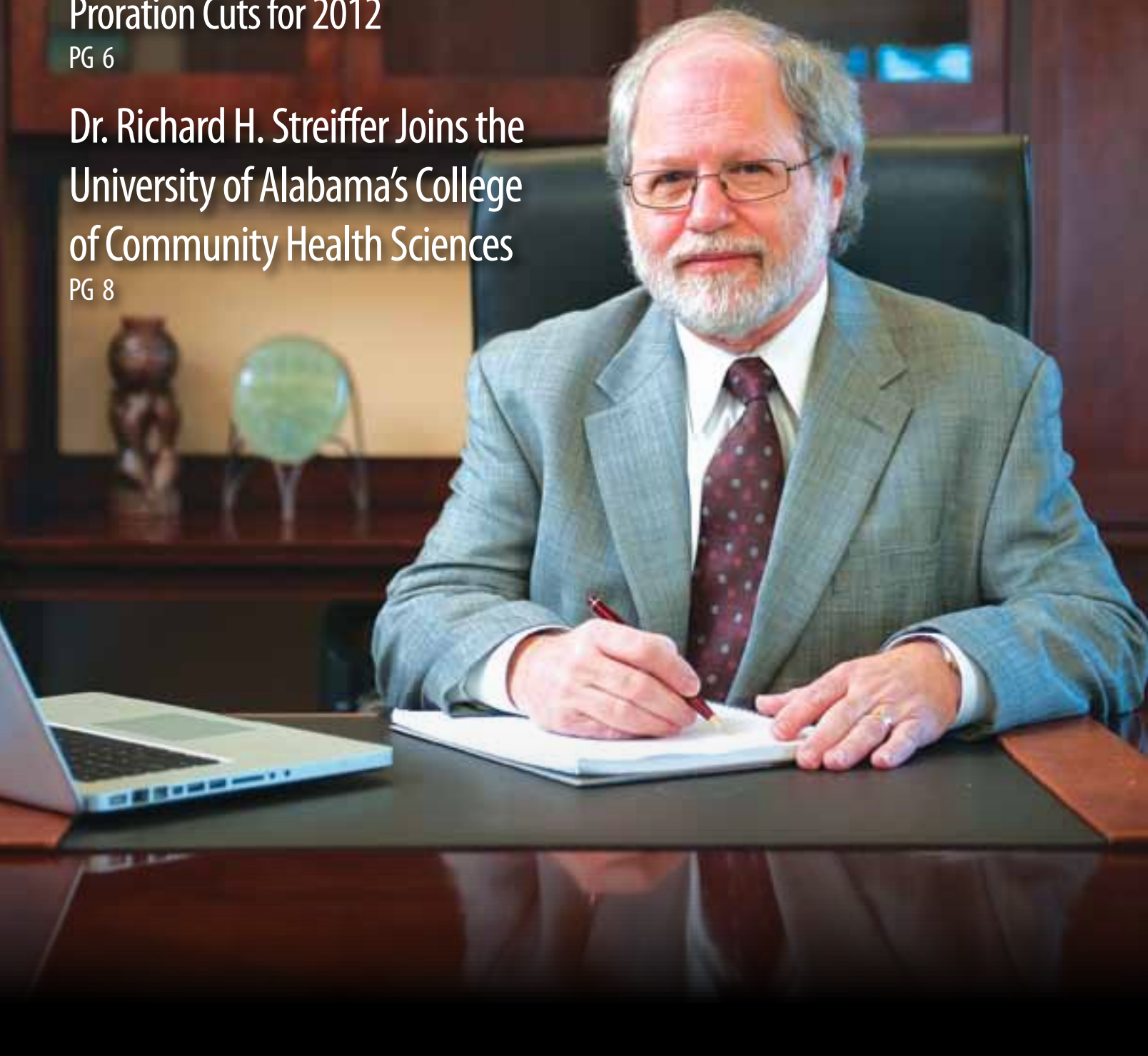


THE SCOPE OF FAMILY MEDICINE

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Medicaid Announces
Proration Cuts for 2012
PG 6

Dr. Richard H. Streiffer Joins the
University of Alabama's College
of Community Health Sciences
PG 8



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Scope Managing Editor

Jeffrey E. Arrington
 Alabama Academy of Family Physicians
 19 South Jackson Street
 Montgomery, Alabama 36104
 334-954-2570
 Toll-free: 877-343-2237
 Fax: 334-954-2573
 alafamdoc@charter.net
 www.alabamafamilyphysicians.org

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Attention Providers!



NEW IMMUNIZATION REQUIREMENT FOR 6TH GRADE ENTRY

Beginning with the 2010-2011 school year, a dose of Tdap vaccine will be required for Alabama students age 11 years or older, entering 6th grade. This requirement will increase by one successive grade each year for the following 6 years to include sixth through twelfth grades, beginning fall of 2016.



by Tonya Bradley, MD

Get Involved in Your Academy

It is hard to believe that this is the last time I will be writing to you in this format. My year as president of this Academy has flown by. I would like to thank you all for allowing me to have the opportunity to serve you in this capacity. I feel that we, as an Academy, have accomplished a lot this year, but we most certainly still have our work cut out for us.

Our state may be facing some of its most challenging times in the next few years. There are tough decisions that are going to have to be made concerning our Medicaid system. At the present time, the deficit we face in paying for Medicaid is, quite frankly, overwhelming. Our governor and state Legislature may step in to make decisions that will directly affect us all in caring for our patients and getting paid for the care we provide. The leaders in all the academies of this state continue to work to try to find solutions to the mounting problem, but no solution is going to be easy. It remains vital that we all stay involved in this process. The outcome will affect everyone who practices medicine in this state, regardless of specialty.

Our state will also be facing exciting times over the next few years. Our primary care shortage continues to be at the forefront of problems we are trying to address. As I have said before, both of our rural health programs at Alabama and Auburn are thriving. They continue to produce family physicians committed to rural Alabama. We, as an Academy, are committed to continuing to support both of these programs. We now have a family medicine doctor as dean of the branch campus in Tuscaloosa, Dean Richard Steiffer. He is featured in an article in this issue of *The Scope*. We have deans at both medical schools who realize the need for primary care and who are willing to sit down with us and listen to our concerns. Our state even has a new osteopathic school opening in Dothan to hopefully produce more primary care doctors.

I continue to be amazed at how politically active members of our Academy have become.

We have a family physician, Dr. Michael Harrington, who will serve as president of the state medical association for the next year. We have family physicians sitting on national committees with our American Academy of Family Physicians. We have a family physician, Dr. John Meigs, serving as speaker on the Board of our national academy. Our state health officer is a primary care physician, Dr. Don Williamson. We have family physicians serving on numerous boards throughout the state. All of the time and commitment they give to these various organizations only serve to better our Academy and to keep family physicians at the forefront of leadership in our state. I wish I had the space to list all of these people by name, but, unfortunately, my list would be too long. I would like to say thank you all for your service. It does NOT go unnoticed.

I hope, over the next few years, more family physicians will get involved in our Academy as leaders. As I said in my last article, it is not enough to just sit on the sidelines anymore. Our Academy needs you. I cannot begin to tell you how much I have learned in my time serving on this Board. My time as president has been invaluable. I have had the opportunity to travel for national meetings and to learn so much from other states and other academies. I have made contacts and friends for life. I have learned things that I bring back to my Board but also things that I bring back to my practice and to my patients. This time has allowed me to see a whole new side of medicine, but it is a side that we all need to be involved in. Our future and the future of our profession depend on it. I hope you all will accept the challenge

of my last article and take this opportunity to get involved.

I would like to take this opportunity to thank a few people who have become so special to me this year. I could not have done this job without Jeff, Lynn and Billie. We, as an Academy, are blessed to have such a wonderful staff. They have kept me up to date on the pulse of our members; they have gotten me to meetings; they have even found a hairdryer during a desperate moment. I am amazed at what they continue to do on a daily basis. I also want to thank my fellow board members. I continue to learn from your experience and value your advice. You have all become dear friends to me. I have to thank my partners, Dr. Scott Greer and Dr. Brett Cuthbertson. They have covered call for me numerous times to allow me to travel for the Academy. I especially want to thank my family. My best friend and husband, Royce, has gone above and beyond to be supportive. He has never once complained about all the things he has had to do while I am gone. He has stood behind me and supported me through this entire year.

I hope I have served you all well during this last year. I will continue to work for our Academy this next year as chairman of the Board. I look forward to working with Dr. Allen Perkins, our incoming president. I know he will do a great job in this position. Thank you all for your support, and I hope to see you at our meetings and on our Board soon.

Tonya Bradley

Medicaid Announces Proration Cuts for 2012

As a result of General Fund proration that was declared by Gov. Bentley in March, the Alabama Medicaid Agency, along with all other state agencies that draw from the General Fund, has been directed to cut its budget. The cuts will be implemented in three ways:

- **Reduction of payments to certain provider groups by 10 percent.**
 - Physicians (all specialties and primary care will be cut evenly).
 - Dentists.
 - Physician lab and X-ray.
 - Durable medical equipment.
 - Independent lab and X-ray.
 - Other licensed practitioners.
 - Maternity primary contractors (effective for dates of service on or after May 14, 2012).
- **Reduction in services to adults (benefits to children remain unchanged).**
 - Change coverage of routine eye exams and workup for re-

fractive error to once every three years (now one eye exam every two years).

- End coverage of eyeglasses as a benefit (now one pair every two years).
- Limit drugs to one brand-name drug per month; generics and covered OTCs remain unlimited. Allowances will remain for up to 10 brands per month for antipsychotics, antiretrovirals and switchovers. (In addition to children, LTC recipients are excluded from this reduction.)
- **Reduction in cough/cold covered drugs for all recipients: Legend generic cough/cold drugs will no longer be covered (legend brand drugs are currently non-covered). Certain OTC drugs will remain covered.**

Except as specified otherwise above, these reductions are effective for dates of service on or after June 1, 2012.

2013 Medicaid Budget Could Cause Provider Cuts

The Legislature's 2013 General Fund budget, which passed close to midnight on the last legislative day, appropriated money for a bare-minimum Medicaid program, some of the funding being conditional upon passage of a constitutional amendment in September to move state money from one savings account into the General Fund. If that fails, several state agencies, including Medicaid, will be cut to make up the difference. Additionally, Gov. Bentley will likely call a special session at that point to find ways to fund Medicaid and other state agencies that draw from the General Fund.

While providers in the Patient First program will not receive any reductions in payment, those outside the program are likely to see 10 percent cuts, according to the Medicaid Agency's calculations for the coming fiscal year, which begins October 1. The ALAFP is working with the Medicaid Agency and state leaders to identify additional monies — estimated at roughly \$12 million — to prevent these cuts from going into effect in 2013.

Physician payments are a very small portion of the Medicaid budget, but these rates are not set in statute, like the rates of hospitals and nursing homes, which contribute to the Medicaid budget. Various proposals were floated by different parties to increase Medicaid funding, including implementing commercial managed care and levying a tax on physicians. The ALAFP opposed these measures and was successful in preventing their inclusion in the 2013 budget. It is possible these proposals could resurface during the next session.

During the budget discussions, the ALAFP also proposed a number of solutions to increase Medicaid funding and retain physicians in the program. These included both a \$1 increase in the cigarette

tax earmarked for Medicaid, which would have raised an estimated \$220 million, as well as raising provider payments to Medicare rates. Neither of these proposals were included in the budget, however, and when they failed, the ALAFP asked the Legislature to prevent any cuts to physicians next year. The negotiations between the House and Senate, which passed differing versions of the budget that had to be worked out in a conference committee, ended up with a prohibition on cuts to Patient First participants but no such protection for physicians outside the program.

As mentioned above, the Academy is working with the Medicaid Agency and state leaders to identify additional funding to prevent any cuts to Medicaid providers for 2013. With several months to go before the cuts for 2013 go into effect, we are hopeful that this small amount of additional funding will be found.

One of the long-term problems with Medicaid funding has always been the lack of substantial revenue growth mechanisms in the General Fund (the source of Medicaid funding), which has been hit hard by the current economic recession. Looking forward, if the Legislature is successful in approving legislation during the special session to move a portion of an existing state use-tax growth mechanism into the General Fund, it could prove to help with the annual funding crisis in the future.

While the Affordable Care Act already provides that the federal government will begin paying Medicare rates for two years beginning January 1 to primary care physicians participating in Medicaid, the Centers for Medicare and Medicaid Services (CMS) has proposed a regulation to expand that increase in payment rate to primary care subspecialists. CMS is accepting comments on the proposed regulations, and the Medical Association will soon submit a comment in strong support.

Physicians Face Increased Burden with Proposed Rule on 60-Day Repayment of Medicare Overpayments

CMS recently issued its proposed rule regarding the 60-day repayment obligation of Medicare overpayments. The proposed rule would significantly increase the burdens on Alabama physicians, unless changes are made in the final rule. The proposed rule creates a new 10-year look-back period for overpayments and establishes a deliberate ignorance or reckless disregard standard for conducting a reasonable investigation into allegations of potential overpayments.

The proposed rule specifically requires a person to return any overpayment to the secretary of the U.S. Department of Health and Human Services, state or other relevant contractor, along with a written explanation of the reason for the overpayment. The report of the overpayment and return of applicable funds must occur within 60 days after an overpayment is discovered or the date any corresponding cost report is due. A physician who fails to make such a report and repayment creates an obligation that may subject him or her to liability under the False Claims Act and the Civil Monetary Penalties law.

The proposed rule requires physicians to report any overpayments that are identified within 10 years from when the overpayments are received. This 10-year repayment window would likely create a significant

A physician who fails to make such a report and repayment creates an obligation that may subject him or her to liability under the False Claims Act and the Civil Monetary Penalties law.

burden on many providers. Physicians may find it difficult to conduct investigations where documents and information regarding the potential overpaid claims may no longer be easily obtainable.

CMS is proposing to adopt the statutory definition of an overpayment (so any funds a person receives or retains under the Medicare program to which the person, after applicable reconciliation, is not entitled constitutes an overpayment). Examples of overpayments include payments in excess of allowed amounts, payments for non-covered services, duplicate payments, errors or non-reimbursable expenditures in a cost report or receiving funds from Medicare when another party is primarily liable.

CMS proposes that an overpayment is “identified” when a physician has actual knowledge of the overpayment’s existence or acts in reckless



disregard or deliberate ignorance of the overpayment. Physicians should exercise reasonable due diligence through self-audits, compliance checks or other research techniques to determine if an overpayment exists or not. For example, physicians who receive information that a potential overpayment exists and do not reasonably inquire whether an actual overpayment exists could be subject to liability under these proposed rules.

CMS proposes that physicians will report overpayments through the existing voluntary refund process and using a specific form. The form includes, among other things, the following details:

- 1) Information about the physician
- 2) Information about the claim
- 3) How the error was discovered
- 4) The reason for overpayment
- 5) The physician’s corrective actions to ensure the overpayments do not happen again

It is important to note that CMS proposed regulations to address the repayment of Medicare overpayments on two previous occasions that were never finalized. CMS has accepted comments from physicians, hospitals, suppliers and other concerned entities regarding this proposed rule and will consider them before finalizing a rule.

Rich Sanders and Jeff Mustari are with the Sanders Law Firm, P.C. in Birmingham, which represents physicians in corporate and regulatory matters. Rich can be reached at rsanders@southernhealthlawyers.com.

Dr. Richard H. Streiffer Joins the University of Alabama's

Richard H. Streiffer, MD, was recently named the seventh dean of the College of Community Health Sciences at the University of Alabama. He joined the College full-time in May 2012. Dr. Streiffer, a native of New Orleans, earned a baccalaureate degree in math from Tulane University and his medical degree from Louisiana State University School of Medicine in New Orleans, and he completed his family medicine residency here at the University of Alabama College of Community Health Sciences. After several years in rural practice and serving as a preceptor for medical students in his office, he began an academic career at the University of Mississippi in 1984. He has subsequently served as director of the Mercy Family Medicine Residency in Denver, Colorado; as director of predoctoral education in family medicine at LSU School of Medicine in New Orleans, where he started the first required family medicine clerkship in Louisiana; and as founding director of the Baton Rouge General Medical Center's Family Medicine Residency program, the first community-based training program in Louisiana. He was recruited back to New Orleans in 1998 to found the Department of Family and Community Medicine at Tulane University School of Medicine, a former "target"

Dr. Streiffer has been the project director on several federal training grants with a focus on primary care education and development of a rural physician workforce.

school, and served for 12 years as chair of that department, providing oversight to development of its clinical practice, student teaching programs and residency affiliations.

During the course of his career, Dr. Streiffer has been the project director on several federal training grants with a focus on primary care education and development of a rural physician workforce. He founded the Tulane Rural Medical Education Program (TRuMEd), a program to selectively admit rural students to Tulane University with a commitment to future rural practice; and he created the Tulane Rural Immersion Program (TRIP), a novel nine-month rural



longitudinal integrated clerkship, with the support of a grant from the Josiah Macy Jr. Foundation. He also received a \$1 million Health Resources and Services Administration grant to oversee the development of a medical home curriculum within the required family medicine clerkship at Tulane.

He has been active in leadership and committee roles at the national and state levels

in the Society of Teachers of Family Medicine, serving as STFM's secretary-treasurer from 2010 to 2012, and in the American and Louisiana Academies of Family Physicians, including serving as president of the LAFP from 2003 to 2004. He was appointed to the Louisiana Health Works Commission by Louisiana Gov. Bobby Jindal in 2009 and served as the co-chair of the Governor's Interagency Task Force on the Future of Family Medicine in Louisiana from 2004 to 2012. In 2006-2007, he spent a sabbatical year working with the Louisiana Department of Health and Hospitals on graduate medical education and primary care workforce issues in the

context of the post-Katrina Health Care Redesign initiative.

Dr. Streiffer has been recognized during his career with several teaching awards, including the Outstanding Alumni Award for Academic Achievement from the College of Community Health Sciences at the University of Alabama. In 2011, he received two prestigious teaching awards from Tulane University: the Teaching Scholar Award from Tulane's School of Medicine and the President's Award for Excellence in Graduate and Professional School Teaching, a universitywide award given to Tulane faculty members who have a sustained and compelling record of excellence in teaching and learning and an ongoing commitment to educational excellence.

Throughout his career, Dr. Streiffer has maintained an active primary care practice. He is board-certified in family medicine and holds a Certificate of Added Qualification in geriatrics. He is also a certified mohel and has served families in the Baton Rouge and New Orleans Jewish communities for the important life cycle event of *brit milah*.

Dr. Streiffer is married to New Orleans native Ann, a gerontological nurse practitioner and chocolatier, and together they have three grown kids and three kids-in-law, four

College of Community Health Sciences

grandsons, a chocolate lab, a yellow lab mix and a love of chocolate.

Now, Dr. Streiffer has accepted the challenge to return to another home, the site of his family medicine residency training here at the University of Alabama, to lead the College of Community Health Sciences in addressing primary care needs in Alabama, the region and the country.

The Scope of Family Medicine had an opportunity to visit the beautiful city of Tuscaloosa, Alabama, and sit down with Dr. Streiffer to get his insight regarding where he sees the practice of family medicine going during the next decade and what his plans are for the College of Community Health Sciences of the University of Alabama to address the primary care physician shortage facing our nation.

Dr. S.: “There is no question that more primary care is an absolutely critical component in improving the performance of the health care system in the United States. It’s a slam-dunk, it’s a no-brainer, and it’s not up for debate. The evidence is compelling and completely irrefutable. Family medicine is the model; it’s the model that the vast majority of the world has embraced. So how do we get there?”

“For starters, we are not training enough primary care doctors. Medical schools have failed miserably in assuring diversity in a way that closely resembles the population of the United States. That is largely due to recruiting and the admissions process. Admissions committees, for the most part, want to replicate themselves, and admission committees tend to be disproportionately basic science and specialty-oriented urban physicians. Bottom line, we need to change the admissions process. Now, once we get them in, the purposeful curriculum and the hidden curriculum need to stop undermining the choice of primary care. With this generation of medical students being socialized in a specialized high-tech, bio-medical environment and having few primary care role models with little early direct exposure to primary care, I believe that community-

based medical schools will help address our primary care physician shortage. Evidence shows that community-based third- and fourth-year branch campus programs like

We will continue to be innovative, to train doctors for future practice and to partner with and engage communities in strategies that lead to healthier populations.

ours do a better job of producing primary care physicians.

“What seems clear, based on lessons drawn from across the industrialized world, is that a robust, properly prepared and appropriately distributed primary care workforce and, in particular, a family physician workforce — will be a critical necessity if we are to improve both the performance of the health care system and the health of the public.

“We have a 40-year track record of accountability to this explicit social mission. The University of Alabama’s College of Community Health Sciences (CCHS) was created in 1972, in the words of our founder, Dr. Willard, ‘to train a new type of doctor — a family physician.’ CCHS has since produced nearly 400 family medicine and primary care physicians who specialize in comprehensiveness, from preventing illness to treating acute illness and injury to managing chronic diseases. The majority of our graduates practice in Alabama and, in particular, in designated Health Professional Shortage Areas.

“Despite the hard and successful work of CCHS and our primary-care-oriented colleagues across the state, Alabama continues to experience a shortage of more than 200 primary care physicians. The situation is particularly severe in certain rural and perpetually impoverished areas such as the Black Belt. Further, this number will undoubtedly continue to rise as the primary care physician population ages and moves rapidly toward many retirements. Our country’s absolute need for comprehensivists will further increase with both the expansion of health care coverage and with health

care reform, as well as the aging of the baby boomers and the rise of chronic disease in that population. The current nationwide production of primary care physicians —

estimated to be only some 20 percent of all physicians finishing their training — is simply inadequate to grow the overall percentage represented by primary care doctors among all doctors, from the current 30 percent to the 40 percent or preferably 50 percent that worldwide experience compellingly argues for.

“Our mandate to train primary care physicians for community practice throughout Alabama, particularly rural communities, continues, and we will respond. We will continue to be innovative, to train doctors for future practice and to partner with and engage communities in strategies that lead to healthier populations. We embrace rigorous training in clinical skills — a team-oriented interdisciplinary approach to practice. We embrace the integration of the behavioral and social sciences with the biomedical sciences and will seamlessly merge public health principles with our day-to-day clinical medicine for the benefit of community health. As an organization, we value collaboration, innovation, patient-centeredness, learner-centeredness and continuous learning. We will continue to strive for the highest-quality medical education and training for our medical students, residents and fellows, and to work in collaboration with physicians, health care providers and community agencies throughout the state.

“The 20th Report to Congress from the Council on Graduate Medical Education stated, ‘Medical schools have an implied societal contract to produce physician resources in response to society’s health care needs.’ The College of Community Health Sciences will respond to that social contract.”

Congratulations to Vaccines for Children Providers *with Outstanding Vaccination Coverage Rates*

The Alabama Department of Public Health (ADPH) staff performs VFC-AFIX quality improvement visits to VFC provider clinics annually. These visits allow the ADPH staff to assist VFC providers in determining vaccination coverage levels of the clinic and if VFC guidelines are being followed, as well as offering education and CEU credits

for clinic staff members. The following are results of the 2011 VFC site visits for those clinics that achieved vaccine coverage levels of 100 percent, over 90 percent and over 80 percent. The ADPH Immunization Division congratulates these VFC providers for outstanding accomplishments in 2011.

100 Percent Vaccination Coverage Rates

2-Year-Olds Completely Immunized
Center Star Family Practice

90 Percent Vaccination Coverage Rates

2-Year-Olds Completely Immunized
Clay County Health Department

Adolescents Aged 13-15 Years Completely Immunized

Bay Minette Pediatrics
USA Department of Pediatrics
USA Midtown Pediatrics
SARHA – Enterprise Children’s Center
Pediatric Associates – Kellyton
Tots ‘N’ Teens Pediatrics, PC
Dr. Theodore Robbins
Alabaster Pediatrics
Pediatrics East, PC
Cullman Family Practice
Children’s Medical Center – Decatur
Cullman Medical & Pediatric Associates
Dr. Das Kanuru
Hamilton Pediatric Clinic
St. Vincent’s Pediatrics

80 Percent Vaccination Coverage Rates

2-Year-Olds Completely Immunized
Coosa Valley Pediatrics
Phenix City Children’s
SARHA Doctor’s Center Pediatrics
Centro Medico Familiar
Dr. Elizabeth Low
Henry County Health Department – Abbeville
Walker County Health Department
UAHMC Pediatrics
Brightstarts Pediatrics, PC
Madison Valley Pediatrics, PC
Pediatrics Plus, PC

QOL – Health Complex
BHC – Dekalb Medical Clinic
Lakeshore Pediatrics of Russellville
Randolph County Health Department
Jackson Medical Center – Urgent Care
Family Practice Associates
Southern Medical Multispecialty Group
Lakeshore Pediatrics
Kids Town Pediatrics of Athens
Alexandria Pediatrics

Adolescents Aged 13-15 Years Completely Immunized

Prime Care Pediatrics
South Baldwin Children’s Center
Carmel Health Network
Extended Family Care Medical Clinic
IMC – Pediatric & Adolescent Medicine
Flomaton Medical Clinic
AHD – Southwest Alabama Health Services
Family Practice Associates
Montgomery Family Medicine
Growing Up Pediatrics – Inverness
Southlake Pediatrics
Dr. Lefferage Robbins Jr.
Acton Road Pediatrics
Pediatrics East – Deerfoot
Hillcrest Behavioral Health
Chilton Pediatrics of Alabama
Midtown Pediatrics
WHS – Eutaw
Pediatrics West
South Trace Pediatrics
ABC Pediatric Clinic
Cullman Primary Care – Eva Health
Dr. Jeffery Hull
Internal Medicine & Pediatrics of Cullman
Mize & Mize Pediatrics
Pell City Pediatrics

The Alabama VFC Program appreciates all their help in their daily preventive health care practices. Thank you.

Dr. Michael Harrington Takes Reins as MASA President



Birmingham family physician and past President of the Alabama Academy of Family Physicians T. Michael Harrington, MD, was recently tapped to become the new president of the Medical Association of the State of Alabama.

A graduate of the University of Alabama, Dr. Harrington has served MASA in a variety of roles, including vice president (2004-2005), secretary-treasurer (2007-2010) and as a member of the ad hoc committee on Collaborative Practice (2008-2009) and the Council on Medical Education.

After graduating from the University of Virginia's School of Medicine, Dr. Harrington completed postgraduate training at the Naval Aerospace and Regional Medical Center in Pensacola, Florida. After serving 12 years in the U.S. Navy, reaching the rank of lieutenant commander, Dr. Harrington retired in 1984 but continued to pursue his passion of community and family medicine — something he said he would like to see as the linchpin of his presidency in the coming year.

“Lastly, physician workforce is terribly important to me,” Dr. Harrington said. “We need many different types of physicians, but what I know the best about is primary care. Sixty-two of Alabama’s 67 counties do not have adequate primary care. We need to fix that. Let’s work with our communities. Let’s work with one another to at least get our counties in this state adequate primary care and the necessary specialty care.”

Today, Dr. Harrington is a professor in the Department of Family and Community Medicine at the University of Alabama at Birmingham and associate professor of nutrition sciences in UAB’s School of Health Related Professions.

He is a past president and vice president of the Jefferson County Medical Society and has been a member of MASA since 1984.

Our Family Practice Residency Program’s Outstanding Resident Is . . . *James P. Colvard, DO*

Originally from Florence, Alabama, Dr. Colvard is a graduate of the Philadelphia College of Osteopathic Medicine – Atlanta Campus. He is the oldest of five children of Dr. and Mrs. David R. Colvard. He received his undergraduate degree from Shorter College in Rome, Georgia.

Dr. Colvard received undergraduate awards and accomplishments including honor graduate, Dean’s List each semester, Outstanding Senior in Natural Sciences, *Who’s Who in American Colleges and Universities*, the Shorter Christian Association Leadership Award, All-Conference Academic Men’s Soccer Team, a soccer athletic scholarship, a provost academic scholarship and a Winthrop-King Study Abroad scholarship.

On his recent application, he stated that his desire to go into family medicine was to show people the love of Christ. “Medicine is not only a career; it is a ministry. It is an opportunity to give people hope, guidance and a true reason to live with vitality.” Dr. Colvin lives this each day.

In his spare time, Dr. Colvin enjoys hobbies and interests including his church and his family, snow skiing, waterskiing, soccer and all outdoor sports, as well as traveling both domestically and abroad. He also speaks fluent Spanish.

The Medical Society and the Montgomery Family Medicine Residency Program are pleased to present **Dr. Colvard** with the Outstanding Resident Award.

Mid-Winter Meeting Announcement

Chapter's Life Stages '12

The Alabama AAFP Chapter's Life Stages '12 CME meeting is set for December 8-9 at the Embassy Suites in Hoover, Alabama.

We will be offering a seven-hour program on Saturday. On Sunday, attendees will also be able to participate in a Self-Assessment Module (SAM), which is required for board certification.

Attendees will be able to choose to attend two days or just a single day. Watch for details in a special mailing in early October.

AAFP Contract Review Program for Residents

The Academy is pleased to announce that it has negotiated an arrangement with the Sanders Law Firm, P.C. in Birmingham that will benefit residents and fellow members of the Academy. Specifically, the Sanders Law Firm will review a draft employment agreement for any Academy member, discuss the draft employment agreement with the member and recommend changes where necessary for a flat fee of \$500. Rich Sanders, the firm's president, has spoken at the Summer and Mid-Winter meetings of AAFP since the late 1990s, and he has previously assisted Academy members with HIPAA and corporate compliance programs. If you have any questions about this new contract review program, please call Rich Sanders at 205-930-4289 or e-mail him at rsanders@southernhealthlawyers.com.

Anna Wray Lusk of Scottsboro, Alabama — 2012 Alabama Tar Wars® Poster Winner

As the winner of the state contest, Anna received a check from the Alabama Academy Foundation for \$300, as well as an all-expense-paid trip for her and a parent to the National Tar Wars® Conference in Washington, D.C., in July.

Tar Wars® is an anti-tobacco education program and poster contest sponsored by the American Academy of Family Physicians. It is targeted to fourth- and fifth-graders, and many of the one-hour classroom presentations were conducted by family physicians. In Scottsboro, members of the Health Occupations Students Association (HOSA) taught the course.

Anna's poster was sent to the national competition for judging against more than 30 other chapters' winning posters.



Family Medicine Positions

The Department of Family Medicine in the College of Community Health Sciences at the University of Alabama (UA) is excited to announce the availability of two assistant or associate professor faculty positions for full-time BC/BE family physicians to meet its growing needs. Faculty members are responsible for teaching medical students and residents in clinical training, engaging in scholarly activity, providing direct patient care and administrative tasks typical for a faculty appointment. In addition, our Family Medicine Residency Program was recently awarded an expansion grant, which has generated multiple opportunities for moving into leadership roles, depending on the experience and interest of the individual.

The College of Community Health Sciences is dedicated to primary care and to preparing physicians for practice in rural or underserved areas. The Department of Family Medicine has been critical to this mission, providing excellence in the training of fellows, residents and medical students and providing outstanding clinical care for the surrounding community. The outpatient facilities are based in a new 77,000-square-foot building on the UA campus. Inpatient training occurs at DCH Regional Medical Center, which serves a seven-county area in west Alabama. The Tuscaloosa Family Medicine Residency Program, currently with 36 residents, is unopposed and has graduated more than 400 physicians in its 40-year history, half of whom now practice in rural areas. The College also serves as a branch campus for the University of Alabama School of Medicine and trains 70 third- and fourth-year medical students as part of its mission.

Tuscaloosa, with a population of approximately 100,000, is located in west central Alabama. As the home of the University of Alabama, it offers exceptional educational, cultural, sports and recreational opportunities. Located one hour from Birmingham, three hours from Atlanta and five hours from the Gulf Coast, UA is a comprehensive research institution that offers a wide variety of opportunities for faculty members and their families.

In addition to the professional credentials indicated above, the successful applicant will demonstrate a commitment to the College's



mission to train physicians to serve rural areas, the ability to work collaboratively and the willingness to enthusiastically participate in the life of the College. Obstetrics training is a plus. Academic appointment and salary will be commensurate with experience. For more information, please see our website at www.cchs.ua.edu. Applications will be accepted until the positions are filled. Applications must be submitted online at <http://facultyjobs.ua.edu>. Attach a letter of interest, a CV and three references with whom you have worked to the application.

Summary of the HIPAA Privacy Rule

The *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule") established, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule standards address the use and disclosure of an individual's health information — called "protective health information" — by organizations subject to the Privacy Rule — called "covered entities" — as well as standards for individuals' privacy rights to understand and control how their health information is used.

While HIPAA does limit disclosures of a patient's medical information, it does not totally prohibit them. Physicians may still discuss and review a patient's medical records in many circumstances and not be in violation of HIPAA rules. Reasonable precautions and safeguards are also required to ensure that only appropriate persons in a physician's office have access to a patient's medical records.

For more information about the HIPAA Privacy Rule from the U.S. Department of Health and Human Services, visit www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html.



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DR. JOSEPH FRITZ
Family Physician
Tuscaloosa, AL

Our name says it all: Community. Health.

Did you know that approximately one of every eight family physicians practicing in Alabama trained at the College of Community Health Sciences at The University of Alabama? For 40 years, the College has been educating family physicians and placing many into practice in rural Alabama. Our trainees provide continuing, comprehensive health care for the individual and family. This provides you, *the patient*, with a medical home, and, if necessary, a most trusted health adviser when the need for specialty care arises. The College of Community Health Sciences at The University of Alabama has trained 400 family physicians, many of whom practice in rural areas of the state.

Our College is dedicated to improving health care in this state by working with family physicians in the context of their community.

For more information about what CCHS is doing in your community visit cchs.ua.edu or call 205-348-5701.



THE UNIVERSITY OF ALABAMA
College of Community Health Sciences