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An Official Publication of the Louisiana Academy of Family Physicians

Fall 2017



James Campbell, MD
Named LAFP 2017
Family Physician of the Year



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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.

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A Message from the President



Jonathan Hunter, MD
LAFP President

Please accept my sincerest and most humble gratitude for the honor of being asked to serve as our Academy's president for the coming year. It is with no small amount of trepidation that I accept your request: both for the deep responsibility that the LAFP holds as well as the legacy that this office knows. We are all profoundly indebted to Dr. James Taylor for his inspiring leadership over this past year. His passion as a model provider and advocate for the work that we provide our patients should serve as an inspiration to us all. I would hope that my tenure as your president will be worthy of his example.

On November 28, 1943, President Franklin Roosevelt, Joseph Stalin, and Winston Churchill met at the Russian Embassy in Tehran to discuss strategy for confronting the Nazi aggression in Europe: a meeting that would come to be known as the Tehran Conference. At that time, the Soviets were confronting a German threat in the East, and the British were staring at an entrenched enemy at their front doorstep. The three leaders agreed that by May of the following year, the invasion of occupied France would take place. But the task would not be easy. In anticipation of just such an event, the Germans had hardened the coast with a vicious defense structure. The exact location for Operation Overlord was finally decided upon because of its affordability of deception and amenability to an amphibious assault. That place was Normandy and the day was June 6, 1944. Yet despite its overall success, 2499 Americans and 1914 Allied troops still lost their lives.

As our Academy meets this year, in the shadow of the National World War II Museum and in the city that gave birth to the Higgins boat, I feel that we as family physicians are faced with our own collection of formidable challenges. While they don't necessarily involve tyranny and oppression, they are nonetheless present, worsening, and must be confronted with courage and determination.

One has to look no further than recent headlines to be reminded of a sobering fact: that we as a nation cannot decide how healthcare should be delivered. The Affordable Care Act was passed in 2010 with the goal of providing health insurance coverage for some 32 million uninsured Americans. To date, its rolls are far less than what was expected. Insurers have opted out of its exchanges. Premiums have risen, and access to care has not improved as was envisioned. Moreover, not even our own Congress can now agree on what must be done to remedy the situation. Meanwhile, providers are leaving the workforce or contracting their roles into restricted practice models, further worsening our national dilemma. Difficult decisions must be made and no choice will be a perfect one. Yet despite the systemic chaos we now face, one thing remains constant and unchanged: the American family physician.

Consider some numbers from the 2009-2010 National Ambulatory Medical Care Survey. Data revealed, not surprisingly, that patients visit a primary care physician 30% more often than specialists. 70% of primary

care physicians versus 61% of specialists spend more than 31 hours per week providing direct patient care. 40% of generalists worked evening and weekend hours versus 19% of specialists. 82% of primary care providers set aside time for same day appointments versus 49% of specialists. Our American Academy consists of some 129,000 physicians and residents. We as family doctors carry out 1 in 5 office visits that patients make yearly, making up a total of 129,000 total visits: 48% more than the second most visited specialty. We still provide the bulk of medical care to America's rural and underserved populations, and we still comprise the most geographically proportionate distribution of any other specialty. Without the leadership of the American family doctor, a flawed, expensive, and bureaucratically-burdened healthcare delivery apparatus will become even more so.

I stand before you today under no pretense to have the answers to our dilemma. Our issues of cost and access are beyond any utopian solution. Just as in 1944, a tough choice will have to be made. The Germans were not going to pack up and leave France, and our current system of providing care to our patients is not going to fix itself on its own. Whatever "solution" is adopted will almost certainly bring with it undesired consequences...not everyone will be happy in the end.

Yet, regardless of what happens at the national level, I would encourage you, my colleagues, to continue to get up every morning and do what

we do best: delivering full-scope, high quality, evidence-based, affordable care to Louisiana's citizens. We must continue to own the management of the diagnoses that we treat best and those that if not properly managed, further burden our system. Commit to continually refining approaches to the treatment of hypertension, diabetes, heart failure, and depression. Our treatment for these conditions is squarely associated with reduced hospitalizations and improved quality of life.

At a broader level, I would encourage all of us to remain involved in our academy. Our unified voice and commonality of

goals are a powerful combination in this state. Bolstered by our legislative affairs assets, we have the victories to prove it. Even with our busy schedules, please participate in meetings and conference calls. Consider serving in leadership roles. Be an advocate for our patients beyond the walls of the exam room. They need you, and we as an academy need you.

In December of 2004, I rolled with the Louisiana Army National Guard's 256th Brigade Combat Team across the Kuwaiti border and into Iraq. At that time insurgent hostilities were at an extreme level. Beyond the fear of uncertainty, I was overwhelmed with pride for

being associated with such a brave and honorable group of Americans: men and women who volunteered to make any sacrifice to ensure peace at home and abroad. I can say without reservation that I feel the same way being in a room with a group of family physicians. You are among our country's most honorable and self-sacrificing citizens. Many of you are personal heroes of mine. Your country and your state are made better because of you, and I am honored to be counted in your ranks.

Sincerely,

Jonathan Hunter, MD
LAFP President

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- Dr. Misty M. Norman



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A Message from the Secretary



Christopher Foret, MD
LAFP Secretary

LAFP members:

Many things have recently happened with your Academy! Some of the highlights include:

1. LAFP takes the offensive during the most recent legislative session.

As mentioned previously, since the advent of recording pain as the fifth vital sign, opiate related overdoses have skyrocketed! However, individual resolutions authored by Representative Malinda White and Senator Beth Mizell will have LDH and their partner facilities re-evaluate the use of pain as a fifth vital sign. These resolutions will, hopefully, with help from the Louisiana congressional delegation, lead to JACHO action to relieve the unnecessary burden the pain scale has placed on health care providers.

2. Another successful Annual Assembly!

With over 250 participants and a “Great Gatsby” theme, a good time was had by all. Dynamic local and national speakers engaged attendees from throughout the state and region. Daytime activities were accompanied by multiple evening functions throughout the event. With the financial support of our vendors, the scientific assembly is gaining popularity throughout the south.

3. New leadership for 2017-2018:

The following physicians represent your leadership for the upcoming year:

President:	Jonathan Hunter, MD, Alexandria, LA
President-Elect:	Christopher Foret, MD, Franklinton, LA
Vice President:	M. Tahir Qayyum, MD, Bastrop, LA
Secretary:	Mary Coleman, MD, New Orleans, LA
Treasurer:	Bryan Picou, MD, Natchitoches, LA

Immediate Past-President:	James Taylor, MD, Zachary, LA
Speaker:	Derek Anderson, MD, Baton Rouge, LA
Vice-Speaker/GA:	Lisa Casey, MD, New Orleans, LA
AAFP Delegate:	Russell Roberts, MD, Shreveport, LA
AAFP Delegate:	Marguerite Picou, MD, Natchitoches, LA
AAFP Alternate Delegate:	James Campbell, MD, Kenner, LA
AAFP Alternate Delegate:	Bryan Picou, MD, Natchitoches, LA
Resident Representative:	James Robinson, MD, Lake Charles, LA
Resident Alternate:	Drew Parks, MD, Baton Rouge, LA
Student Representative:	Taylor Shepherd, Shreveport, LA
Student Alternate:	Keanan McGonigle, New Orleans, LA
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District 2 Alternate	Ralph Cortes-Moran, MD, Metairie, LA
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District 3A Alternate	Camille Pitre, MD, Larose, LA
District 3B Director	Indira Gautam, MD, Lafayette, LA
District 3B Alternate	Zeb Stearns, MD, Eunice, LA
District 4 Director	Ricky Jones, MD, Shreveport, LA
District 4 Alternate	Gregory Bell, MD, Coushatta, LA
District 5 Director	James Smith, MD, Bastrop, LA
District 5 Alternate	Euil Luther, MD, Monroe, LA
District 6A Director	Phillip Ehlers, MD, Baton Rouge, LA
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District 6B Director	Richard Bridges, MD, Amite, LA
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District 7 Alternate	Andrew Davies, MD, Lake Charles, LA
District 8 Director	Kenneth Brown, MD, Alexandria, LA
District 8 Alternate	Brian Picou, Jr., MD, Natchitoches, LA
Director at Large	Jody George, MD, Lake Charles, LA
Alt. Director at Large	Esther Holloway, MD, Coushatta, LA

None of these things would be possible without the tireless efforts of our LAFP staff. They deserve much of the credit for the successes previously mentioned.

As the end of another year approaches, tax planning and charitable giving occurs to most of us. A great place to make a tax-deductible donation is the LAFP Foundation. Areas funded by the Foundation include: Tar Wars (tobacco education program for elementary school children) and awards for medical students and a resident physician. The cost of sending residents and students to National Conferences is also absorbed by the Foundation. Donations help defray a substantial portion of these costs. Your support is critical to the continuation of these activities. Please consider helping us ensure the future of Family Medicine in Louisiana.

Lastly, the LAFP is only as strong as our membership. Legislatively, when we needed you, you responded! With your political activism and recruitment of other family physicians, our potential as an organization is great!

As this will be my last report, as your Secretary I appreciate the opportunity to serve you over the last 2 years. Thank You!

Sincerely,
Christopher Foret, MD

Executive Vice President



Ragan LeBlanc
LAFP Executive Vice President

I would like to begin by thanking you, our dedicated, resourceful and never without good cheer family physicians who always concentrate your leadership decisions based on what is best for the patients of Louisiana! It is an honor and privilege to work for you. It is my pleasure to work alongside some of the brightest colleagues that keep up your chapter's momentum and moving forward.

The past year has been a busy year for the Louisiana Academy of Family Physicians.

Your LAFP office is located in Baton Rouge and our office hours are Monday through Friday from 8:30 am – 5:00 pm. Please know that we are always on the "other side" of the phone and we hope you will utilize us as a member benefit.

Staff

There are currently four of us who work in your headquarters offices. I would like to extend my thanks to your staff who work tirelessly and cheerfully on your behalf:

Lee Ann Albert - Director of Membership and Education
Danielle Edmonson – Marketing and Events Coordinator
Hailey Kuhns – Administrative Assistant

We also have contracted with the lobbying firm, Mapes and Mapes.

Membership

The following chart presents changes in our membership by category between January 2016 and January 2017:

	1/1/2017	1/1/2016	Difference
Active	889	895	-6
Supporting (Includes Non-FP)	3	4	-1
Resident	210	215	-5
Student	786	623	+163
Life	79	76	+3
Inactive	4	4	0
Total	1981	1817	+164

Our Active membership has grown by 22.67% over the last 10 years. We have increased membership in all categories except Inactive membership.

Overall membership has increased by 8.73% in the past 5 years.

Our 2016 Active Member retention rate was 94.0% - slightly lower than in 2015. The National Active Member Retention is 94.4%.

For 2016 we converted 77.2% of our Resident Membership to Active (residency completion 2015). Our Resident membership has increased by 4.48% over the last five years.

Retention rate of 2016 New Physicians is 89.7%. AAFP retention rate is 88.6%.

The AAFP estimates that we have 74.1% of the market share in Louisiana. The national average is 76.7%. We continue to reach out to residents and students to foster early and continued participation and leadership opportunities. We have reached out to each resident program for a faculty contact as well as to the program coordinators in hopes of improving communications with the programs and support for residents. We also offer a discount to residents on state dues their first year out of residency to help promote retention in the LAFP.

Finances

Your finances remain strong, and as we

approach the mid-point in the year we are poised to have one of our strongest financial years in the last several due to performance in several key areas:

- Our membership numbers are at an all-time high (see the membership report for more details) and will provide the strongest dues revenue in our history in the coming year. At a time when we know that the practice environment is challenging at best, family physicians in the state continue to look to the LAFP and AAFP as a critical resource, and more of them have voted "yes" with their dues dollars than ever before.
- We have active projects and strong prospects in both the CME and Practice Management and Transformation areas.

A report for 2016 from our auditor, Duplantier, Hrapmann, Hogan & Maher, LLP, CPAs, will be provided in a separate report to the membership later in the Fall.

Advocacy

Our Advocacy efforts continue to produce results and serve the interests of members and their patients. We have remained actively engaged in aggressive advocacy across a wide spectrum of policy issues. We have worked closely in conjunction with other medical societies in joint advocacy on matters of general concern to the medical community.

This was a relatively slower year for the LAFP. One bill that was of particular interest, was Senate Bill 75, authored by Senator Fred Mills. This bill would have made major changes in the operation of 25 health professional licensing boards that

Continued on page 8

Continued from page 7

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 bill was defeated in the House Health and Welfare Committee and by a vote of 7-5. The LAFP would like to thank all of those who contacted their legislators regarding this bill. We can not be successful without your help.

Our advocacy efforts on behalf of our members and their patients continue to grow more coordinated across government affairs, public relations, and the private sector. The work we do would not be possible without the work of the dedicated physician leaders who give of their time for everything from attending board and committee meetings (and even the General Assembly) to sitting for what often seems like endless hours in the Capitol waiting to provide testimony before legislators. It would also not be possible without the talents of a professional staff second to none in LAFP family. The LAFP is strong because of you and poised to grow even stronger, and a strong LAFP will ultimately be a driving force in changing the primary care practice environment in our state to one that produces the physicians we need today and tomorrow, and retains those physicians throughout their long, prosperous, and happy careers.

Education

We continue to produce excellent educational programs under the leadership of our Education Committee and the direction of our Membership & Education Director, Lee Ann Albert. Our Education Committee is considering changes in our out of state annual assembly. We have held the out of state meeting in Destin for the past several years. Attendance has varied significantly in recent years and costs have increased. The Committee considered options to increase attendance and reduce

costs and decided to continue the out of state conference in Destin, Florida in 2018.

Communications

Our quarterly journal, The Louisiana Family Doctor, A Journal of the LAFP, continues to receive very positive support from readers and advertisers. I serve as the editor of the journal, along with our editorial board comprised of Dr. Michael Williams, Dr. Derek Anderson, Dr. Alan LeBato, Dr. Brian Elkins, and Dr. Trenton James Education Committee Chair, who have produced consistently high quality issues.

Our weekly electronic newsletter, LAFP Weekly Family Medicine Update, is our principle vehicle for communicating current and breaking news. This newsletter is sent out every Tuesday to all LAFP members. Our staff has been excellent at maintaining our social media presence with regular meaningful and promotional content with our Facebook, LinkedIn and Twitter accounts. If you have not liked our Facebook page or do not follow us on Twitter and LinkedIn, I encourage you to do so.

Website/Social Media

We are continuing to improve the LAFP website. The staff continues to develop enhancements to gain greater attention to the website so that it may remain up to date and prove useful for members, residents and students.

The Career Center –FP Jobs Online with Your Membership has been in place for three years. It provides for broader reach and more royalty income. The use of this site remains suboptimal, however. Discussions regarding the possible optimization of this site occurred but no formal process has been decided on at this time.

Our facebook page, www.facebook.com/lafamphysicians, has nearly 500 followers. Posts relevant to health care in Louisiana and nationally are made several times a week by LAFP staff. Membership welcomes comments and suggestions from members and prospective members in this forum.

We continue our @lafp_familydocs twitter handle, with nearly 200 followers, including

key AAFP leadership as well as Family Medicine publications and organizations interested in keeping an eye on what LAFP has to say. Members are encouraged to contribute using our handle @lafp_familydocs or hash tag #lafp_familydocs.

Leadership

We have continued to support delegates to the Southeastern Family Medicine Conference, the Annual Chapter Leader Forum (ACLF), the National Conference of Constituency Leaders (NCCL) and the National Conferences of Resident and Student Members. These important regional and national conferences are consistent sources of leadership development for Academy members.

Resident & Student Activities

We have continued to support resident and student activities within the Academy. Our primary commitment has been financial subsidies for our resident and student members to attend LAFP and AAFP meetings. We also encourage resident and student members to serve on our committees and to participate in our Assembly.

Governance

Our committee structure continues to provide an effective and efficient vehicle for member involvement in directing the affairs of the Academy. More than 70 members served on committees this past year. Our committees dealt with a broad range of issues and concerns on behalf of members and were expertly managed by our team of volunteer chairs and professional staff. I appreciate the efforts of those individuals and would like to acknowledge them here:

Committee	Chair	Staff
Nominations	Richard Bridges, MD	Ragan LeBlanc
Operations	Bryan Picou, MD	Ragan LeBlanc
Legislative and Membership Issues	Richard Bridges, MD	Ragan LeBlanc
Membership Subcommittee	Alan LeBato, MD	Lee Ann Albert
Education	Trenton James, MD	Lee Ann Albert
Resident and Student Leadership	Becky Batiste/ Koby Lanclus	Lee Ann Albert

I confer regularly with the president, president-elect and vice president to keep our leadership team apprised of developments that may require policy decisions. These communications also afford the opportunity for me to obtain membership perspective on issues and opportunities as they may occur.

Conclusion

I greatly appreciate the leadership and commitment of Dr. Taylor. He has been accessible and active in his presidency and has represented the Academy with enthusiasm and integrity. He has contributed generously to our communications programs and has made himself available to represent us at several meetings and forums. He has been a pleasure to work with and his consistent support has been a welcome enhancement to the working environment for the entire staff. He has represented us well at state and national meetings.

Change remains a constant factor in health care and in medicine. I have observed, with

increasing concern, the impact which this is having on Academy members. The dreams and aspirations which so many members had upon making the decision to become a physician and then deciding to specialize in family medicine, have been severely strained by developments in insurance, regulation and technology which have dramatically altered the practice environment and the physician-patient relationship. We have been fortunate to have leaders who have been undeterred by the stress and persistence of change. Each time we are confronted with some new policy, program or practice our leadership has marshalled the fortitude and creativity to respond. In this regard, our members are very well served by the men and women who share their commitment to Family Medicine and their concern for the patients they serve and the profession they have chosen.

We have been successful in producing quality programs with professionalism and efficiency. It is my pleasure to work with

an outstanding leadership and staff and I deeply appreciate that opportunity.

So as always, I will take this annual opportunity to thank you for allowing me to serve alongside each of you over the years. It has been my pleasure to serve the Board and the membership. I remain passionate in my advocacy on your behalf, determined in my persistence to see a brighter future for family physicians in Louisiana, the LAFP and the members we serve. I am looking forward to the future!

As always, I thank you for your membership in the LAFP!



Sincerely,

Ragan LeBlanc
Executive Vice President

REAL DAIRY

MILK: THERE IS NO ALTERNATIVE

Compare the nutrient content of **cow's milk** to plant-based beverages



NUTRIENTS

<p>9 </p> <p>COW'S MILK</p> <p>All cow's milk varieties provide nine essential nutrients, including fortified vitamin D.</p> <p>.....</p> <p>PROTEIN CALCIUM POTASSIUM RIBOFLAVIN PHOSPHORUS VITAMIN B12 NIACIN VITAMIN A* VITAMIN D*</p> <p>* added nutrients</p>	<p>6 </p> <p>SOY BEVERAGE</p> <p>Refined from soybeans, soy is a natural source of protein, but is fortified with synthetic calcium and vitamin D.</p> <p>.....</p> <p>PROTEIN RIBOFLAVIN PHOSPHORUS VITAMIN B12 CALCIUM* VITAMIN D*</p> <p>* added nutrients</p>	<p>4 </p> <p>RICE BEVERAGE</p> <p>Milled from a mix of ground rice and water, rice beverage is high in carbohydrates, but is fortified with synthetic calcium and vitamin D.</p> <p>.....</p> <p>RIBOFLAVIN VITAMIN B12 CALCIUM* VITAMIN D*</p> <p>* added nutrients</p>	<p>4 </p> <p>ALMOND BEVERAGE</p> <p>Made from ground almonds and water, almond beverage is fortified with synthetic vitamins.</p> <p>.....</p> <p>RIBOFLAVIN VITAMIN B12 CALCIUM* VITAMIN D*</p> <p>* added nutrients</p>	<p>3 </p> <p>COCONUT BEVERAGE</p> <p>Coconut flesh is soaked in water to produce the beverage and offers vitamin D.</p> <p>.....</p> <p>VITAMIN D VITAMIN B12 CALCIUM*</p> <p>* added nutrients</p>
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Visit southeastdairy.org to learn more about the health benefits of milk.

Pollen-Food Allergy: Oral Allergy Syndrome

David A. Kolb, III
Prem K. Menon, MD FAAAAI
Asthma, Allergy, and Immunology Center
Baton Rouge

Oral Allergy Syndrome (OAS) is the collective designation for Class 2 type allergies attributed to sensitivity to pollens of trees, grasses, and weeds. The glycoproteins in these pollens are homologous to proteins found in certain raw fruits, vegetables, and tree nuts, and can cause a cross-reactivity that may result in allergy symptoms. Clinical manifestations of OAS include pruritis, tingling, vascular edema, and occasional throat swelling. The symptoms are most often limited to the oropharyngeal region, and rarely develop into more serious systemic reactions. Some highly allergic OAS patients, however, may experience more severe symptoms such as angioedema, urticaria, and even anaphylaxis.

Case History

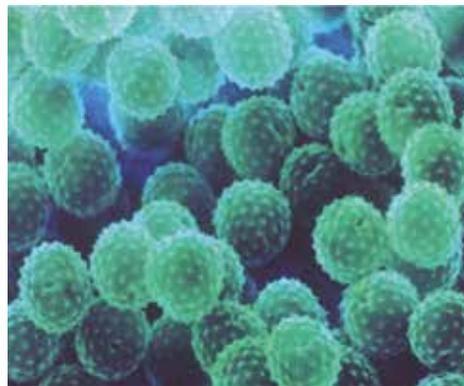
A 37-year-old female with 20-year history of spring and fall hay fever presented with complaints of frequent itching and swelling of the lips, throat, and mouth upon consumption of raw fruits, vegetables, peanuts, and tree nuts. Skin prick tests for fall (weeds), spring (tree), and year-round (grass) pollens were performed. Results revealed highly positive skin reactions to the majority of pollen extracts as well as peanut and tree nut extracts. IgE ImmunoCap RAST for walnut, hazelnut, almond, and peanut was performed which revealed elevated specific IgE levels to them. Allergen immunotherapy (IT) for relevant inhalant allergens was initiated.

Discussion

Individuals with the diagnosis of seasonal hay fever could have Oral Allergy Syndrome due to cross-reactivity between allergens present in pollens and allergens present in fresh fruit, vegetables, peanut, and tree nuts. These

symptoms tend to be mild and limited to the mouth and throat in most cases; the allergens attributed to OAS are often quite heat and acid-labile and are readily denatured before they reach the gut. Approximately 6% of OAS patients could go on to develop into anaphylaxis.

The foods noted to be causal of OAS are wide-ranging; the prevalence of specific pollen-food cross-reactivity is dictated by the pollens of the indigenous foliage of a given region. For example, individuals with OAS throughout the United States tend to have sensitivities to foods in the *Cucurbitaceae* family such as watermelon, cantaloupe, zucchini, and cucumber, whose glycoproteins cross-react with the ragweed pollen allergen Amb a 1.² Birch pollen-related allergies are especially prevalent in the New



Ragweed Pollen Grains (Photograph: American Academy of Allergy Asthma and Immunology)

England and Great Lakes regions, which both maintain a significant population of birch trees.³ The birch tree pollen allergen Bet v 1 is homologous to and could cross react immunologically with pollens of the *Rosaceae* family such as in apples, cherries, peaches, pears, and vegetables such as carrot.² Bet v 1 is also homologous to glycoproteins found in some tree nuts such as Cor a 1 in hazelnut and Cas s 1 in chestnut as well as Ara h 8 in peanut.^{1,2}



Mugwort Pollen Grains (Photograph: Eye of Science/ Science Photo Library/ Barcroft Media)

While glycoproteins belonging to the PR-10 (pathogenesis related) family are primarily causal of OAS symptoms, lipid-transfer proteins (LTP) belonging to the PR-14 family have been identified as agents that may also contribute to cross-reactivity. Although previously considered non-pollen related allergens, evidence has arisen linking LTP with pollen cross-reactivity.⁴ LTP are present in tree nuts such as chestnut (Cas s 8), hazelnut (Cor a 8), and English walnut (Jug r 3), and may contribute to allergic sensitization via mugwort and birch pollen cross-reactivity. Patients with LTP-pollen cross-reactivity are at an increased risk of developing anaphylaxis.

Allergens that cause OAS are defined as Class 2, or causal, allergens. Unlike Class 1 allergens, which are typically attributed to wheat, egg, fish, and peanut,² the gut is not affected by Class 2 allergens in majority of cases. Cooking of fruits and vegetables associated with OAS is often sufficient to abate the symptoms. Removing the skin of the food can also be beneficial, as this is where many of the offending proteins are often concentrated. A non-cooked versus cooked food oral provocation can be useful in distinguishing between primary sensitization and OAS.



Birch Pollen Grain (Photograph: Martin Oeggerli / Science Photo Library/ Barcroft Media)

Individuals who experience symptoms caused by tree nuts or peanut should actively avoid these foods as their allergens are resistant to gastrointestinal degradation⁵ and have the potential to cause severe systemic reactions. Fruits and vegetables, however, do not need to be stringently restricted from the diet

in most cases; upon microwaving for approximately one minute and removal of the skin, most fruits and vegetables are tolerated by individuals with OAS. If at all possible, no foods should be unnecessarily excluded from the diet of an individual diagnosed with OAS.

While there is no definitive cure for OAS, there are effective methods of symptom control. Allergen immunotherapy is often recommended to alleviate hay fever and, in turn, reduce symptoms caused by cross-reactivity. Symptoms may be reduced or abated by premedication with an antihistamine. Since 6% of OAS patients could develop systemic reactions, self-injectable epinephrine twin pack may be prescribed.

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Relax... It's a sleep study in your home

John-Curtis Bourgeois, General Manager of Home Sleep Delivered

In 2008, with the approval of CMS, home sleep testing gained momentum as a diagnostic tool for screening obstructive sleep apnea in the comfort of the patient's own home. Level III home sleep testing devices, as offered through Home Sleep Delivered, monitor heart rate, O2 saturation, respiratory airflow, respiratory effort, snoring and body position. These sensors and leads are the same as you would find in a facility based sleep study which is important when demonstrating the similarities to potential referral sources.

What are the benefits for the patient when it comes to home sleep testing?

Cost

At approximately one-third of the cost of a traditional sleep study, an in-home sleep study is a more affordable option. In fact, it's so affordable that most major insurances are approving home sleep studies before considering in-lab sleep studies.

Comfort

Most people are more comfortable sleeping in their own bed rather than at a hospital or foreign environment.

Convenience

With Home Sleep Delivered, the test is sent to your patient and results are sent to you in less time than it would take to complete an in-lab sleep study. Your patients are usually diagnosed and on therapy in less than two weeks.

Compliance

We feel that we will get a more accurate depiction of the patient's normal night's sleep when they are able to test in their usual environment, thus leading to more accurate results.



How can home sleep testing benefit your practice?

- It allows for faster results and interpretation by a boarded sleep doctor. Results are usually available in 3-5 days after the patient has completed their HST and our network of boarded sleep physicians review each study making treatment recommendations and suggestions on how to proceed. Patients are usually tested and receiving treatment within two weeks compared to over a month delay with many in-lab sleep centers. This allows for better patient retention within your practice.
- Home sleep testing makes for happier patients. Nobody wants someone watching over them while they sleep. Patients with high deductibles and co-pays appreciate the low cost this option provides in these harsh economic conditions.
- It also makes for healthier patients. Those diagnosed and treated for sleep apnea have a reduced chance of stroke, hypertension, heart disease, and death.

Continued on page 12

Continued from page 11

Is it covered?

In 2013, Home Sleep Delivered became the first and only home sleep testing company to join the network of Blue Cross and Blue Shield of Louisiana. The relationship has been such a success, that in July 2016, Blue Cross and Blue Shield of Louisiana officially revised their sleep study policies and procedures to deny authorization for facility-based sleep studies, when the member meets the criteria to have a home sleep study. With over 1.1 million members, Blue Cross is

Louisiana's largest health insurer. Together, BCBS and Home Sleep Delivered are working to optimize patient satisfaction by treating them in the comfort of home, reduce the strain on our healthcare system's resources through appropriate utilization, and most importantly, promoting the improvement of outcomes for those afflicted with obstructive sleep apnea. Home Sleep Delivered has been accredited through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) since August of 2010 and continues to provide safe and effective care of the highest quality and optimal value to our

physicians, patients, and their families. While still operating out of Louisiana today, we have coverage across all 50 states, and possess the capacity to ship our monitor to any home, office, terminal, etc.

Home Sleep Delivered is an independent diagnostic testing facility founded in Lafayette, Louisiana in March 2010, focused on providing a comfortable and cost-effective alternative to in-laboratory sleep testing. Please contact Home Sleep Delivered at 337-857-3646 for more information, or visit www.homesleepdelivered.com.

Teenagers: Sleep Patterns and School Performance

Marlene Typaldos, MD and Daniel G. Glaze, MD, FAASM

Introduction

Sleep patterns in teenagers have been extensively studied and have revealed considerable variations between school nights and non-school nights. Total sleep time tends to be less on school nights when compared with non-school nights. Bedtime and wake times appear to be influenced by external factors such as school start times and changes during puberty to later sleep onset time resulting in a diminished total sleep time and possible resultant daytime sleepiness.

What is a normal sleep pattern?

Sleep is classified into two types: NREM (non-rapid eye movement) sleep and REM (rapid eye movement) sleep. Cycling through all of the sleep stages for an adequate amount of time is essential to achieving a good night's sleep for adequate functioning the next day. These sleep stages are defined by distinct polysomnographic features of electroencephalographic (EEG) patterns, eye movements and muscle tone.

NREM sleep is characterized by distinct EEG patterns including sleep spindles, K complexes and slow wave (delta) activity. The respiratory and cardiovascular parameters are relatively regular. In contrast, REM sleep is characterized by asynchronized cortical activity with a high brain metabolic rate, dreaming, lack of normal thermoregulation,

and irregular respiratory and cardiac rhythms. The hallmark features of REM sleep include absence of skeletal muscle tone with the exception of the diaphragm, middle ear muscles, erectile muscles, and episodic bursts of extraocular muscles.

Why is sleep important?

There are many theories concerning the need for sleep. However, what we know has primarily evolved from research studies conducted in animals and humans examining the impact of sleep deprivation on the physiological and neurobehavioral systems. During sleep, important body functions and brain activity occur to create new pathways for learning and memory. Insufficient sleep alters activity in some parts of the brain that may interfere with the ability of making decisions, maintaining alertness, solving problems, controlling emotions and behavior, and coping with change.

What is considered an appropriate sleep duration for teenagers?

The American Academy of Sleep Medicine recommends that school-aged adolescents (14 to 17 years) should obtain at least 8 to 10 hours of sleep per night. However, on average the amount of sleep that teenagers actually achieve is about 7 hours, particularly on school nights. The amount of sleep varies by grade, with teenagers tending to get less sleep as they get older.

Thus, teenagers are constantly coping with "sleep debt" during the school year. The

amount of sleep reported by adolescents varies across countries and regions; but overall patterns of later sleep time and diminished sleep across adolescence are reported by most investigators. If this sleep debt is cumulative, subjective and objective evidence of increased daytime sleepiness are likely to appear.

This is of particular concern because chronic sleep deprivation, also known as sleep loss, insufficient or deficient sleep, can lead to a myriad of health deficits. Disrupted sleep-wake cycles and sleep restriction contribute to significant negative effects on the renal, cardiovascular, thermoregulatory, digestive, and endocrine systems. For example, sleep loss can contribute to insulin resistance and the development of metabolic abnormalities, obesity, and diabetes mellitus.

Furthermore, inadequate sleep has also been associated with mental health disorders and safety deficits. Sleep deprived teenagers have less interest to participate in physical activities or sports. They are more likely to be depressed, anxious, irritable, defiant, and impulsive than teenagers who achieve optimal sleep durations. They are at increased risk for suicidal ideation, substance use, as well as motor vehicle accidents related to drowsy driving.

Sleep restriction has been linked to cognitive and behavioral problems that adversely impact academic performance and functioning. For example, teenagers who are chronically sleep deprived have worse

academic performance. Teenagers achieving inadequate amounts of sleep have increased absenteeism and tardiness, decreased ability to learn and retain material, and diminished ability to actively participate in the classroom and perform decision-making tasks.

How does puberty alter the sleep-wake cycle?

There are changes in the biological clock or circadian rhythms of teenagers. At about the time of puberty onset, most teenagers begin to experience a sleep-wake “phase delay” (later sleep onset time and later wake up time), manifest as a shift of sleepiness up to 2 hours later relative to bedtimes and wake times from earlier childhood. The onset of sleep is triggered by the release and accumulation of melatonin, a natural brain hormone. Toward dawn, melatonin shuts off, cortisol increases and also core body temperature rises, signaling the individual to wake up. Two biological changes in sleep regulation are thought to occur during puberty. First, there is a delayed timing of nocturnal melatonin secretion that parallels a shift in circadian phase preference. Therefore, teenagers have a biological tendency to fall asleep later in the evening and to wake up later in the morning. Second, sleep drive is altered across adolescence. Even those teenagers who have experienced sleep deprivation (and therefore accumulated a sleep debt) tend to feel more alert in the evening, thus making it more difficult to go to bed at a time that parents consider a reasonable hour. There is a further “mismatch” in that early school start times for teens do not allow them to achieve their biological need for adequate sleep for optimal daytime functioning.

Are there other factors that contribute to sleep deprivation in adolescents?

There are other reasons why teenagers do not get enough sleep. For example, caffeine consumption is increasing among adolescents to fight against daytime sleepiness, resulting from sleep deprivation. More worrisome is the increasing consumption of energy drinks and “super caffeinated” products like caffeine pills, energy drinks, and gum to promote alertness. Daytime and evening caffeine consumption may further disrupt nighttime

sleep. The ability to achieve an appropriate sleep onset time and adequate amounts of sleep may be further impaired by after-school activities (part-time work), socializing and electronic devices.

Erratic sleep schedules, primarily during non-school nights, in an attempt to compensate for the lack of sleep during school nights, may initially seem to be a good idea, but can make sleep schedules worse. For example, if a teenager sleeps in till noon on Sunday morning, then they may be too alert to sleep at their usual bedtime Sunday night. Later school start times, even as little as 30 minutes later have been associated with improved academic performance and reduced vehicle accidents among teens.

What sleep disorders should be evaluated in a sleepy adolescent?

Among adolescents and teenagers, common sleep problems include sleep disordered breathing, insomnia, and hypersomnolence. They may also experience other sleep disorders such as restless leg syndrome and parasomnias such as sleepwalking. Sleep problems occur very frequently in this age group. It is important that all adolescents and teenagers be screened for sleep problems including questions regarding nighttime sleep, daytime sleepiness, and snoring.

How to get a good night’s sleep?

According to leading sleep researchers, there are techniques that may be implemented in order to decrease common sleep problems. These include: keep a regular sleep-wake schedule that allows for a developmentally appropriate amount of sleep; avoid caffeine beverages four to six hours before bed and minimize daytime use; avoid alcohol and heavy meals before sleep; practice regular exercise; minimize noise, light and excessive hot or cold temperatures during sleep; establish a regular bed time and go to bed at the same time each night; and early morning bright light exposure to promote an earlier bedtime/sleep time.

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A Case Report on Moyamoya Phenomenon

Author: Sujatha Gubbala, MD (PGY 3 FM residency LSU Shreveport)

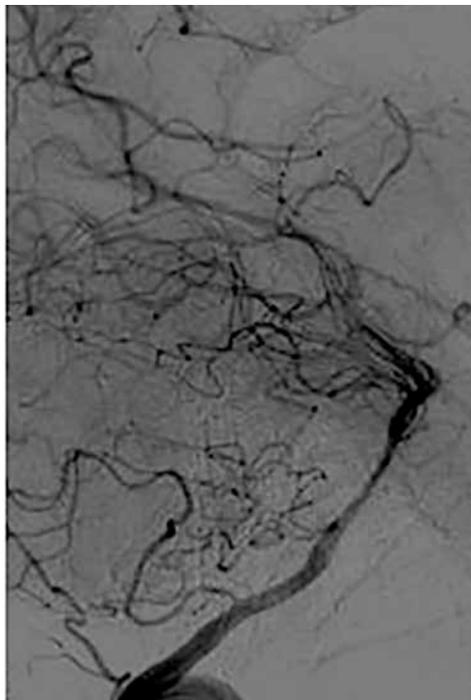
Faculty Advisor : Michael B. Harper, MD (Chairman Department of Family medicine, LSU Shreveport)

Introduction

Moyamoya phenomenon is a relatively uncommon condition resulting from occlusion of cerebral vasculature around the circle of Willis. Unlike Moyamoya disease. Moyamoya phenomenon has a definite etiology/risk factors. We present a case of Moyamoya phenomenon in a young lady with several risk factors.

History and Examination

Patient is 27-year old Caucasian female G1P0 12 weeks gestation, with a past medical history of ischemic CVA, HTN, DM type 2 and tobacco abuse, that was brought to an outlying hospital with sudden onset of altered mental status. On evaluation the patient was found to have right sided hemiparesis. CT scan of the brain done was positive for large left intra parenchymal and intra ventricular hemorrhage (fig 2). Patient was started on Nicardipine drip for presumed Hypertensive emergency and was promptly transferred to University Health for higher level of care. Pt on examination at presentation to our center continued to be obtunded with GCS of 10. Patient vitals were stable and blood pressure controlled. Neurologic examination continued to show right sided hemiparesis, rest of the physical examination was benign. Patient was evaluated for CVA in past with cerebral angiography in 2012, which had showed extensive collateral vessels in the circle of willis (fig:1).



Diagnostics and Management

Initial labs done showed a stable hemoglobin level, normal coagulation panel and normal chemistries. Patient was admitted to ICU, started on Keppra and Mannitol, with goal SBP of 90 to 140. Hospital stay was complicated by ARDS, requiring total mechanical ventilatory support followed by tracheostomy and PEG placement. A patient was subsequently weaned off, transitioned to room air, diabetic diet, and was put on labetalol 100 mg TID. The plan is to continue on Keppra for 1 month post discharge followed by a repeat CT head and follow up with NSGY.

Discussion

Moyamoya disease is a progressive, occlusive disease of cerebral vasculature with occlusion of the arteries around the circle of Willis. The term Moyamoya (Japanese for puff of smoke) refers to appearance on angiography of abnormal collateral networks that develop adjacent to stenotic vessels which are usually bilateral but not necessarily. Etiology

is unknown, familial in 10 % of cases. RNF123 genetic variation, vessel wall stress and repair factors, and autoimmune response are some of factors that are currently being researched . Prevalence is highest in Japan. Female to male ratio 1.8:1. Ages range from 6 months to 67 years with bimodal peaks at 1st and 3rd decades. Clinical manifestations are variable and include TIA, ischemic stroke, and hemorrhagic stroke. “Moyamoya phenomenon” or “Moyamoya syndrome” is an entity separate from true idiopathic Moyamoya diseases as it is associated with risk factors like atherosclerosis, sickle cell disease, vasculitis etc. Diagnosis is based upon the characteristic angiographic appearance. Death is usually from hemorrhage. Outcome depends on severity and recurrence. Patients with stenotic vessels can be started on long term aspirin. Surgical options include revascularization procedures like Superficial temporal artery – Middle cerebral artery (STA-MCA) anastomosis, encephaloduroarteriosynangiosis (EDAS), encephaloduroarteriomyosynangiosis (EDAMS).

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Clinical features of moyamoya disease in the United States.

Chiu D¹, Shedden P, Bratina P, Grotta JC.

Money Sense

Business Owners: Expect the Unexpected

*The Lovell Group
Merrill Lynch*

Unforeseen events can derail even the most successful business. These preventive steps can help keep you going.

In 2005, after Hurricane Katrina devastated much of the southeastern U.S., thousands of small businesses were left without power, customers or revenue. Many never reopened. But it may not take a historic natural disaster to upend your company's prospects. Perhaps your most reliable customers took their business elsewhere. Or maybe there was a long-term disruption in the supply chain. The unexpected can come at any time, and from anywhere. According to the 2013 Bank of America Small Business Owner Report, most small businesses could survive only a few months following an adverse event before having to resort to outside financial help.

Still, business ownership and risk go hand in hand. "It is inherent in the very nature of starting a business," says Steve Strauss, small business columnist for USA Today.

How can you plan for the unexpected? We recommend a series of steps to help protect your business from unforeseen challenges, while also preparing it to thrive when times are good.

Consider incorporating.

Many companies start out as sole proprietorships. But after the start-up phase, consider incorporating. Besides giving your business added credibility, becoming a corporation also protects personal assets, such as your home and your investments, should your company face a lawsuit or other difficulties. If something goes wrong and you're incorporated, it's the business that is on the hook, not you personally. If you are a sole proprietor, they may come after your assets.

While you should always consult your attorney, tax advisor and other

professionals, there are a number of online services that make it relatively inexpensive and easy to handle incorporation yourself.

Get properly insured.

Business owners may mistakenly assume that their personal insurance will cover them against property damage or other unexpected business setbacks. But it is crucial to make sure your business has the right kind of coverage. In addition to business property insurance, you may want to consider business interruption insurance, which can supplement your revenue should you have to suspend operations unexpectedly. Also, think about personal disability insurance in case you become incapacitated. An insurance broker and your financial advisor can help you make sure you have the right coverage.

Create multiple profit centers.

You would not invest in just one stock, no matter how promising. So don't let your clinic's success hinge on a single service. Look for ways to diversify your products or services. Beyond just expanding product lines of heating and cooling equipment, for example, a contractor might add natural-gas-fueled home generators. The same concept can be applied to your practice. Each service you provide can become a separate profit center. When one is down, the other may be up.

Protect your cash flow.

While seasonality may be obvious for ice cream shops and tax preparers, many owners fail to give enough thought to the cyclical nature of their businesses. They may peg expectations to their busiest times and be unprepared when things slow down. Consider establishing a rainy day fund, so that you can avoid spending your profits during weaker periods. Calculate your expected income for the year ahead, divide by 12, and pay yourself that much each month. It may feel like you are underpaying yourself in the busy times and overpaying yourself in the slow

times, but you will wind up with balanced income to see you through the whole year.

You might also consider obtaining a line of credit. You do not have to use it unless you need it, but it can get you past a cash crunch. And because a line of credit is generally secured by your business assets, interest rates are likely to be lower than you would pay if you used a credit card.

Anticipate Mother Nature.

Proper insurance (see above) is vital to protecting your business. But some advance planning could also help you power through an emergency with your operations intact.

Depending on your clinic's set up, make sure you have adequate backup power. If most of your records are kept electronically, you may consider investing in an "uninterruptible power supply"—a backup battery system that can give you and your staff precious minutes to save data when the grid goes out. In addition, make sure your data is backed up on a remote hard drive through cloud computing. Surprisingly many businesses overlook this simple step, but the stakes are very high.

Tap your team of experts.

Running a business on your own can be exhilarating—and lonely. Use your team of experts—financial advisor, tax specialist and attorney—to point out concerns you may have missed. They will know things you do not. Chances are, whatever you are going through, they have seen other businesses face the same challenges.

Should you have any questions, please feel free to reach out to us. Otherwise, we wish you the best in your practice's continued success.

Andy Lovell, Drew Ncaise, and Michael Minvielle
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Members Meet in New Orleans for the General Assembly

70th General Assembly – August 4, 2017 - New Orleans, LA

Report by: Derek Anderson, MD, Speaker, LAFP General Assembly

Lisa Casey, MD, Vice-Speaker, LAFP General Assembly

The 70th Annual General Assembly convened on August 4th in New Orleans, LA at the Roosevelt Hotel. Speaker Derek Anderson and Vice Speaker Lisa Casey presided as LAFP members and guests discussed issues and elected officers for the upcoming year.

The meeting provided members with addresses from Vindell Washington, MD, Chief Medical Officer for Blue Cross Blue Shield of LA and John Meigs, MD, AAFP President. Dr. Meigs brought us greetings and information from the national Academy and also shared a presentation on the work of the board over the past year.

The 2017-2018 LAFP Board of Directors and LAFP Foundation Board were elected. Reports were given by each of the committee chairs on the work

that has been done over the past year. After completing the business by early afternoon, Dr. Casey called for an adjournment. We hope everyone enjoyed their time in New Orleans. We look forward to seeing you all next year in Destin.

The success of the 2017 General Assembly is due in part to the support and generosity of our sponsors and exhibitors.

Featured Physician and Leadership Opportunities

LOUISIANA

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(Alexandria)

Terrebonne General Medical Center (Houma)

CHRISTUS St. Patrick Hospital
(Lake Charles)

CHRISTUS Highland Medical Center
(Shreveport)

KENTUCKY

TJ Health Cave City Clinic (Cave City)

Murray-Calloway County Hospital (Murray)

SOUTH CAROLINA

McLeod Health, 4 hospital system
(Dillon, Little River, Manning, Myrtle Beach)

TENNESSEE

Tennova Hospital - Lebanon
(Lebanon)

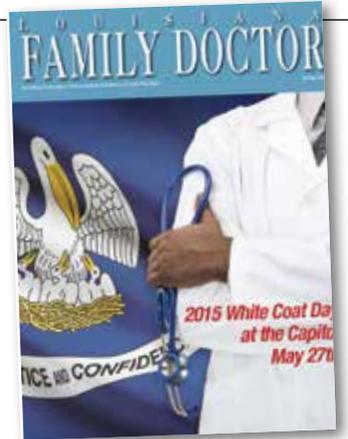
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James Campbell, MD, Named LAFP 2017 Family Physician of the Year

The Louisiana Academy of Family Physicians (LAFP) is proud to honor James Campbell, MD, as the 2017 Family Physician of the Year. The winner was announced Saturday, August 5th, at the LAFP Awards and Installation Ceremony held in New Orleans, LA.

This award recognizes Dr. Campbell's years of service to his patients, his dedication to Family Medicine and his contributions to developing and improving the profession for future physicians and their patients. Letters of endorsement were received from colleagues and patients, all of whom have significant knowledge of Dr. Campbell's commitment to family medicine.

James Campbell, MD, is Associate Professor and Program Director of the Family Medicine Residency Program at Ochsner Medical Center - Kenner.

Dr. Campbell graduated from University of Virginia School of Medicine in 1981 and completed his residency training in Family Medicine at E.W. Sparrow Hospital in Lansing, Mich., and the Battle Creek Area Medical Education Corporation. He has been in practice for 36 years

Prior to faculty appointment with LSU in 2000, Dr. Campbell worked in private, rural practice in Kenton, Ohio, where he volunteered as a Professor of Family Medicine at the Medical College of Ohio, precepting students in rural medicine. Dr. Campbell is board-certified by the American Board of Family Practice and has a special interest in Obstetrics.

He is past president of the Louisiana Academy of Family Physicians and the LAFP Foundation. He currently serves as an Alternate Delegate to the AAFP Congress of Delegates for LAFP and is a member on the AAFP Commission of Education. Dr. Campbell has served the family physician community by active participation on numerous LAFP committees, including legislative,



James Campbell, MD and Mary Coleman, MD

education, and executive committees. He has been active on the LAFP Board of Directors for over 14 years.

Dr. Campbell is an annual participant in White Coat Day Health Screenings at the State Capitol in Baton Rouge, LA. Dr. Campbell has facilitated provision of physician oversight at LSU Student Run Homeless Clinic in New Orleans for last 2 years.

Dr. Campbell has served on the State of Louisiana Family Medicine Task Force from 2004-2010, was Medical Staff President at Ochsner Medical Center-Kenner from 2007-2010, and on the Hospital Governing Board at Ochsner Medical Center-Kenner (formerly Kenner Regional Medical Center) from 2003-2010.

Dr. Campbell consistently has provided the New Orleans and Kenner patient communities with services that address their needs. Dr. Campbell has contributed significantly to meeting Louisiana primary care workforce needs by leading the Kenner FM training program in family practice which provides positions for 6 first-year, 6 second-year, and 6 third-year Family Medicine residents. In the

face of post-Katrina disaster recovery of September 2005, Dr. Campbell led the reopening of the LSU-Kenner FM residency training clinic of which he is still in charge to date.

For the last 16 consecutive years, Dr. Campbell has served as Medical Director of Skilled Nursing Facility at St. John's Rehabilitation Hospital and St Joseph of Harahan, LA.

For the last 10 years, Dr. Campbell has served as Medical Director of Riverdale School-Based Health Center and also sees children at their clinic once weekly.

Past service has included in-service for the PACE program wound care and back up medical provider for the New Orleans Zephyrs Baseball Team from 2001 – 2005.

Dr. Campbell has served as coordinator for blood pressure and weight screening at the New Orleans Women's Expo and Kids and Family Expo, and coordinated LSU-Kenner No Cost immunization project, coordinated "Brown Bag" project to assist patients in need of access to low cost and free prescription drugs, has been on-site medical provider for participants in NCAA Basketball Tournaments at the Superdome, and provided on-site medical care for participants in the Sunbelt Conference Track and Field Tournament at the Tad Gormley Stadium in New Orleans.

In the words of one his current residents, "Dr. Campbell has been a great role model for us in terms of professionalism and dedication to medicine in particular. He's always very respectful and attentive to patients and takes time to make sure problems are solved before moving on. He keeps the patient first and makes sure that we do as well. I've also been impressed with his ability to juggle multiple hats at once, whether it be clinic preceptor, inpatient or wound care clinic. I could say more, but that's a summary of why he's been a good role model for us."

Report from the 70th Annual Assembly & Exhibition

The 70th Annual Assembly & Exhibition was held August 3-6, 2017, at the Roosevelt Hotel in New Orleans, LA. Overall there were about 250 attendees and 55 exhibitors. The exhibit hall was a mix of familiar faces along with new supporters!

With 20.0 hours of Prescribed Credits, there was a combination of local faculty as well as nationally known faculty in attendance. Thursday night was the Welcome Reception that was free to all attendees and their families, which was a huge success and sponsored by Louisiana Healthcare Connections! As usual, Friday brought the General Assembly, with updates brought to us from Blue Cross Blue Shield of Louisiana and the American Academy of Family Physicians. The charitable spirit continued into the night as Blue Cross Blue Shield of Louisiana hosted the Annual Foundation Auction and President's Party. This year's event was a Great Gatsby themed event, where we danced the night away with the band featuring one of our LAFP members, Dr. Will Maranto. The night ended in over \$10,000 being raised from the live auction. Thank you to all that donated!

Topics of the assembly were presented by both local speakers and national speakers including:

Thursday, August 3, 2017

1. **Screening for Skin Cancer: Current Recommendations and**

Management for Soft Tissue Sarcoma, John M. Lyons, III, MD

2. **Heart Failure with Reduced Ejection Fraction** David E. Moll, MD
3. **Louisiana's Heroin Epidemic and the Overuse of Opioids**, William "Beau" Clark, MD
4. **HPV Cancer Prevention: Give It a Shot (Or 2)**, Debbie Saslow, PhD
5. **The Importance of Sleep Health**, Paul Doghramji, MD
6. **Diagnosing and Treating Common Sleep Disorders in Primary Care**, Larry Culpepper, MD, MPH & David Neubauer, MD
7. **Diagnosing and Treating Common Sleep Disorders in Primary Care**, Larry Culpepper, MD, MPH & David Neubauer, MD

Friday, August 4, 2017

1. **CME Session – The Meaning of the White Coat**, Brian Elkins, MD
2. **Practice Management – Alternative Payment Models: Where Are We Now?**, Nadine Robin & Matt Wheeler
3. **CME Session – Horse or Zebra? Considering Less Common Diagnoses When Evaluating Dyspnea**, Steven Nathan, MD
4. **Practice Management – Direct Primary Care: A Practice Option**, Karl Hanson, MD
5. **CME Session – From Depression to Wellness in MDD: Improving Patient Physical, Emotional and Cognitive**

Health in the Real World, Paul Doghramji, MD

6. **Practice Management – Destination Quality: Are We There Yet?**, Lisa Sherman, RN, Quality Improvement Specialist
7. **CME Session – New Guidelines for Developmental Screening and Surveillance in Louisiana Children**, Susan Berry, MD, MPH, FAAP
8. **Practice Management – Antibiotic Stewardship**, Mark Alanin Déry DO, MPH, FACOI
9. **Practice Management – MACRA: Medicare's Shift to Value-based Delivery & Payment Models**, Bob Hall
10. **Practice Management – Improving Care for Post-Treatment Cancer Survivors in the Primary Care Setting**, Allison Harvey, MPH, CHES

Saturday, August 5, 2017

1. **Evaluating Newer Targeted Therapies for Patients with Rheumatoid Arthritis: Addressing Unmet Needs in the Primary Care Practice**, Barbara Goldstein, MD, MMSc
2. **Comorbid Conditions and Antipsychotic Use in the Patient with Depression**, J. Sloan Manning, MD and Thomas W. Heinrich, MD
3. **The Future Physician: Chronic Disease Championed by Primary Care...With a Little Help from a Few Friends**, Dustyn Williams, MD
4. **Managing Chronic Hepatitis C in the Primary Care Setting: Best Practices from Screening to Treatment**, Ricardo Franco, MD

Sunday, August 6, 2017

1. **Non-CME Breakfast Symposium – Keys to Locking Out Lawsuits & Lowering Taxes**, Leland McKay
2. **Physician Well-Being: Thoughts on Burnout and Compassion**, Elmer Rigamer, MD, MPA
3. **Preventative Medicine Recommendations Update**, Danette Null, MD
4. **2017 Update on the Management of Type 2 Diabetes Mellitus**, Wayne Gravois, MD



The Core Content Review of Family Medicine

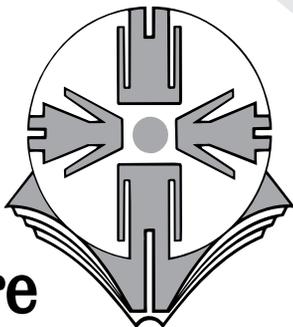
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Louisiana Cancer Prevention and Control Program (LCP)

Louisiana Healthcare Connections
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Myriad Genetics
Novo Nordisk
Novo Nordisk Obesity
Ochsner Health System
Our Lady of the Lake Regional Medical Center
PEMM
Pfizer Vaccines
Professional Arts Pharmacy
Progressive Health Strategies
Sanofi Pasteur
Shire
St. James Parish Hospital
United Healthcare Community Plan
US Army Medical Recruiting



Prohibition didn't stop anyone from stopping by the LAFP "Speakeasy"

Welcome Reception held at the basement

of the Orpheum Theater. This event was sponsored by **Louisiana Healthcare Connections**. New Orleans Classical and Jazz trio set the tone for this fun evening free of any snitches! Thank you to all those that attended the event in this remarkable venue – a true New Orleans masterpiece!



Mark your calendars...

71st Annual Assembly & Exhibition

July 5 - 8, 2018

SanDestin Golf and Beach Resort

Baytowne Conference Center

Destin, Florida

The LAFP Installs its 70th President

The Louisiana Academy of Family Physicians (LAFP) announced the installation of its 2017-2018 President, Dr. Jonathan Hunter, of Alexandria, LA. Sworn in at the inaugural luncheon in New Orleans, LA on Saturday, August 5th, Dr. Hunter became the LAFP's 70th President.

Dr. Hunter is living, practicing proof that the "grow your own" approach to solving the shortage of primary care providers works. Following a path dedicated to becoming a physician since he was a small child growing up in Central Louisiana, Dr. Hunter completed his pre-medical education at Louisiana College and earned his medical degree from LSUHSC School of Medicine · New Orleans in 2000. During college, he served as President of Alpha Epsilon Delta, and returned in 2002 as a Volunteer Physician - Student Health Services, and member of the Alumni Executive and Science Advisory Committees. At LSUHSC - New Orleans, Dr. Hunter served as a member of the medical school's Admissions Committee. During residency, he won numerous awards including the peer-voted "Resident of the Year" awarded in his PGY-1, PGY-11 and PGY-111 year, and still holds the record for the multi year honor.

After completion of his family practice residency at LSUHSC Family Practice



2017-2018 LAFP President, Jonathan Hunter, MD, and AAFP President, John Meigs, MD

Residency in Alexandria, LA, Dr. Hunter became a family physician at The Brian Clinic. In practice, Dr. Hunter truly exemplifies the four principles of Family Medicine as a skilled clinician that is community-based, acting as a resource to a practice population and who recognizes the central importance of the doctor/patient relationship. He serves a broad cross-sector of the patient population in several Cenla parishes. As Medical Director of St. Joseph Hospice, he has truly gone above and beyond the call of duty to educate the public about the importance of hospice care, home health care and preventative medicine. In addition to including television and

newspaper interviews, he provides televised community education spotlights about the benefits of hospice, as well as numerous speaking engagements. Dr. Hunter also serves as Medical Director of Lagniappe Home Care. He has served on various hospital committees at Rapides Regional Medical Center, including Physician Advisor to the Utilization Review Committee. Dr. Hunter also serves as Rapides Parish Coroner.

Dr. Hunter has proudly served his country as a Major in the Louisiana Army National Guard, where he has been awarded numerous prestigious medals of honor providing medical care to our soldiers. His service through the Louisiana National Guard including deployments overseas during Operation Iraqi Freedom and Operation Enduring Freedom, and was awarded the Global War on Terrorism Expeditionary Medal. He balances service to medicine, country, and community with equal commitments to family and faith. He is also a devout Christian, and a member of Journey Church.

Dr. Hunter is a fellow of the American Academy of Family Physicians and currently serves on the LAFP Foundation Board of Directors. Dr. Hunter is married and has two beautiful children: Grayson and Avery.

Stay Connected with the LAFP

Are you receiving your LAFP Newsletter?

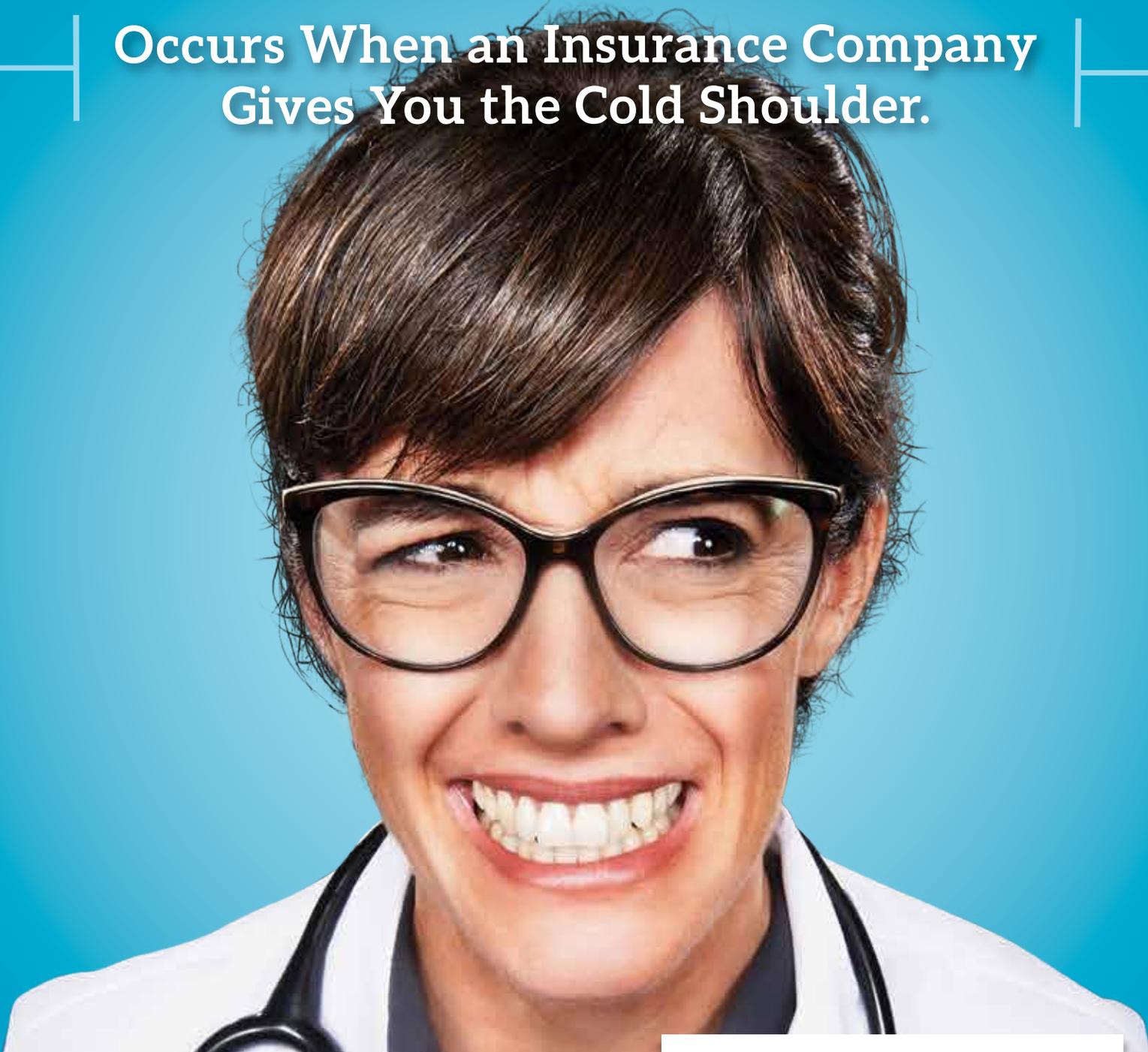
The Louisiana Academy of Family Physicians newsletter is distributed via email every Tuesday. If the newsletter is not arriving to your inbox, check to see if it is being routed to junk mail and/or allow info@lafp.org to be listed as a safe sender.

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.



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The LAFP Installs its 2017-2018 Officers and Honors 25-55 Year Members

The Louisiana Academy of Family Physicians (LAFP) held its Awards and Installation luncheon on Saturday, August 5th in the Blue Room at the Roosevelt Hotel. During the ceremony, American Academy of Family Physicians President, Dr. John Meigs from Alabama, installed the 2017-2018 officers.

The LAFP is proud to have elected the following members:



2017-2018 LAFP Board of Directors

President:	Jonathan Hunter, MD, Alexandria, LA
President-Elect:	Christopher Foret, MD, Franklinton, LA
Vice President:	M. Tahir Qayyum, MD, Bastrop, LA
Secretary:	Mary Coleman, MD, New Orleans, LA
Treasurer:	Bryan Picou, MD, Natchitoches, LA
Immediate Past-President:	James Taylor, MD, Zachary, LA
Speaker:	Derek Anderson, MD, Baton Rouge, LA
Vice-Speaker/GA:	Lisa Casey, MD, New Orleans, LA
AAFP Delegate:	Russell Roberts, MD, Shreveport, LA
AAFP Delegate:	Marguerite Picou, MD, Natchitoches, LA
AAFP Alternate Delegate:	James Campbell, MD, Kenner, LA
AAFP Alternate Delegate:	Bryan Picou, MD, Natchitoches, LA
Resident Representative:	James Robinson, MD, Lake Charles, LA
Resident Alternate:	Drew Parks, MD, Baton Rouge, LA
Student Representative:	Taylor Shepherd, Shreveport, LA
Student Alternate:	Keanan McGonigle, New Orleans, LA
District1 Director	Brandon Page, MD, New Orleans, LA
District 1 Alternate	Ronnie Slipman, MD, New Orleans, LA
District 2 Director	Luis Arencibia, MD, Mandeville, LA

District 2 Alternate	Ralph Cortes-Moran, MD, Metairie, LA
District 3A Director	Jack Heidenreich, MD, Raceland, LA
District 3A Alternate	Camille Pitre, MD, Larose, LA
District 3B Director	Indira Gautam, MD, Lafayette, LA
District 3B Alternate	Zeb Stearns, MD, Eunice, LA
District 4 Director	Ricky Jones, MD, Shreveport, LA
District 4 Alternate	Gregory Bell, MD, Coushatta, LA
District 5 Director	James Smith, MD, Bastrop, LA
District 5 Alternate	Euil Luther, MD, Monroe, LA
District 6A Director	Phillip Ehlers, MD, Baton Rouge, LA
District 6A Alternate	Carol Smothers-Swift, MD, New Roads, LA
District 6B Director	Richard Bridges, MD, Amite, LA
District 6B Alternate	Keisha Harvey, MD, Bogalusa, LA
District 7 Director	Jason Fuqua, MD, Sulphur, LA
District 7 Alternate	Andrew Davies, MD, Lake Charles, LA
District 8 Director	Kenneth Brown, MD, Alexandria, LA
District 8 Alternate	Brian Picou, Jr., MD, Natchitoches, LA
Director at Large	Jody George, MD, Lake Charles, LA
Alt. Director at Large	Esther Holloway, MD, Coushatta, LA

The LAFP also celebrated the anniversaries of our 25-55 Year Members where they were presented with a years of membership lapel pin and certificate.

Below is a list of those who were recognized. We sincerely appreciate their commitment to the Academy and Family Medicine.

55 Years of Membership

Samuel S. Holladay, Jr, MD

50 Years of Membership

Adolph B. Cronan, Jr, MD, FAAFP
Edmond John Kalifey, MD, FAAFP
Herbert A. Nesom, Jr, MD, FAAFP

45 Years of Membership

David Thomas Henry, MD, FAAFP
Trenton L. James, MD, FAAFP

40 Years of Membership

Steven Nathan Abramson, MD, FAAFP
John G. Bernard, MD, FAAFP
Maurice J. Gremillion, MD, FAAFP
Noli C. Guinigundo, MD, FAAFP
Douglas B. Harris, MD
Gordon B. Massengale, MD
John A. Walker, MD, FAAFP

35 Years of Membership

Michael W. Basile, MD, FAAFP
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30 Years of Membership

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 Robert Edward Lahasky, MD, FAAFP
 Nathan Keith Landry, MD
 David Orin Lanson, MD, FAAFP
 Alan Lynn LeBato, MD, FAAFP

William M. McBride, MD
 Timothy E. Mathis, MD, FAAFP
 David Jeffrey Mohr, MD
 Robert Weldon Moore, MD, FAAFP
 Mark Francis Olivier, MD, FAAFP
 Paul B. Rachal, MD
 Lynda R. Roberts, MD, FAAFP
 Stephen Alan Smith, MD
 Earl John Soileau, MD
 J. Dean Stockstill, MD, FAAFP
 Robert L. Tassin, Jr, MD
 Robert Wayne Taylor, MD

25 Years of Membership

Evangeline O. Abriam, MD
 Barbara Lynn Beard, DO, FAAFP

James V. D'Antoni, MD
 Kyle Jerome Guidry, MD
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 Penny E. Jeffery, MD, FAAFP
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 Brian Wayne Stewart, MD
 Sherise R. Olivier-Wittmann, MD



James Taylor, Jr., MD and 50 Year Member, Edmond John Kalifey, MD, FAAFP



James Taylor, Jr., MD and 40 Year Member, John G. Bernard, MD, FAAFP



James Taylor, Jr., MD and 40 Year Member, John A. Walker, MD, FAAFP

Job Seekers

Connect with the right employers
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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

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Legislative Report



Joe Mapes
LAFP Lobbyist

As we come off the heels of the 2017 legislative session/s, we must pause to reflect how far LAFP has come in recent years as an effective political organization. As, President, Dr. Jim Taylor has been noted saying, “This is the first time our group has sponsored legislation and seen it through from concept, to drafting, and ultimately to final passage through the legislature.”

Senate Concurrent Resolution 21 was authored by Senator Beth Mizell and House Concurrent Resolution 75 authored Representative Melinda White on the LAFP’s behalf. This resolution requests the Louisiana medical schools, prescriber boards, and prescriber trade associations to make every effort to eliminate pain as the 5th vital sign to help with the opioid epidemic. The Louisiana Department of Health was in support of this effort, and LAFP legislative Chair, Dr. Richard Bridges worked closely with the LDH Secretary to make this happen. Thanks to Dr. Bridges’ trusted relationship with the Secretary, we can expect more successes like this in the future.

Representative Katrina Jackson also authored House Concurrent Resolution 51 at LAFP’s request asking LDH to add adults to the LINKS database. This can be done at no additional cost to the state. The system was already in place, somebody just needed to connect the dots like Representative Jackson did in HCR 51. LDH was most appreciative to have the support on both of these important issues from the provider community that LAFP was able to create. I agree with Dr. Taylor that our group has become an effective political organization upon which Louisiana’s political and governmental processes have come to rely.

As usual, the medical doctor community was assaulted with another piece of nasty legislation that we had to kill, i.e., SB 75 by Senate Health & Welfare Chairman Senator Fred Mills. The bill would have abolished all state health regulatory boards, reorganized the boards with consumer advocates, and taken financial control all the boards’ budgets. Coincidentally, the state had a \$440 million dollar deficit while the bill was attempting to pass the legislature. LAFP’s concerns regarding how bad the bill was went largely unheard by other doctor groups, and the boards couldn’t help kill the bill as they are state entities and prohibited from doing such. Regardless, LAFP forged ahead with other healthcare associations on board to help kill the bill. At times, it seemed like we were going crazy since legislators didn’t see the harm in the bill and it was making its way through the chambers of the legislature. LAFP’s legislative team continued to pound home the message until our message was finally heard and the bill was defeated in the House Health & Welfare Committee at the steady hand of its Chair,

Representative Frank Hoffman. It was a tough battle made even tougher due to only a handful of LAFP members helping.

Earlier, I stated that LAFP’s concerns went largely unheard by other doctor organizations. The same can be said of LAFP as an organization. Folks, y’all gotta stop “cherry picking” your issues. Ragan LeBlanc works hard to steer the LAFP ship right, but without a rudder (that’s you), her efforts cannot be effective. The same is true with Mapes & Mapes, your LAFP legislative consulting team. If LAFP Administration asks you to participate on an issue, and they say it’s important to Family Medicine, do it! Do it because you trust your professional organization to promote and protect Family Medicine in Louisiana. Do it because you care about your patients, or do it for any other reason, JUST DO IT. If you don’t do it, (participate) then you won’t be at the table helping to write the script for the practice of Family Medicine in Louisiana, and your opponents will then write your story. Another way to say it is, “If you’re not at the table, you’re on the menu!”

Thank you to our 2017 LaFamPac Donors!

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

Derek J. Anderson MD

Richard Bridges MD

Kenneth Brown, MD

Christopher Foret MD

Jody George, MD

Wayne Gravois, MD

Jonathan Hunter, MD

Daniel Jens, MD

Alan LeBato, MD

Bryan Picou, MD

Marguerite Picou, MD

James A. Taylor, Jr. 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.

LAFP Presents 2017 Legislative Champion Awards

The LAFP held an awards ceremony on August 5, 2017 at the Roosevelt Hotel in New Orleans, LA where they honored legislative champions during the 2017 legislative session. Representative Katrina Jackson received the LAFP Legislative Champion Award, due to her protection of family physicians and their patients on budgetary issues and for the legislation that she filed during this years' session on the behalf of the LAFP. Representative Katrina Jackson was recognized for her work on the resolution, which urges LDH to add adult immunizations to the LINKS System so that physicians can be aware of immunizations that their patients receive and cut down on duplication and cost. She was presented with her award during the 70th Annual Assembly & Exhibition Awards and Installation Ceremony.

Senator Beth Mizell and Representative Malinda White were also presented with a Legislative Champion Award, for legislation



LAFP Legislative Chair, Richard Bridges, MD, Representative Katrina Jackson and LAFP President, James Taylor, Jr., MD



Senator Beth Mizell and LAFP President-elect, Christopher Foret, MD



Representative Malinda White and LAFP President-elect, Christopher Foret, MD

that they both filed during this years' session on the behalf of the LAFP. They each filed resolutions that were successfully passed with regards to the removal of the fifth vital sign. Their awards were presented in their district. "On behalf of the Louisiana Academy of Family Physicians, I am honored to present these awards to Senator Mizell and Representative White, said Dr. Christopher Foret President-Elect of the LAFP. "Through their legislation, Louisiana will be able to make significant strides in the battle against prescription drug abuse. Additionally, they both have been strong advocates for Medicaid recipients. Furthermore, they are working for a healthcare system that stresses

quality and teamwork among healthcare providers. The constituents of Senate District 12 and House District 75 are fortunate to have Senator Mizell and Representative White."

Thanking them for their continued support of the LAFP, Legislative Chair, Richard Bridges, MD stated "These legislators have remained dedicated to the LAFP and to the physicians and patients of Louisiana. As they continue to serve in the legislature, Senator Mizell and Representative Jackson and White understand the needs of physicians by filing resolutions to better patient care. The LAFP appreciates their support."

LAFP Calendar

SAVE THESE DATES

September 11 – 13, 2017

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

September 12 – 16, 2017

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

November 2-4, 2017

AAFP State Legislative
Conference
Dallas, TX

March 12, 2018

Louisiana Legislative Session
Convenes

TBD

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

April 26-28, 2018

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

May 21-22, 2018

Family Medicine Congressional
Conference
Washington Court Hotel
Washington, DC

June 4, 2018

Louisiana Legislative Session
Adjourns

August 2-4, 2018

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

July 3, 2018

LAFP Board Meeting
TBD
New Orleans, LA

July 5-8, 2018

71st Annual Assembly and
Exhibition
Sandestin Golf & Beach
Resort
Destin, FL

July 6, 2018

General Assembly Sandestin
Golf & Beach Resort
Destin, FL

October 8-10, 2018

AAFP Congress of Delegates
Hilton New Orleans Riverside
New Orleans, LA

October 9-13, 2018

AAFP FMX
Hilton New Orleans Riverside
New Orleans, LA

October 25-27, 2018

AAFP State Legislative
Conference
TBD
Fort Lauderdale, FL

LAFP Foundation Auction and Raffle Raises Record Donations



The LAFP Foundation would like to extend sincere thanks to all the participants of the 2017 Annual LAFP Foundation Live & Silent Auction. Some of this year's items included: a George Rodrigue LSU Blue Dog framed print, autographed LSU memorabilia, 2-night stay at Sandestin, weekend in New Orleans packages, gift baskets, and much more....

Thanks to the generosity of our donors and the auction attendees, we were able to raise a profit of over \$22,000!

The President's Party & Foundation Auction was a "Great Escape" with a Gatsby kind of night sponsored by Blue Cross Blue Shield of Louisiana. This year's party was held at the Federal Ballroom at the Security Center with our very own Dr. Will Maranto and his band "What the Funk" playing tunes that kept everyone on the dancefloor!

The auction could not have been possible without the continued support of vendors donating items to the auction. Let's continue to show our thanks by supporting these vendors throughout the year! The LAFP Foundation spends all year collecting items

for the annual auction. If you wish to donate or have suggestions on unique items we should consider, send us your suggestions!

Thank you letters with tax deductible information have been mailed to both vendors and buyers for the auction. If you did not receive a letter, please contact the LAFP Office at (225) 923-3313.

2017 Auction Vendors

AMC Theaters
AmeriHealth Caritas Louisiana
Audubon Nature Institute
Baton Rouge Ballet Theatre, Inc.
Baton Rouge Symphony Orchestra
Bella Bella
Benny's Car Wash
Bistro Byronz
Blend Restaurant & Wine Bar
Blue Bayou Dixie Landing
Bonefish Grill
BREC Baton Rouge Zoo
Camille Pitre, MD
Churchills Cigars
Cox Communications
Crayola Experience Orlando
Emerald Coast Wildlife Refuge Zoological Park
Gray Line Tours
Houmas House Plantation & Gardens
Judith Madden

Kendra Scott
Kim Gassie
Kona Grill
Loews New Orleans
Louisiana Children's Museum
Louisiana Fish Fry
LSU Athletics Office
LSU Rural Life Museum
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Margaritaville Resort Bossier City
Mason's Grill
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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.

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Kathleen Rosson, MD
Carla Saccomanno
Jacob Sandoz
Timothy Sands, MD
James Smith, MD
Carol Smothers-Swift, MD
Linda Stewart, MD
Richard Streiffer, MD
Leonard Treanor, MD
Roland Waguespack, MD
John Walker, MD
Hugh Washburn, MD
Rachel Wissner, MD
Jami Zachary |
|---|---|--|--|

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 2018!

LAFP Foundation Mission
*Supporting YOUR Foundation
 helps raise funds for these
 great initiatives:*

Encourage Medical Students to Pursue Family Medicine

Educational Programming Targeting Students & Residents

Support Family Medicine Interest Groups (FMIGs) That Promote the Future of Family Medicine

Provide Financial Assistance for Delegates to Attend the AAFP National Conference for Students & Residents

Recognition Program for Outstanding Students & Residents



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CLINIC OPPORTUNITY

St. Philip's Clinic is a successful family practice in Vacherie, LA that has served the community for 30 years. The clinic has a balanced payor mix and operates in the 90th percentile in regard to volume of patient visits. The clinic is operated by Dr. Roland Waguespack who is in purchase negotiations with St. James Parish Hospital. After the acquisition, the hospital will own and operate 4 of the 6 family practices in the parish.

HOSPITAL

St. James Parish Hospital is located in Lutchter, LA. The hospital opened in 1955 and has since moved into a new state-of-the-art facility which expanded capacity, enhanced comfort and improved technology for patients. The hospital is a 25-bed Critical Access Facility and offers Inpatient, Outpatient, Emergency, Primary and Specialty Care. Our medical staff is comprised of approximately 20 primary care physicians, 64 hospital-based physicians and 32 specialists.

LOCATION

St. James Parish is a rural, close-knit community full of history that offers quality education, recreation and healthcare. The parish—bonfire and plantation capitol of the world—is directly off of I-10 and geographically centered between New Orleans and Baton Rouge allowing easy access to a vibrant city life.



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Mississippi River Levee Trails



Cara Miccoli Permenter

2017 Michael O. Fleming Family Medicine Award

Cara is originally from Anacoco, LA. She graduated magna cum laude from Centenary College of Louisiana with a Bachelor of Science in Biochemistry. Mrs. Permenter will graduate from Louisiana State University Health Shreveport School of Medicine with a Doctor of Medicine.

Mrs. Permenter is a member of Family Medicine Interest Group since 2013 where she served as class representative her sophomore and junior years and

currently serves as the FMIG Secretary. She is also President of the Sports Medicine Interest Group. Mrs. Permenter was also chosen by a subcommittee of the LSUHSC-S Medical Curriculum Council to review and improve the 1st year student curriculum and study materials. Cara enjoys spending time with her husband and daughter, running marathons, cooking, traveling, and gardening.

Mrs. Permenter has been accepted to LSU Health Shreveport Core Family Medicine Residency Program. She plans to pursue a fellowship in Sports Medicine and become a Family/Sports Medicine Physician in the Shreveport/Bossier City Area.



Catherine Bordelon

2017 Gerald R. Gehringer Family Medicine Award

Ms. Bordelon was born and raised in LaPlace, LA. She completed her undergraduate education at Rhodes College in Memphis where she graduated magna cum laude with a BS in Biology. She will graduate from Louisiana State University Health Sciences School of Medicine in New Orleans with her Doctor of Medicine.

Ms. Bordelon is an alumna member of Kappa Delta Sorority. During medical school, she has volunteered at the Church

Health Center as a Church Health Scholar Clinical Assistant. She is also a certified BLS instructor where she trained PA students. She was chosen to serve on the admissions committee at LSU Health Sciences School of Medicine where she interviewed medical school candidates.

Ms. Bordelon has been accepted to the Rural Family Medicine Residency Program at Our Lady of Angels in Bogalusa. She plans to follow in her grandfather's footsteps and practice in a rural community in southeast Louisiana focusing on preventative medicine and women's health.



James Moore, MD

2017 Resident Award of Excellence

The Resident Award of Excellence was presented to James Moore, MD. Dr. Moore is from St. Francisville, Louisiana, and is a graduate of American University of the Caribbean and the Family Medicine Residency Program-Alexandria where he served as Chief Resident. He

excelled in his residency program having been selected by faculty,

residents and staff to receive the *Outstanding Resident Award* from the program as a first-year resident. While in residency, Dr. Moore helped the program to achieve PCMH status and further developed various IT processes with regards to patient data. He also has served as a mentor to medical students and residents. Dr. Moore has been married for 9 years to a nurse at Women's and Children's Hospital in Baton Rouge. They have two sons that are 2 and 7 months. In his spare time, Dr. Moore enjoys wood working, computer programming and LSU football.



Thomas Raines-Morris

2017 Tulane Family Medicine Excellence Award

Thomas is originally from Portland, OR. He completed his undergraduate education with a BA in Spanish at the College of the Holy Cross in Worcester, MA, in 2010. He will graduate in May 2017 from Tulane School of Medicine with his Doctor of Medicine as well as a Master of Public Health from Tulane University School of Public Health and Tropical Medicine with a concentration

in Global Community Health and Behavioral Sciences.

He has twice attended the AAFP National Conference for Residents and Students and has served as a mentor to his fellow students. Mr. Raines-Morris is dedicated to community service. He has volunteered with CrescentCare and the NO/AIDS Task Force, Puentes NOLA with the Spanish-speaking community, participated in a

medical health mission trip in Haiti with Sante Total, and worked at Tulane's student-run health clinics. Prior to medical school, he was an Americorps member in Jacksonville, FL, working with L'Arche, a community for adults with intellectual disabilities. He enjoys spending time outside, exploring cuisines, and story time at the public library with his young son Ira.

Mr. Raines-Morris has been accepted to the family medicine residency program at Oregon Health and Sciences University's Cascades East rural training track in Klamath Falls, OR. He plans to work as a family physician in underserved communities in the Pacific Northwest focusing on Spanish-speaking, geriatric, and end-of-life patient populations. Mr. Raines-Morris plans to continue his advocacy work centered around influencing public health policy and practice benefiting marginalized communities and hopes to provide clinical teaching for medical students and residents to inspire the next generation of family physicians.



on the Fairway

The Foundation would like to thank our sponsor AmeriHealth Caritas Louisiana as well as the members, guests and staff who braved the impending rain and cloudy skies to play in the Annual Golf Tournament held on Thursday, August 3rd, 2017 at the Golf Club at Audubon Park in New Orleans.

Prizes were also given to **Dr. Drew Parks** for the **Longest Drive** and **Dr. Mike Smith** for **Closest to the Pin**.

A total of five teams competed and the Foundation expresses its appreciation to all who participated. We hope you will continue to join us each year for this friendly competition to fund the Foundation's cause.

Winning Foursome

- Louis Dominguez
- Eileen Dominguez
- Harry Lee
- Ramsey LeBlanc



The LAFP Attends the AAFP National Conference of Family Medicine Residents and Medical Students

Each year, LAFP has partnered with our residency programs to host a booth at AAFP's National Conference for Family Medicine Residents and Students. LAFP staff, resident representatives from Kenner, Lake Charles, and East Jefferson residency programs as well as department staff from Tulane and East Jefferson attended this year's conference in July. Interested medical students visited our booth and received program information for our residency programs and received a gift bag of Louisiana-themed giveaways that included CC's Coffee, Zapp's Potato Chips and Aunt Sally's Original Pralines to give them a taste of the South.

Jason Schrock, MD and Eukesh Ranjit, MD delegate and alternate resident to National Conference participated in the Resident Congress by putting forth a resolution to affiliate medical students in international

medical schools with a local state chapter of AAFP. The resolution was passed at the Resident Congress of Delegates. Keanan McGonigle, medical student-Tulane School of Medicine was the LAFP student delegate to the Student Congress.

National Conference is also the place for residents and medical students to learn more about family medicine, explore residency programs, and connect colleagues. Residents and students can take advantage of educational programming by attending workshops, musculoskeletal clinics, procedural skills courses, and sessions about applying to residency and maternal care and childbirth. In the Expo Hall students have access to visit with our in-state residency programs.

If you would like to help sponsor a student to attend National Conference, donations can be



made online at www.lafp.org. Donations will be used to help offset the cost of registration and housing.

For more information, contact the LAFP office at 225.923.3313.

Research Poster Competition

As part of the programming for the 70th Annual Assembly, LAFP hosted its first poster competition. Our resident members were encouraged to submit a poster profiling research projects they had completed during the year. Six posters were submitted:

- All DRESSed Up: Becky M. Batiste, MD and Chantel Taylor, MD- LSU Rural Family Medicine, Bogalusa
- Fetal Alcohol Intoxication: Christie
- Acquired Long QT Syndrome: Anh-Linh Bui, MD - LSU Rural Family Medicine, Bogalusa
- Hospital Acquired VTE - The Most Common Preventable Cause of Hospital Death: Parham Bahador, MD – Family Medicine Residency, Alexandria
- Ocular Syphilis: Thanaseelan Muthulingam, MD - Family Medicine Residency, Monroe
- Acute Pancreatitis: Christian Docena, MD - Family Medicine Residency, Monroe

A champagne reception was held prior to the President's Party and Foundation Auction at the Federal Ballroom at the Security Ballroom where the posters were on display. Each presenter was present to discuss their poster with party goers. The final judging was held on Saturday afternoon during the Member Dessert Social. Dr. John Meigs, MD awarded Dr. Parham Bahador with the Family Medicine Residency-Alexandria as the first place winner. The second place prize was awarded to Christie Caceres, MD and Amanda Rogers, MD (Bogalusa), and Christian Docena, MD (Monroe) was awarded third place.



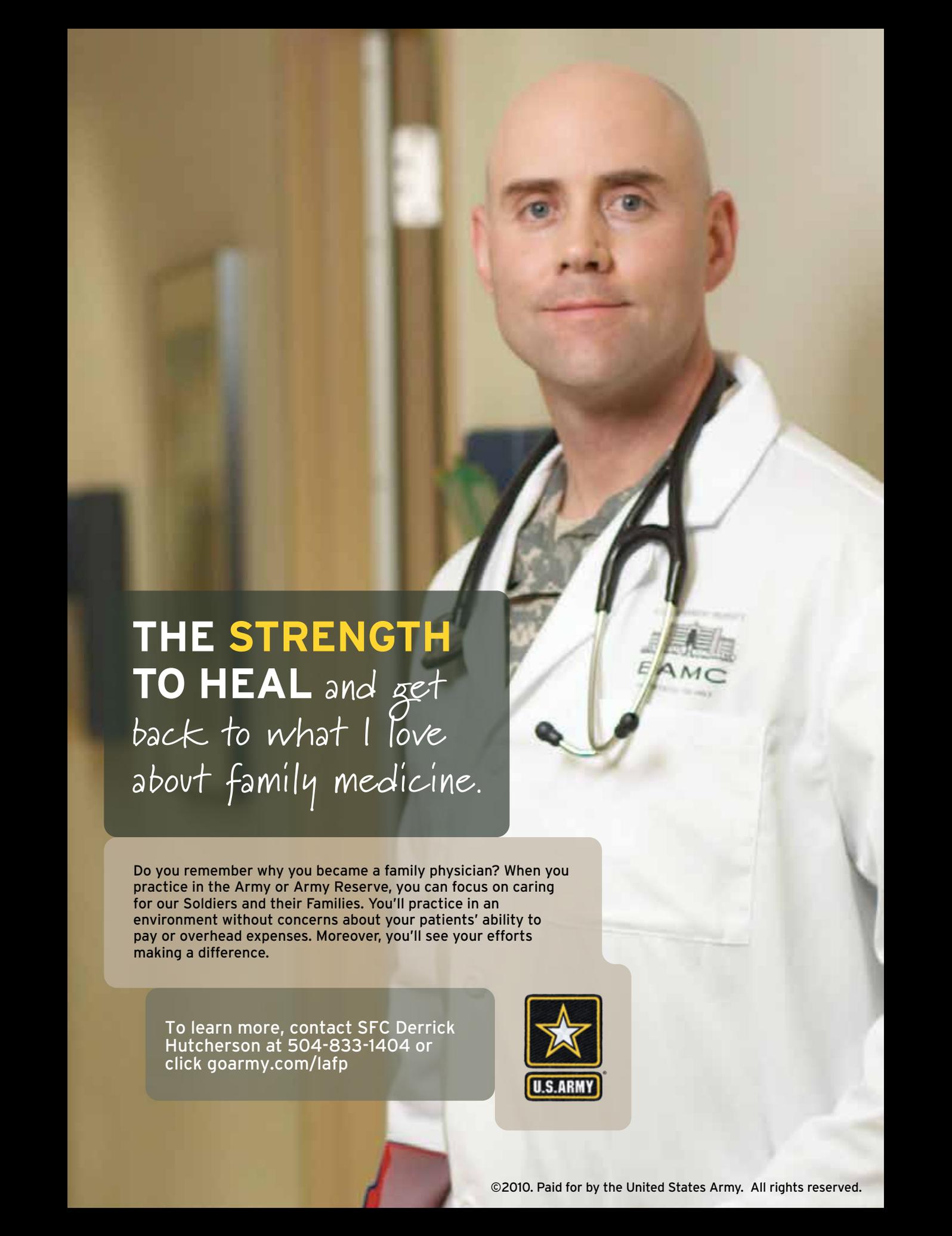
John Meigs, MD, AAFP President and first place winner, Parham Bahador, MD, with the LSUHSC Family Medicine Residency-Alexandria.



John Meigs, MD, AAFP President and second place winners, Christie Caceres, MD and Amanda Rogers, MD with LSUHSC Family Medicine Residency - Bogalusa.



John Meigs, MD, AAFP President and third place winner, Christian Docena, MD with LSUHSC Family Medicine Residency - Monroe.



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Student and Resident Track Offered During the 70th Annual Assembly

The Student and Resident Track was held August 5th at the Roosevelt Hotel in New Orleans, LA. The tracks were designed for all the attendees to gain the most valuable and need specific information. Students and residents came together that morning for breakfast and welcomes. A general session was held to introduce the speakers and to inform the student and residents of the schedule. Kyle Magee, MD opened the track with a session on Contract Negotiation Tips. Also, Dr. John Meigs, AAFP President addressed the group.

Attendees participated in a Suture & Cryogenics Workshop. The registrants attended a lunch where a case presentation was conducted on the Surprising Truth of Controlled Substances: A Retrospective Study Examining a Toxicology Protocol for Controlled Substances in Family Medicine Clinic, presented by Rachael Kermis, MD, Jason Schrock, MD and Vincent Shaw, MD with the Baton Rouge General Family Medicine Residency Program.

For the afternoon, students attended a procedure workshops presented by several of the Louisiana residency programs. These workshops included:

- **Musculoskeletal Exam** – Jason DeLeon, MD and Eukesh Ranjit, MD LSU Family Medicine Residency Program, Monroe
- **Diabetic Foot Care**-Shravan Gunde, MD John Santogrossi, MD – LSU Family Medicine Residency Program, Monroe
- **Arthrocentesis of the Knee** – Alan LeBato, MD, Program Director, LSU Family Medicine Residency Program, Lake Charles
- **IUD Insertion** – Rebekah Byrne, MD Tulane School of Medicine, Department of Family Medicine
- **IUD Insertion** - Arun Bansal, MD Joseph Oswald, MD, LSU Family Medicine Residency Program, Kenner.

The afternoon concluded with a LAFP



Member Dessert social, where all of the Louisiana family medicine residency programs were invited to attend and have one on one time with the students and show off their respective programs. Each residency program from around the state had a booth and answered student's questions. Students and residents were also able to visit with active members attending the conference. During the social, winners of the LAFP Poster Competition were announced and presented with their prizes.

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