Program (QPP). The QPP creates two payment pathways under the MACRA law: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (AAPM). Most family physicians will likely enter the MIPS track initially. There are a number of actions you and your practice should take to help maximize payments now and prepare for participation in MIPS:

- Download and review your 2015 QRUR and mid-year 2015 QRUR through the CMS Enterprise Portal (portal.cms.gov) now.
- The QRURs contain information on your individual performance and the patients you've treated. Assessing your individual performance and making cost improvements will have a direct impact on your group's success in MACRA's MIPS track.
- Review quality measures from the Primary Care Core Measure set and the MACRA General Practice/Family Medicine specialty measure set and identify measures of importance to your practice.
- Discuss with your electronic health record (EHR) vendor, providers, and staff the best ways to incorporate data documentation into your workflows for the quality measures you choose to report. Consistent data collection provides more accurate information, which can more easily be extracted from your system.
- Periodically run quality reports and generate patient lists using your EHR. Provide your care teams with regular progress reports, and give the team time to work reports. This might include assessing at-risk patient populations or identifying patients needing preventive care and other essential health services.
- Determine if providing additional care under Medicare's chronic care management (CCM), transitional care management (TCM), advanced care planning (ACP), or Annual Wellness Visits (AWV) may improve quality measures and reduce overall health care costs.
- Identify potential causes of low performance. Test and implement evidence-based interventions and strategies to improve care. Examples of strategies include enhanced care coordination and follow-up during transitions of care; case management for high-risk patients; enhanced chronic care management; and extended access and same-day appointments to address urgent patient needs. Look for areas where you can code more robustly to accurately capture risk. Review services identified in the Choosing Wisely initiative (aafp.org/choosingwisely) to eliminate potential waste.

With the potential to incur significant negative payment adjustments (up to 9% in 2018) in various Medicare quality programs, real money is at stake.

Reviewing your practice's QRUR is the best way to see how CMS scores your practice in the quality and cost of care you provide. Use the information in your QRUR to assess and make practice improvements to optimize your practice's payments now and once MACRA begins.

Feeding Difficulties in Infants with Tongue Tie and Lip Tie

By Pathways.org

Ankyloglossia, also known as tongue tie, is a congenital condition that can affect infants and children due to having a short lingual frenulum that restricts tongue movement and impacts the function of the tongue. The incidence of tongue tie affects at least 4% of infants and is most commonly diagnosed in males by a 2-3:1 predominance.¹ Around 50% of infants with ankyloglossia experience feeding difficulties because of the condition.²

There are two different types of tongue tie that can make feeding problematic for infants and young children. An infant can have a tongue tie that's attached anteriorly toward the tip of the tongue, posteriorly at the base of the tongue, or both. Unlike an anterior tongue tie that is easiest to view because the frenulum attaches closer to the tip of the tongue, the posterior tongue tie is a form of ankyloglossia that is less visible when the tongue is lifted. The frenulum may appear short and thick, or may not be visible because it's often hidden by the mucosal covering of the tongue.³ This type of tongue tie may not look atypical upon first glance, but the tongue lacks the ability to lift from the floor of the mouth for proper feeding.⁴ Anterior tongue ties can be viewed more easily. The infant may appear to have a flat tongue that is heart-shaped at the tip, and it may only extend past the alveolar ridge slightly.³

Similar to tongue ties, lip ties can also be the cause of feeding difficulties for infants. Upper lip tie forms from a tight maxillary or labial frenum and can cause infants to have difficulty latching, because it limits the upper lip's movement. The lip should be able to flange upward to latch along the upper portion of the areola and the nipple, or form a proper seal around a bottle. Lip ties of the maxillary or labial frenum can look like a small string attachment or fanned piece of tissue and sometimes, infants with the condition develop a callus on the upper lip.^{5,6}

Caregivers may notice their child with tongue tie or lip tie is not meeting age appropriate feeding milestones or is exhibiting atypical feeding behaviors.

Possible warning signs of these conditions include:

- Difficulty latching and feeding—when infants breastfeed or bottle feed, their lower jaw is raised during suckling, and they use their top gum and the tip of the tongue (which rests on the lower gum) to hold the nipple/bottle in place. Tongue tie and lip tie may prevent the infant from taking enough breast tissue into the mouth to properly latch for feeding as the latch is often very shallow. Some infants may be able to latch but are unable to achieve the proper suckling motions. Tongue tie may also inhibit peristaltic tongue movements—the tongue's wave-like motion needed to move food from the front to the back of the mouth before swallowing. This can result in a poor suck, swallow, breath pattern.^{4,5,7}
- Mother experiences pain while nursing—as a result of the restricted and atypical tongue movements or improper latch, the mother may experience additional friction while the infant nurses. This can result in pain and nipple soreness, and bleeding.^{4,6}
- Frequent pattern of feedings—occurs because the infant consumes less milk during each feeding than typically developing infants. The infant may also show signs of hunger shortly after a feeding. Another common warning sign is poor weight gain even though the infant feeds for extended periods of time.^{4,6}
- Fatigue during or immediately after feeding—the strained feeding experience requires the infant to expend more energy for milk removal. She may become frustrated during feedings or fall asleep within one to two minutes of beginning a feed.^{4,6}
- Dimpling of cheeks or clicking sound while feeding—this is specific to tongue tie, and occurs as a result of the atypical latching and sucking motions.

Jaw tremor may also be present.

Infants with tongue tie are sometimes fussy and/or pull away from the breast or bottle frequently.⁴

If you suspect a child may have tongue tie or lip tie, referring to a specialist can help determine the proper treatment and support for the family. Specialists who evaluate these conditions and feeding issues include:

- Lactation consultants
- Speech language pathologists with specialized knowledge in tongue tie or lip tie
- Nurse-midwives
- Pediatric dentists
- Oral surgeons or Otolaryngologists (ENTs)^{3,4}

After a diagnosis has been made, there are multiple treatment options for families to consider. A frenotomy is one form of treatment for tongue tie that involves snipping the short or tightened frenulum. Other surgical procedures involve using lasers to revise the frenulum. If surgery is not an appropriate form of treatment, a specialist can work with the mother and infant to adjust feeding techniques for either breast feeding or bottle feeding. Caregivers must learn how to listen to their infant's swallows and monitor the infant's weight closely.⁴ Similar treatment options also exist for infants with lip tie, and for either condition, caregivers should always follow post treatment advice from their physician. If families are interested in learning more about tongue tie, they can read the Pathways.org blog on tongue tie. They can also view our feeding brochure to learn about feeding milestones and age appropriate foods.

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Mindfulness to Improve Children's Wellbeing

By *Pathways.org*

As more children adopt demanding schedules with increased academic work loads and an abundance of extracurricular activities, some react by showing signs of increased stress and anxiety.¹ Our academic system has accelerated so children are now expected to complete school work previously given to children in higher grade levels. Early education has become less play focused and children receive a more academically rigorous curriculum. This change is evident by the amount of time children spend preparing for 3rd grade exams that measure performance in math and reading. On average, 77% kindergarteners received 90 minutes of daily reading instruction in 2010 whereas only 32% received daily reading instruction in 1998.² With increased academic demands and busy schedules, children may need to take an intentional break in the day to relax and recharge. The practice of mindfulness is quickly gaining recognition as an activity to help children manage feelings of stress and anxiety.

Mindfulness can be practiced during breaks at school, between homework assignments, before bedtime, and when children may be experiencing heightened feelings of stress or anxiety. Families can initiate a mindfulness session by sitting in a relaxing environment and concentrating on their sensory perceptions such as how they feel when taking deep breaths.³ This form of relaxation allows children to temporarily let go of distractions in their lives and focus only on a sensation of their choosing without overreacting or feeling overwhelmed. With practice, children can benefit from mindfulness both behaviorally and developmentally by learning how to process and understand their thoughts, emotions,

and surrounding environment. The activity is a form of reflection, which can improve their well-being.^{4,5}

Since mindfulness is an emerging topic, much of the research published evaluates adult populations. However, studies on children have revealed similar results that connect the practice of mindfulness to positive states of mind. Teaching children to be mindful can improve their:

- Ability to manage anxiety⁶
- Executive function skills⁴
- Attention capabilities⁷

One of the important executive functions children build through mindfulness is emotional control. Mindful children are more equipped to process their feelings instead of resorting to a habit or impulse response.⁴ A 2014 study conducted in Richmond, CA observed the implementation of the Mindful Schools program where teachers worked with children to practice mindfulness over the course of 7 weeks. Students in 17 different classrooms participated in 15 minute mindfulness sessions, and teachers used a rubric to report their behavior. Results indicated that practicing mindfulness improved students' ability to pay attention in class, maintain self-control, respect others, and participate in classroom activities.⁷

The benefits of children practicing mindfulness can also be observed in very young children, possibly as young as preschool aged. Data from a 2015 study measuring preschoolers' inhibition responses revealed that mindful yoga improved their ability to manage impulses. The study used

a series of assessments including asking the children to not watch while an adult wrapped a gift, asking children to not touch the present after it was wrapped, and asking children to play 'Head, Shoulders, Knees, and Toes' by performing the opposite motion as the interviewer. The children who studied mindful yoga performed better on the assessments by showing a greater ability to delay gratification and control both behavior impulses and attentional impulsivity.⁸

Ultimately, the goal of introducing children to mindfulness is to improve their self-reflection outside of designated times when they're focused on breathing—to gain a greater awareness about their experiences, thoughts, and feelings. Caregivers who are interested in helping their children practice mindfulness at home can follow these three tips:

- Use mindfulness to focus on different types of sensations: Although basic mindfulness helps children concentrate on their breathing, they can also focus on how their legs or arms feel or on scents such as the smell of an orange peel. Focusing on sounds is another good mindfulness exercise. Children can concentrate on the sound of a fan rotating, birds chirping outside, or another sound that is part of the environment where they are practicing.^{3,9}
- Practice mindfulness during activities that require movement: This helps children incorporate mindfulness into everyday activities. Walking can be a good way to start because children focus on the physical sensation of how their legs or feet feel while moving.^{10,11}

Continued on page 14

- **Make time for mindfulness as a family:** Families can dedicate an area of the house to practice mindfulness together and they can also set aside a time of day such as before bedtime. Both caregivers and children should talk about how they felt throughout the day or what they focused on to help become more mindful.

About Pathways.org

Pathways.org is a national not-for-profit dedicated to maximizing children's development by providing free tools and resources for medical professionals and families. Medical professionals can contact Pathways.org to receive free supplemental materials to give away at well child visits and parent classes. Our free brochures can be viewed at Pathways.org. For a free package of brochure to give away to families, please email friends@pathways.org.

[1] Ginsburg, Kenneth R. "The importance

of play in promoting healthy child development and maintaining strong parent-child bonds." *Pediatrics*. Jan 2007; 182.

[2] Bowdon J. The Common Core's first casualty: Playful learning. *The Phi Delta Kappan*. May 2015; (98)8: 33-37.

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Helping Families Choose Age-Appropriate Extracurricular Activities

By Pathways.org

- Many parents encourage their children to become involved in extracurricular activities as a way to promote their development. Extracurricular activities help children develop motor skills and improve physical fitness, while also building their cognitive and social skills, all of which can enhance children's sense of wellbeing.ⁱ To help children receive the most benefits from extracurricular activity involvement physically, emotionally, and socially, they should participate in the right amount of activity for their age level and abilities. Adults facilitating children's extracurricular activities can learn how to make the activity more developmentally friendly and recognize when it may not be appropriate for a child.
- Research on parents' perceptions of children's extracurricular activity involvement reveals that parents in the

United States may be becoming more involved in children's choice of activities and the intensity in which children practice and rehearse. In one study analyzing parents' perceptions of their children's extracurricular participation in Rome, Italy and in Los Angeles, California, both groups of parents encouraged their children to participate in extracurriculars to improve their performance in other activities. For example, families in L.A. and in Rome reported that extracurricular activities helped their children work on executive function skills like successfully managing time needed to complete schoolwork while also managing time requirements for organized activities outside of school. Parents also believed participation in extracurricular activities helped build their child's self-confidence and assertiveness.ⁱⁱ

- Interestingly, there were some differences between the way Roman parents and parents from L.A. perceive their role in facilitating their child's

extracurricular activity participation. Parents from L.A. felt the need to be very involved in the child's choice of activities and training.ⁱⁱ This correlates with national statistics revealing that 3 in 10 parents coached their child's sports activities in the last year.ⁱⁱⁱ Parents from L.A. supervised their children closely during activities, whereas parents from Rome had much less involvement in their child's training and did not often emphasize the importance of the child's success in extracurriculars.ⁱⁱ

In addition to becoming involved in children's choice of activities and training, parents in the United States may also be placing their child in more time intensive activities that are emotionally or physically demanding. The American Academy of Pediatrics reports this trend may be occurring because:

- Parents feel pressure to build their child's skills and aptitude from an early

age to develop a ‘high-achieving’ child.

- The college admission process has become more competitive and children are encouraged to build strong resumes with lots of extracurricular activities.
- Adult expectations are placed on children at an earlier age—children are expected to manage their time commitments for both extracurricular activities and school work.^{iv}
- Involvement in extracurriculars can be beneficial for children when they are pursued in a time appropriate and age appropriate way. In fact, children may receive the most developmental benefits from extracurricular activities when they participate in a diverse range of activities that fit comfortably in the child’s schedule instead of focusing intensely on one type of activity. This protects children from activity ‘burnout,’ and can help reduce unnecessary physical and emotional stress.ⁱⁱ The American Academy of Pediatrics particularly emphasizes the importance of children engaging in different types of sports to develop a wide range of skills.^v Nationally, more children participate in sports activities than other types of extracurriculars.ⁱⁱⁱ

When talking to parents about children’s sports, try offering these tips to help parents decide if their child is engaging in the right type of activity and whether it is developmentally friendly for their child’s age and abilities:

- Does the child enjoy participating in the sport? Most children, 70%, drop out of sports by the time they are 13 because they no longer find the activity fun due to the intensity of practice and lifestyle changes required for participation.
- Make sure the child receives positive coaching that promotes their enjoyment of sports while teaching team work and fair play.^{vi}
- The sport level should be appropriate for the child’s age and abilities. For

example, have restrictions on the number of pitches a child can throw in a baseball game or set a ratio for the number of practices to games.

- The child’s coach should have knowledge about the proper training techniques, equipment needed for participation, and physical and emotional needs of the children participating.
- Coaches should strive to prevent overuse injuries and recognize injuries early.
- Children should never try to ‘work through’ injuries.
- Diversity in extracurricular activities can also benefit children who are not in athletics, as these provide time to socialize with peers and continue building other important skills. With the right mix of activity and an appropriate time commitment, extracurriculars can help children perform better academically and identify with their school, thereby cultivating a more positive school experience.^{vii}

Sometimes, parents may be concerned about their child participating in too many activities outside of school. Diversity in extracurricular activities promotes development as long as the child balances activities with the demands of school and family life. Parents can gather tips for choosing activities for their child on the Pathways.org website. Healthcare providers can discuss with parents about the appropriate amount of activity for their child to facilitate a healthy lifestyle. They can also express the importance of children having time for free play while limiting the use of electronic devices to less than 2 hours a day. Playtime is a great way for families to connect and share quality time together amongst busy schedules and an abundance activity options.

Pathways.org is a national not-for-profit dedicated to maximizing children’s development by providing free tools and resources for medical professionals and

families. Healthcare professionals can contact Pathways.org to receive free supplemental materials to give away at well child visits and parent classes. For a free package of brochure to give away to families, please email friends@pathways.org.

About the Authors:

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HAVE YOU REGISTERED FOR THE 70TH ANNUAL ASSEMBLY!

Save the date and join us this summer in New Orleans for the 70th Annual Assembly and Exhibition.

The 70th Annual Assembly & Exhibition is this year's CME program in four exciting days. It's a lifetime worth of connections. It's resources and family medicine experts worth millions. This is the largest members meeting all year packed with social events, CME and time to enjoy New Orleans.

Renew your passion for patient care with solutions-focused CME and expert faculty. Connect with over 100 of your family physician colleagues from all over Louisiana and surrounding states. Share best practices and learn from each other.

Help build a stronger health care system. Build community with colleagues. Gain applied insight with essential education. Earn AAFP Prescribed credits.

Get energized at this year's meeting. Hear inspiring speakers, meet colleagues facing similar challenges, and strengthen your commitment to family medicine. You are worth this experience.

Your career is worth the time away. Your patients are worth the investment. Join us as we gear up for "The Great Escape."

REGISTRATION

You can register for the 2017 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).

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 and social events.

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!

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.

REGISTRATION FEES

MEMBER TYPE	THUR	FRI	SAT	SUN	FULL
LAFP/AAFP ACTIVE MEMBER	\$125	\$125	\$125	\$125	\$475
NON-MEMBER	\$150	\$150	\$150	\$150	\$500
LAFP/AAFP LIFE MEMBERS	\$75	\$75	\$75	\$75	\$250
LAFP/AAFP RESIDENT MEMBERS	\$75	\$75	FREE	\$75	\$175
LAFP STUDENT MEMBERS	FREE	FREE	FREE	FREE	FREE

PROGRAM OBJECTIVES

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

ACCOMMODATIONS

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

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

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

SOCIAL EVENTS AND ACTIVITIES

THURSDAY, AUGUST 3, 2017

FOUNDATION GOLF TOURNAMENT

THURSDAY, AUGUST 3, 2017

2:30 PM - 6:30 PM

AUDUBON GOLF COURSE

Be a Pro for a day! Support the Foundation's fundraising effort while playing 18 holes (shotgun start) at 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. Transportation to and from the course will be provided. Participants are asked to meet in the hotel lobby at 2:00 pm.

LAFP FOUNDATION SILENT AUCTION

THURSDAY, AUGUST 3, 2017 –

SATURDAY, AUGUST 5, 2017

THE ROOSEVELT HOTEL –

LAFP REGISTRATION DESK FOYER

This year's silent auction items will be on display in the foyer located by the LAFP Registration Desk. Make sure to stop by during break or before or after sessions to see all the wonderful items up for auction. Don't forget to place your bids! In addition to bringing home something nice, you will be supporting the LAFP Foundation too! The silent auction will close on Saturday, August 5th, at 11:00 am. You will be notified if you are the winning bidder and will be able to cash out and collect your items before the Awards and Installation on Saturday afternoon. Credit cards, checks and cash are welcome.

FRIDAY, AUGUST 4, 2017

PAST PRESIDENT'S BREAKFAST

FRIDAY, AUGUST 4, 2017

7:00 AM - 8:00 AM

DIRECTORS ROOM | THE ROOSEVELT HOTEL

The Past Presidents are invited to join together for a special breakfast honoring their contributions to the LAFP. Come and share a cup of coffee and breakfast with the LAFP Past President's from over the years! For LAFP past presidents only.

LAFP WELCOME RECEPTION

THURSDAY, AUGUST 3, 2017

7:00 PM - 9:30 PM

THE ORPHEUM THEATER

129 ROOSEVELT WAY

Kicking things off will begin with a welcome reception at The Orpheum Theater located across the street from the Roosevelt Hotel. The Orpheum is a nearly century-old Beaux Arts theater in the heart of New Orleans' Central Business District. Built in 1918, the iconic space—which is one of the few remaining vertical hall designs in the US—has hosted vaudeville acts, films and countless performances by the Louisiana Philharmonic Orchestra. The Orpheum experience is pure entertainment—even before the curtain goes up. For a real taste of this beautiful venue with food and entertainment, join us, in the "speak easy" located in the basement of the theatre.

No ticket is required to attend this event.

Heavy hors d'oeuvres and cash bar will be provided.



F.P. BORDELON, MD LECTURESHIP SERIES

FRIDAY, AUGUST 4, 2017

8:00 AM - 9:00 AM

WALDORF ASTORIA BALLROOM

THE ROOSEVELT HOTEL

The F.P. Bordelon, M.D. Lectureship Series will be held in conjunction with the CME lectures on Friday. It is a delight to bring respected Family Physicians and medical leaders to address our organization each year. Join us in honoring Dr. F.P.'s memory, as a presentation is given in his honor.

THE 25TH ANNUAL FOUNDATION LIVE

AUCTION/PRESIDENT'S PARTY

FRIDAY, AUGUST 4, 2017

7:00 PM – 11:00 PM

THE FEDERAL BALLROOM LOCATED IN THE SECURITY CENTER | 147 CARONDELET ST

The LAFP Foundation Board of Directors cordially invites you to participate in the 25th Annual Foundation Auction! Join us for some "friendly" competition as you bid on auction items. Bidding will begin at 8:00 pm. A buffet dinner will be served and a live band provided for this "Great Gatsby" themed event! Items will need to be paid for and picked up at the closing of the auction. Credit cards, checks and cash are welcome. Exhibitors, spouses and guests are also welcome to purchase tickets for this fun event. RSVP is required and entrance will be by ticket only. **Full paid registrants and guest registrants receive one complimentary ticket to this event.** Ticket prices are \$45 per ticket. Additional tickets may be purchased by visiting the Registration Desk prior to Friday at 2:00 PM.

SATURDAY, AUGUST 5, 2017

RESIDENCY DIRECTORS BREAKFAST

SATURDAY, AUGUST 5, 2017 | 7:00 AM -

8:00 AM

DIRECTORS ROOM | THE ROOSEVELT HOTEL

The Residency Directors are invited to join together for a special breakfast and discuss the 2017 Match, what's going on in their respective programs and ways to involve their residents in the LAFP.

AWARDS & INSTALLATION LUNCHEON

SATURDAY, AUGUST 5, 2017 | 12:45 PM -

2:45 PM

BLUE ROOM | THE ROOSEVELT HOTEL

Join us for the Awards and Installation Luncheon where LAFP's new officers will be installed. This luncheon will also spotlight the 2017-2018 LAFP Family Physician of the Year, 2017 Partners and 25-50 Year Members. Registrants receive one complimentary ticket to this event. Ticket prices are \$40. **Guest registrations include one ticket.** Additional Tickets may be purchased by visiting the Registration Desk Prior to Saturday at 12:00 pm.

2017 MEETING SCHEDULE

Thursday, August 3, 2017

7:00 am - 4:30 pm	Registration Desk Open
7:00 am - 8:00 am	Breakfast with Exhibitors
8:00 am - 9:00 am	CME Session – Screening for Skin Cancer: Current Recommendations and Management for Soft Tissue Sarcoma, John M. Lyons, III, MD
9:00 am - 10:00 am	CME Session – Recent Advancements in the Management and Treatment of Atrial Fibrillation, Speaker, Andrew Smith, MD
10:00 am - 10:30 am	Break with Exhibitors
10:30 am - 11:30 am	CME Session – TBD
11:30 am - 12:15 pm	Lunch with Exhibitors
12:15 pm - 1:15 pm	CME Session – HPV Cancer Prevention: Give It a Shot (Or 2), Debbie Saslow, PhD
1:15 pm - 2:15 pm	CME Session – The Importance of Sleep Health, Larry Culpepper, MD, MPH
2:15 pm - 2:30 pm	Break with Exhibitors
2:30 pm - 3:30 pm	CME Session – Diagnosing and Treating Common Sleep Disorders in Primary Care, Larry Culpepper, MD, MPH
3:30 pm - 4:30 pm	CME Session – Diagnosing and Treating Common Sleep Disorders in Primary Care, Larry Culpepper, MD, MPH
2:30 pm - 6:30 pm	Foundation Golf Tournament
7:00 pm - 9:30 pm	Welcome Reception

Friday, August 4, 2017

7:00 am - 3:00 pm	Registration Desk Open	
7:00 am - 8:00 am	Breakfast with Exhibitors	
7:00 am - 8:00 am	Past Presidents Breakfast	
8:00 am - 9:00 am	CME Session – The Meaning of the White Coat, Brian Elkins, MD	Practice Management – Alternative Payment Models: Where Are We Now?, Nadine Robin*
9:00 am - 10:00 am	CME Session – Horse or Zebra? Considering Less Common Diagnoses When Evaluating Dyspnea, Steven Nathan, MD	Practice Management – Direct Primary Care: A Practice Option, Karl Hanson, MD*
10:00 am - 10:45 am	Break with Exhibitors	
10:45 am - 11:45 am	CME Session – From Depression to Wellness in MDD: Improving Patient Physical, Emotional and Cognitive Health in the Real World, Paul Doghramji, MD	Practice Management – Destination Quality: Make Sure You Have the Right Directions! Lisa Sherman, RN, Quality Improvement Specialist*
11:45 am - 12:45 pm	CME Session – New Guidelines for Developmental Screening and Surveillance in Louisiana Children, Susan Berry, MD, MPH, FAAP	Practice Management – Antibiotic Stewardship, Mark Alanin Dery DO, MPH, FACOI *
1:00 pm - 3:00 pm	General Assembly Meeting with Lunch	
1:00 pm - 2:00 pm	Practice Management – MACRA: Medicare's Shift to Value-based Delivery & Payment Models, Bob Hale*	
2:00 pm - 3:00 pm	Practice Management – Improving Care for Post-Treatment Cancer Survivors in the Primary Care Setting, Allison Harvey, MPH, CHES*	
6:00 pm - 7:00 pm	Resident Poster Presentations & Reception	
7:00 pm - 11:00 pm	Foundation Auction and Presidents Party	

Saturday, August 5, 2017

7:00 am - 2:45 pm	Registration Desk Open	
7:00 am - 8:00 am	Breakfast with Exhibitors	
7:00 am - 8:00 am	Residency Directors Breakfast	
8:00 am - 9:00 am	CME Session – Evaluating Newer Targeted Therapies for Patients with Rheumatoid Arthritis: Addressing Unmet Needs in the Primary Care Practice, Speaker TBD	
9:00 am - 10:00 am	CME Session – Comorbid Conditions and Antipsychotic Use in the Patient with Depression, J. Sloan Manning, MD and Thomas W. Heinrich, MD	
9:00 am - 9:30 am	Resident and Student Session – AAFP National Update, John Meigs, MD*	
9:30 am - 10:00 am	Resident and Student Session – LAFP 101, Speaker Panel: LAFP Officers, Board Members and Legislative Team*	
10:00 am - 10:30 am	Break with Exhibitors	
10:30 am - 11:30 am	CME Session – Title TBD Speaker, Dustyn Williams, MD	Resident and Student Session – Suture Workshop*
11:30 am - 12:30 pm	CME Session – Managing Chronic Hepatitis C in the Primary Care Setting: Best Practices from Screening to Treatment, Ricardo Franco, MD	Resident and Student Session with Lunch – The Surprising Truth of Controlled Substances: A Retrospective Study Examining a Toxicology Protocol for Controlled Substances in Family Medicine Clinic, Rachael Kermis, MD and Vincent Shaw, MD*
12:45 pm - 2:45 pm	Awards and Installation Luncheon	
12:45 pm - 2:45 pm	Resident and Student Workshops (30 minutes each)*	
	Low Back Pain Assessment Workshop LSU Family Medicine Residency Program, Monroe	
	Diabetic Foot Exam Workshop LSU Family Medicine Residency Program, Monroe	
	Joint Injection Workshop LSU Family Medicine Residency Program, Lake Charles	
	IUD Insertion Workshop Tulane School of Medicine, Department of Family Medicine	
2:45 pm - 4:00 pm	LAFP Membership Dessert Social	

Sunday, August 6, 2017

7:00 am - 11:15 am	Registration Desk Open
7:00 am - 8:00 am	Non-CME Breakfast Symposium – Title TBD
8:00 am - 9:00 am	CME Session – Physician Well-Being: Thoughts on Burnout and Compassion, Elmer Rigamer, MD, MPA
9:00 am - 10:00 am	CME Session – Preventative Medicine Recommendations Update, Danette Null, MD
10:00 am - 11:00 am	CME Session – 2017 Update on the Management of Type 2 Diabetes Mellitus, Wayne Gravois, MD
11:15 am	Annual Meeting Concludes

*Denotes concurrent tracks

QUESTIONS

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

LAFP'S 70TH ANNUAL ASSEMBLY & EXHIBITION
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 - * MEMBERSHIP NETWORKING SOCIAL *
- STUDENTS: ATTEND ADDITIONAL DAYS FREE
RESIDENTS: ATTEND ADDITIONAL DAYS JUST \$75/DAY!

SATURDAY, AUGUST 5, 2017 • 9:00AM-4:00PM

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- QUALITY IN PHYSICIAN PRACTICES

FRIDAY, AUGUST 4, 2017 | 8:00AM-5:00PM

ROOSEVELT HOTEL | 130 ROOSEVELT WAY | NEW ORLEANS

QUESTIONS? CONTACT THE LAFP OFFICE AT (225) 923-3313 OR BY E-MAIL TO INFO@LAFP.ORG

Meet the 2017-2018 LAFP Resident and Student Leaders

Each year the Resident Student Leadership Committee begins an election process to select our resident and student delegate positions. We are proud to introduce our 2017-2018 delegates. This represents the future of Family Medicine and the LAFP.

Delegates to LAFP Board of Directors:

Resident Delegate: J. Michael Robinson, MD – Lake Charles



J. Michael Robinson, MD was born and raised in Louisiana. Dr. Robinson attended McNeese State University and LSU School of Medicine New Orleans. He is a second-year

House Officer at the LSU Family Medicine Program in Lake Charles. As a current resident and future physician in this state, it is very important to Dr. Robinson that physician voices be heard. He has served as a Resident Board Member for 2016 and is looking forward to being involved with the Board of Directors. His interests outside of medicine include: golfing, fishing, running, and bringing my dog to the dog park.

Resident Delegate: Drew Parks, MD – Baton Rouge General



Andrew Parks, MD, was born in Baton Rouge and grew up in New Roads. Dr. Parks received his doctorate degree from Louisiana State University Health Sciences Center in Shreveport.

He is a second-year resident in the Baton Rouge General Family Medicine Residency Program. His hobbies including obsessing/attending all LSU athletic events, golf, bowling, and soccer.

Student Delegate: Taylor Shepherd – LSU Health-Shreveport



Taylor Shepherd was born and raised in West Monroe, LA. Ms. Shepherd is a 2013 graduate from University of Louisiana at Monroe with a Bachelor of Science and received her master's

degree in Bio-Medical Sciences from Mississippi College Christian University. Ms. Shepherd is actively pursuing a career in family medicine and is currently enrolled at Louisiana State University School of Medicine as a MD candidate for the class of 2018.

Delegates to National Conference:

Resident Delegate: Jason Schrock, MD – Baton Rouge General



Jason Schrock, MD was born in Alexandria, Louisiana and grew up in Bunkie. Dr. Schrock received his doctorate from the American University of the Caribbean

School of Medicine. He is a third-year resident in the Baton Rouge General Family Medicine Residency Program. He enjoys traveling and cooking.

Resident Delegate: Eukesh Ranjit, MD – LSU-Monroe



Eukesh Ranjit, MD is a 2010 graduate of Kathmandu University School of Medical Sciences in Nepal. He is a second-year resident in the Family Medicine Residency

Program-Monroe. He is fluent in 5 languages. His interests include medical advocacy work and policy-making.

Student Delegate: Keanan McGonigle – Tulane



Keanan McGonigle is a 2014 graduate of University of Virginia and holds a Master of Public Policy. second-year medical student at Tulane University School of Medicine.

Mr. McGonigle is currently enrolled at Tulane School of Medicine and has a strong interest in preventive and family medicine. He hopes to work to improve population health through community-based practice and academic medicine.

Delegates to General Assembly:

Resident Delegate: Rachel Kermis, MD – Baton Rouge General

Rachael Kermis, MD, was born in Buffalo,



New York. She attended Cornell University where she received her undergraduate degree in Human Biology, Health and Society. Dr. Kermis received her doctorate degree

from Ross University. She is a first year resident in the Baton Rouge General Family Medicine Residency Program. She enjoys reading, watching classic movies, baking people cupcakes and making friends with any dog she sees.

Resident Delegate: Michael Bacon, MD – Incoming Resident



Michael Bacon, MD was born in Kentwood. Dr. Bacon is a 2013 graduate of Nicholls State University in Thibodaux where he received his undergraduate degree in

Biology. Dr. Bacon attended Louisiana State University Health Sciences Center in New Orleans where he received his doctorate degree. He is a first year resident and his hobbies include fishing, spending time with family, and travelling.

Student Delegate: Lindsey Guidry – LSU Health-New Orleans



Lindsey Guidry is from Scott. Mr. Guidry is a 2014 graduate from the University of Louisiana at Lafayette in 2014 and received a Bachelor of Science Degree in Biology.

Mr. Guidry is a second-year medical student at LSUHSC-New Orleans. He is currently serving as the 2016 – 2017 FMIG president as well as Vice President of the Rural Medicine Interest Group. In the future, Mr. Guidry hopes to become a family physician treating the underserved rural population of Louisiana. LAFP is one of the only professional medical associations that actively promotes our resident and student members to hold leadership positions. For more information on how to become involved with the Academy, visit www.lafp.org or contact Lee Ann Albert for more details.

It's Not Business, It's Personal

The key to a successful practice is defined by care

You get up late, sprint out the door, get into the vehicle, and spill coffee onto your shirt. You are driving to work consumed with the argument you had with your partner last night, the little league game you are going to miss today, and your mother that called sixty-seven times this week. The day does not *really* get started until your practice manager announces that reimbursement is a little off and it is going to be difficult to make payroll. And now? Now, you get to see patients for the rest of the day, complete with reams of unnecessary paperwork, and make business decisions that you are wholly unqualified and unprepared to make. You are exasperated. You are weary. You are discouraged.

Everyone has a life. Life does not stop when we walk into our offices. A lab coat nor scrubs magically prevent life from penetrating us daily. It is sometimes necessary to disrupt our thinking – to get another vantage point. Sometimes it is necessary to pump the brakes and to see the business of medicine through a different lens.

Healthcare is like no other industry in the world. It is a high calling, a sacred work. This is the only industry, in the world, whereby a person entrusts another person with their entire life – *their physical well-being* – and memorializes that in the form of a consent. All too often, many fail to realize the importance and significance of this sacred work. For many, a visit to the physician, in whatever setting, is a rarity (the data bores that out – especially in Louisiana). These rare events are milestones to many people. Events that shape their lives forever. They are discounted by those who do this day in and day out, not because we are bad people or poor

clinicians; but because we are at times a society composed of tired, weary, and discouraged human beings. Our dysfunctional lives continue day in and day out, and we get into this work algorithm, a production-centered delivery system, where we live and die by the CPT code or the RVU.

Want to revolutionize your practice? Want to increase reimbursement? Want to have better regulatory compliance? Want to enhance patient satisfaction? Want to deliver better patient outcomes? There is a secret. It involves no special coding books, surveys, software, continuing education, or voodoo priestess. The secret is very much real; it is not grown upon a verdant pasture where unicorns graze amidst a sky full of rainbows. Here's the secret: **care**.

Stop toiling today. Stop. Do not go back into your office until you can do one thing: **care**. When you can return to the exam table and see a person, not a patient, an actual human being, then you are poised to be successful. Physicians who care, and care deeply, about other people – not patients – achieve the business of their dreams. Care drives reimbursement. Care drives utilization shifts: more people in the clinic setting, or more people in-patient, or more chronic care management via asynchronous technology – it is person-centric. People respond to care – your satisfaction will be better. Compliance is better when individuals know they are cared about – sit back and watch your outcomes improve. Does your staff know that you care about them? If they did, they would be more productive, loyal, and motivated. Study after study confirms what basic human decency tells us and every jot and tittle

of ancient wisdom has taught us: loving others is a sacred work. It's the heart, no pun intended, of healthcare.

We can talk about throughput and reimbursement techniques. We can give you terabytes of policies and procedures, best practices, and even take over the management of your practice. After opening over 400 clinics around the nation, I can offer this advice: it's not business, it's personal.



Heath M. Veuleman, Managing Partner

Mr. Veuleman has almost twenty (20) years of experience involving healthcare administration. A former hospital administrator, Mr. Veuleman is one of the founding partners and principals of MV Health. An expert in healthcare delivery and financing systems, Mr. Veuleman works, both nationally and internationally, with individuals and organizations creating access to high-quality, affordable, and sustainable healthcare.

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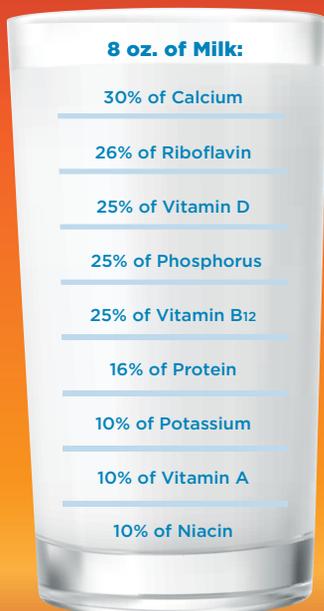


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GENERAL ASSEMBLY

Louisiana Academy Family Physicians

Make Plans to Attend LAFP's 2017 General Assembly

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



2017 CALL FOR RESOLUTIONS

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

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

Bylaws and Amendments to Bylaws

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

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

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

LAFP Calendar

SAVE THESE DATES

July 27-29, 2017

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

Poster Displayed in Exhibit Hall at Annual Assembly
The Roosevelt Hotel
New Orleans, LA

September 11 – 13, 2017

AAFP Congress of Delegates
Grand Hyatt San Antonio
San Antonio, TX

August 2, 2017

LAFP Board Meeting
Pigeon and Prince Restaurant
New Orleans, LA

August 4, 2017

General Assembly
The Roosevelt Hotel
Waldorf Astoria Ballroom
New Orleans, LA

September 12 – 16, 2017

AAFP Annual Scientific Assembly
Henry B Gonzalez Convention Center
San Antonio, TX

August 3-6, 2017

70th Annual Assembly and Exhibition
The Roosevelt Hotel
New Orleans, LA

Poster Competition Reception and Final Judging
The Federal Ballroom at The Security Center
New Orleans, LA

Stay Connected with the LAFP

Are you receiving your LAFP 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 see if it is 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 LAFP member updates and event information.



Job Seekers

Connect with the right employers in the LAFP Career Center

careers.lafp.org

Louisiana Academy of Family Physicians

is now on

LinkedIn

Connect with Colleagues
News & Updates • Career Opportunities

Are You Following the LAFP?

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.



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)

LAFP Staff Attends the AAFP Annual Chapter Leader Forum

A delegation of Louisiana Academy of Family Physicians leaders attended the 2017 AAFP Annual Chapter Leader Forum (ACLF) held April 27-29, 2017 in Kansas City, MO. Attendees from Louisiana included: Ragan LeBlanc, Executive Vice President, Lee Ann Albert, Director of Membership and Education, and Danielle Edmonson, Events and Marketing Coordinator. A total of 198 individuals attended the concurrent Annual Chapter Leader Forum.

The Louisiana Academy of Family Physicians was recognized by the American Academy of Family Physicians receiving an

award for achieving 100% resident membership. The award was presented in Kansas City, MO on April 28 during the AAFP Annual Chapter Leaders Forum/National Conference of Constituency Leaders. With the large number of family medicine residencies in Louisiana and the number of potential resident members, to achieve the 100% mark is a tribute to the membership recruitment and retention efforts of Louisiana's family medicine residency program directors, LAFP leadership, and staff.

Contact our office for more information about the 2018 ACLF schedule.

Members Attend the AAFP National Conference of Constituency Leaders

The Louisiana Academy of Family Physicians (LAFP) was recognized for sending a delegation to the 2017 National Conference of Constituency Leaders (NCCL) held April 27-29, 2017 in Kansas City, MO. NCCL is held annually in conjunction with the American Academy of Family Physicians (AAFP) Annual Chapter Leader Forum.

NCCL Delegates were:

- *Richard Bridges, MD*
International Medical Graduates (IMG)
- *Lisa Casey, MD*
Women
- *Vincent Shaw, MD*
Minorities

Our delegates worked to create resolutions and discuss them in reference committee hearings. On the final morning, all participants gathered for more debate on some of the thornier issues before delegates decided whether or not to adopt reference committee recommendations.

The AAFP chapter delegates who attended the Academy's 2017 National Conference of Constituency Leaders (NCCL) held here April 27-29 elected colleagues to fill various leadership positions. Keisha Harvey, MD of Covington, LA was elected as the New physician alternate delegates to the AAFP Congress of Delegates.

Twenty chapters sent full delegations to the 2017 NCCL, meaning all five member constituencies were represented by a chapter delegate. NCCL had 43 chapters represented, with 153 chapter delegates. The total of 225 registrants included 104 new physicians and 83 first-time attendees.

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 2018 NCCL, please contact Ragan LeBlanc at (225) 923-3313 or email rleblanc@lafp.org for more information.

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For more information, contact SFC Derrick Hutcherson at 504-833-1404 or 210-378-2156, e-mail derrick.a.hutcherson.mil@mail.mil, or click goarmy.com/lafp



Legislative Report



Joe Mapes
LAFP Lobbyist

Another year, and another contentious Louisiana legislative session has passed. Governor John Bel Edwards kicked it all off with his annual “state of the state” annual address to both chambers. His plea for bipartisan cooperation may fall on deaf ears. Most legislators hear from their constituents that spending adjustments rather than tax increases are popular back in their districts. Legislation fostering tax hikes on business were eminent. The climate of gridlock in both chambers seemed to be the mantra this session. The primary healthcare concern for revolved around the malpractice legislation and expansion of scope for allied healthcare groups, where we continued to follow all concerns with diligence and vigor.

Two Medical Malpractice bills, HB 51 and HB 526, which would have negatively impacted the Medical Malpractice Act and cap protections, were voluntarily deferred.

A bill that was a concern to the LAFP was SB 75 by Senator Mills, which was defeated during the session. This bill would have made major changes in the operation of 25 health professional licensing boards that operate within the Louisiana Department of

Health. Those changes would have included requiring that at least one consumer without ties to the relevant profession be appointed on each of those boards. The bill would have also limited the role of the licensing boards in disciplinary matters by transferring disciplinary decisions to administrative law judges. The LAFP would like to thank all of those who contacted their legislators regarding this bill. We cannot be successful without your help.

The LAFP also had two resolutions filed, which both passed during the session. HCR 51 by Representative Jackson authorizes and directs the La. Dept. of Health to require through administrative rulemaking that all physicians, nurses, and other healthcare providers, including pharmacies, that administer immunizations in this state shall record immunization information on both children and adults using the software which operates the La. Immunization Network for Kids Statewide (LINKS) system. SCR 21 by Senator Mizell, requests Louisiana medical schools, prescriber licensing boards, and prescriber trade associations to take all necessary steps to eliminate pain as the fifth vital sign and to increase prescriber education

and awareness on assessing, identifying, and treating the symptom of pain.

We fought hard battles at the Capitol, as usual. We had a few doctors participate in the Voter Voice grassroots email campaigns regarding different pieces of legislation, and we had even fewer doctors volunteer for the First Aid Station at the Capitol. As an LAFP member, a lot of you felt that there was no reason to participate this year. Any security that you did feel in making that decision exists from vigorous participation by you and your colleague in the past. Members, now is not the time to revel in our past victories. Through the years, LAFP leadership has promoted and protected the practice of family medicine in Louisiana. Help build on this body of work. It’s simple. Participate in LAFP programs, and thank you to all of the members who did participate in White Coat Day at the Capitol, volunteering for the First Aid Station, or simply clicking a mouse in the Voter Voice campaigns, because, remember:



Why Support Your PAC?

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

Visit www.lafp.org today to DONATE!

Contribute Today!

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

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

Thank you to our 2017 LaFamPac Donors!

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

Derek J. Anderson MD

Jody George, MD

Richard Bridges MD

James A. Taylor, Jr. MD

Christopher Foret 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.

White Coat Day at the Capitol

On Wednesday, May 10th the LAFP held the 2017 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:



Baton Rouge General Family Medicine Residency Program

<ul style="list-style-type: none"> • Blood Pressure Screening 	<p>Lake Charles Family Medicine Residency Program Bogalusa Family Medicine Residency Program.</p>
<ul style="list-style-type: none"> • Glucose Screening 	<p>Baton Rouge General Family Medicine Residency Program East Jefferson Family Medicine Residency</p>
<ul style="list-style-type: none"> • Sleep Apnea Screening 	<p>Kenner Family Medicine Residency Program</p>
<ul style="list-style-type: none"> • Diabetic Foot Exam 	<p>Monroe Family Medicine Residency Program</p>

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 2018 dates!



Monroe Family Medicine Residency Program



Monroe Family Medicine Residency Program



East Jefferson Family Medicine Residency



Kenner Family Medicine Residency Program

Thank You to our 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.

- | | | | |
|--------------------------------|-------------------------|------------------------|------------------------------|
| John Bernard, MD | Mary Coleman, MD | Karl Hanson, MD | Teri Barr O'Neal |
| Melvin G. Bourgeois, MD | Eddie Denard, MD | Daniel Jens, MD | Jacob Sandoz |
| Elderidge Burns, MD | Michael Haas, MD | Judy Madden | Roland Waguespack, MD |
| | | | Rachel Wissner, MD |

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



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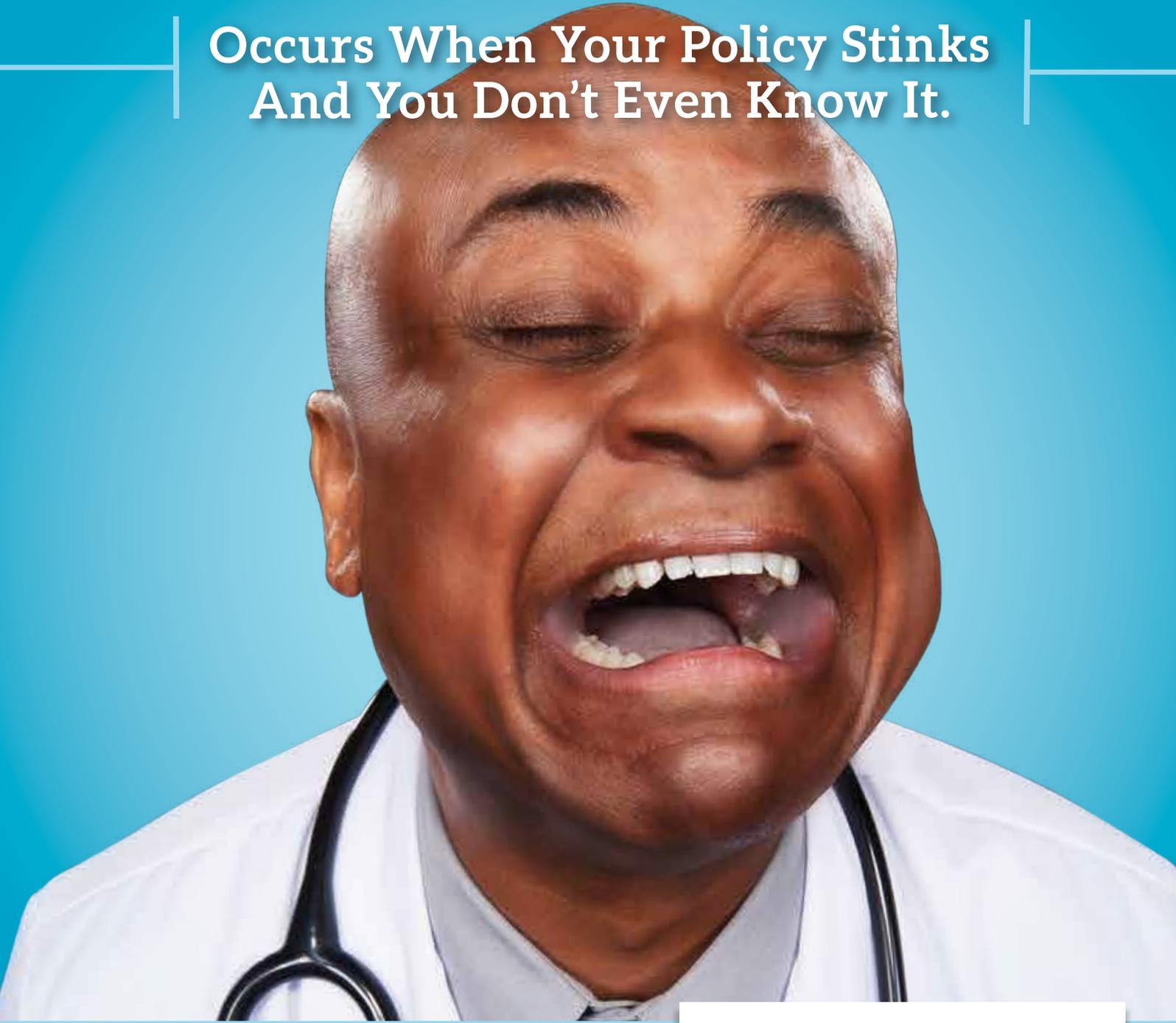
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**Contact Rick Warlick • rwarlick@lrmcenter.com • 843-343-6956 • lrmcenter.com
Little River Medical Center • 4303 Live Oak Dr • Little River, SC 29566-9138**

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Foundation Auction and President's Party

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

The LAFP Foundation has begun gearing up for the 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.



The poster features a geometric pattern of light blue and white triangles. At the top, the text 'LAFP Foundation' is in a dark blue, sans-serif font. Below it, 'LIVE & SILENT' is written in large, bold, light blue letters. To the right is a circular seal with 'AUCTION' at the top and bottom, and a banner across the middle that says 'AUCTION'. Below the seal, the dates 'August 3 - 4, 2017' and the location 'Roosevelt Hotel | New Orleans' are displayed in a dark blue font. At the bottom, a dark blue banner contains the text 'Auction items needed! Call the LAFP office at (225) 923-3313' in white.

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

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

As in the past, the Foundation Auction will be held in conjunction with the 70th Annual Assembly and Exhibition in New Orleans, LA, August 3-6, 2017. 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 4, 2017, at the Federal Ballroom. 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 Danielle Edmonson at (225) 923-3313 or dedmonson@lafp.org.



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Highest Achievement in HYPERTENSION CARE:

Bossier Family Medicine (*Bossier City*)

Highest Achievement in VASCULAR CARE:

Bossier Family Medicine (*Bossier City*)

Highest Achievement in KIDNEY CARE:

Bella Family Medical (*Baton Rouge*)

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



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