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The Vaccines for Children (VFC) program provides vaccines to eligible children without vaccine cost to the provider. All routine childhood vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are available through this program. The program saves parents and providers out-of-pocket expenses for vaccine purchases.

What are the benefits of the VFC program?

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- Save money on your vaccine purchase because you will receive public-purchased vaccines under the program.

- Receive technical assistance to help improve your vaccination rates, such as record-keeping, vaccine handling, and vaccination opportunities.

How can I enroll as a provider in the VFC program?

Enrolling in the VFC program is easy! Call the Alabama Department of Public Health’s Immunization Program. Then...

1. Request a provider enrollment package.
2. Complete and return the enrollment form.
3. Return the Provider Profile form, as required, to ensure you receive the amount of vaccine needed for your office.

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The Scope of Family Medicine
Spring 2012

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Probably one of my favorite quotes about leadership is that leadership is action not position. Having just returned from our Medical Association’s Governmental Affairs Conference in Washington, I can tell you that it is time for leaders to step up. I am not just referring to those of us who hold positions in this academy; I am talking to all of you that are reading this article.

Another physician asked me one day why I chose to be active in what he called the political side of medicine. My response was how could I choose not to be involved? It is no longer enough to just go to the office and see patients every day because the existence of our specialty is under attack all the time. Already, in this legislative session, bills have been introduced that continue to encroach on our spectrum of care. I guess we, as primary care physicians, should feel flattered that so many other groups want to do what we do. However, we are the ones who spend the time and countless hours training to care for our patients. We are the ones who sacrificed time with our spouses, our families and our friends to learn how to be good physicians. It is now time for us to reach out to our legislators to protect our scope of care. It is time for us to remind them that we are the ones who have all those hours of training.

As I was sitting in the doctor’s lounge one morning, I was struck by all the complaining that was going on among the different specialties. Yet, everyone was in essence complaining about the same things — longer hours, less pay and more responsibility. We all face the same challenges every day; I know I seem to have more paperwork than ever before, which is ironic since I am on an electronic medical record. My office spends more time doing prior authorizations than we ever have. I dread every January because I know my patients are going to start calling because their insurance changed what medications they cover or they changed where the patient can get the medications. Yet we as a profession just sit back and do what is asked of us. I often wonder what would happen if more leaders stepped up, and we started fighting back together. Again, as I said before, it is not enough just to go to the office and see patients anymore.

One of the big issues facing our state and many states surrounding us is the issue of financing our Medicaid programs. As I have been traveling lately to different meetings around the nation, it has certainly been a hot topic of conversation. Every state is certainly facing its own issues and every state has a different solution. Many companies are emerging to come forward to run Medicaid programs. Our own state has been considering this as an option to “fixing” our system. I was impressed with one state in particular that did not want a third party to take over its system. The solution was that a group of physicians banded together and took over the Medicaid system, and it worked. They took the struggling program and put it back in the hands of physicians to run. But it took leaders stepping up to get this done. It is not enough to just go to the office and see patients anymore.

The other big issue we continue to face every year is the SGR, or the lack of fixing the SGR. Many physicians have stopped taking new Medicare patients because of this. Your state and your national academy continue to push congress on this issue, but it has not been enough. We all need to be calling, writing and e-mailing our congressmen to tell them what we think and what effect this has on us as physicians and on our patients. There is no longer time to sit back and assume someone else will do this for us. It is not enough to go to the office and see patients anymore.

Our state academy is a very active one. We continue to push for better payments with our major insurance companies. We continue to work with our state’s two pipeline programs to push for more support and their continued success. We continue to work with our legislature to try to protect our scope of practice. We continue to support training the future leaders of our academy by providing leadership training opportunities. We even are working with our governor to continue to try to find solutions to the shortage of physicians in our rural areas. As I said in my previous article, it is an exciting time to be a part of this academy. But we need you! We need more physicians coming forward to participate in our academy. We need more leaders stepping forward to be a part of this academy. It is no longer enough to just go to the office and see patients!
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The AAFP has assailed Congress for failing to approve a long-term Medicare physician-payment solution and opting instead to settle for another short-term payment patch. “Congress has missed an important opportunity to permanently solve the Medicare physician payment crisis, ensure health security for elderly and disabled Americans and enable physicians to develop the long-term plans needed to redesign their practices into patient-centered medical homes,” said AAFP President Glen Stream, MD, MBI, of Spokane, Washington, in a prepared statement.

On February 17, both the House and Senate passed H.R. 3630 (at the THOMAS website, type “H. R. 3630” into the search field after selecting “Bill Number”), which provides a 10-month extension of the current Medicare physician payment rate. Passage of the measure, which also addressed tax relief and unemployment benefits, essentially blocks a 27.4 percent Medicare payment reduction that was scheduled to take effect on March 1 as a result of the sustainable growth rate, or SGR, formula. Because H.R. 3630 postpones but does not eliminate the threat posed by the SGR, physicians will face a 32 percent Medicare payment reduction when the payment patch expires at the end of this year.

The continued threat of deeper cuts to Medicare physician payment is the tip of the iceberg,” Stream said in the statement. “Private insurers and TRICARE — which covers members of the military and their families — base their physician payment on the Medicare rate. When Medicare threatens to slash reimbursement, the private sector follows. That reality underlies recent survey data showing that a 25 percent Medicare pay cut would force more than one in 10 family physicians to close their doors.

“No business can remain viable when forced to work in such an uncertain and shifting revenue environment.”

This latest action comes on the heels of Congress’ passage of a two-month Medicare payment patch in late December, after which a House and Senate conference committee went to work to reconcile differences in House and Senate bills that would extend the Medicare payment rate and other provisions beyond the February 29 cutoff. The conference committee agreed to a 10-month extension, which then was approved by Congress.

“The continued threat of deeper cuts to Medicare physician payment is the tip of the iceberg,” Stream said, noting that the cost of repealing the SGR will climb from $316 billion today to $335 billion in 2013.

But Congress failed to capitalize on that opportunity and, instead, left in place a formula that is “crippling” the Medicare payment system, Stream said.

“The continued threat of deeper cuts to Medicare physician payment is the tip of the iceberg,” Stream said, noting that the cost of repealing the SGR will climb from $316 billion today to $335 billion in 2013.

According to resources the AAFP developed to assist members in making the transition, the switch from ICD-9 to ICD-10 will increase the number of diagnosis codes from about 14,000 to 69,000.

AAFP President Glen Stream, MD, MBI, of Spokane, Washington, told AAFP News Now, “I’m very encouraged that Secretary Sebelius has chosen to delay implementation of ICD-10. The AAFP has advocated on behalf of our members for a deadline extension because of the financial and administrative burden this transition places on all physicians and, particularly, those working in small practices.

“We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead,” Sebelius said in the release. “We are committing to work with the provider community to re-examine the pace at which HHS and the nation implement these important improvements to our health care system.”

“Any additional time granted by HHS will allow the Academy to provide more help to members as they prepare for this big change in their practices.”
A little-known state Medicaid program that helps recipients keep their health insurance coverage will soon be looking to enroll more participants.

The Health Insurance Premium Payment (HIPP) program pays health insurance premiums for qualifying Medicaid recipients who have high-cost medical conditions. In some cases, this may benefit qualifying Medicaid recipients who cannot continue to pay their health plan premiums due to job loss, medical leave or other reasons. This service helps certain high-cost recipients receive the necessary health care they need when it is cost-effective to the state.

“Given the current economic climate, it’s important that the Agency looks for ways to save money while still affording the neediest among us to receive life-saving health care services,” said Keith Thompson, director of the Alabama Medicaid Agency’s Third Party Division, which administers the HIPP program.

To bolster the Agency’s efforts, Alabama Medicaid contracted with Health Management Systems (HMS) to help identify and enroll additional Medicaid recipients who would benefit from enrollment in the HIPP program. During the planning stage, officials from the Agency and HMS met to discuss strategies on how to connect with ideal HIPP candidates. Promotional strategies include direct-mail campaigns targeted toward individuals who fall within specific segments of the state’s Medicaid eligibility file; online resources, such as a membership application; and partnerships with Medicaid caseworkers and others who can refer Medicaid recipients through their daily interaction with this group.

In order to qualify for the HIPP program, a person must be receiving Medicaid, be enrolled or have access to a group health insurance plan, and have a health insurance premium cost that is determined by the Agency to be cost-effective to the state. Once a person is deemed eligible for HIPP, the insurance will be treated as a third-party resource. Individuals in this program often include those with asthma, pregnant women, cancer and HIV patients, and low-birth-weight/pre-term infants, due to the high cost of medical expenses.

According to Thompson, HIPP may provide family coverage. This occurs when the Agency pays for health insurance of non-Medicaid-eligible family members if a non-Medicaid-eligible family member must be enrolled in the health insurance plan in order to obtain coverage for the Medicaid-eligible family members.

More information on the HIPP program, including how to apply, will be available at www.MyALHIPP.com. Interested parties may also call toll-free 855-MYALHIP (855-692-5447).

Early reports from physicians participating in Medicaid’s new care networks suggest that the network concept will not only work well in Alabama but will also provide new venues for physicians, pharmacists, care managers and others to collaborate in ways that will result in better care at a lower cost.

“The physicians in the west Alabama network are already organizing workgroups to look at the asthma and diabetes standards of care, tools for practices and other possibilities,” said Medicaid Chief Medical Officer and Deputy Commissioner of Health Systems Robert Moon, MD. He noted that, within the first month in one network, collaboration between the network’s pharmacist and a care manager identified a diabetic patient who was receiving a medication from someone other than the patient’s primary care physician that would exacerbate the patient’s diabetes. After being contacted by the network pharmacist, the primary care doctor was able to successfully intervene and correct the issue, avoiding a possible ER visit or admission for out-of-control diabetes.

“There is a lot of enthusiasm and interest around the concept of locally led care networks, and we look forward to the ideas that providers in the networks will generate to improve patient care and control costs,” Dr. Moon said.

The first network, a four-county area in east Alabama, began August 1 to offer services in Lee, Chambers, Tallapoosa and Macon counties. The other two networks began September 1 in west Alabama (Tuscaloosa, Fayette, Pickens, Greene, Hale and Bibb counties) and Area 3 in north Alabama (Madison and Limestone counties). Approximately 80,000 Medicaid recipients are part of the pilot project.

“It has been very encouraging to see the response to the program from the primary medical providers affiliated with the Patient 1st program,” Dr. Moon said. “PMPs serving more than 90 percent of the Patient 1st recipients in all three regions have registered for the program. This confirms that providers see this concept as supportive of their efforts to provide quality patient care.”

For more information about the care networks, go to http://medicaid.alabama.gov, select “Programs” near the top of the page, then select “Care Networks.”
Dr. Melinda Rowe Named Medicaid Assistant Medical Director

Melinda G. Rowe, MD, MBA, MPH, has been appointed assistant medical director of Health Systems for the Alabama Medicaid Agency. In this capacity, Dr. Rowe will coordinate and work with Agency staff members on a number of issues, including long-term care, radiology/lab programs and quality initiatives, and will serve as the Agency’s contact person for the Alabama Chapter of the Academy of Pediatrics, along with other duties. She will also assist Medicaid Chief Medical Officer Robert Moon, MD.

Board-certified in pediatrics and preventive medicine, Dr. Rowe is a graduate of the University of Alabama, the University of Alabama School of Medicine, and the University of Alabama at Birmingham, where she earned master’s degrees in business administration and public health. Her career includes a variety of public health leadership positions in Kentucky, Georgia and Alabama, including more than six years as the director of health for the Louisville/Jefferson County Health Department in Louisville, Kentucky, where she was responsible for the public health of a community of more than 1 million people.

Dr. Rowe comes to the Agency with more than 25 years of high-level experience in public health management. Prior to joining Medicaid, Dr. Rowe was in private practice, served as regional medical director at Qualis Health in Birmingham and was a medical consultant to the state of Alabama’s Disability Determination Service.

Dr. Rowe has a strong professional interest in rural health care, health education/prevention and evidence-based medicine leading to increased quality of care. She hails from north Alabama and operates a cattle farm with her husband in Chilton County.

New “My Medicaid” Website to Benefit Recipients, Applicants

With the February 6 launch of a new user-friendly website for Alabama Medicaid applicants and recipients, state Medicaid officials hope to better meet the needs of its customers while saving money for the Alabama Medicaid Agency.

Known as “My Medicaid,” the website is now available to expedite the process of requesting a replacement ID card, checking benefit limits, changing Patient 1st primary care doctors and updating address or other personal information, according to Lee Rawlinson, deputy commissioner, Beneficiary Services. The site, which also allows applicants to track the status of a pending application, is available on the Agency’s website at www.medicaid.alabama.gov under “Recipients” and may be accessed from any computer.

The launch of “My Medicaid” website for applicants and recipients is an important milestone in the Agency’s strategic plan to reduce costs and increase efficiency through innovation and technology, she said. Previously, applicants and recipients were limited to calling a toll-free telephone line for help, sending information in via regular mail or by making a personal visit to a worker’s office.

“Before the ‘My Medicaid’ website, recipients had to make multiple calls or remain on hold before getting the help they needed because of the volume of requests. With ‘My Medicaid,’ recipients now have 24/7 direct access,” Rawlinson said. “As more people learn about this website, we hope it will result in a more positive experience for our recipients and their families.”
Helping Our Butterflies Find Their Wings

by Gwenevere Weatherspoon, MS4, University of Alabama School of Medicine, Huntsville Regional Medical Campus

“In the light of the moon, a little leaf lay on an egg.” That line starts the children’s book *The Very Hungry Caterpillar*. The book ends with the emergence of a beautiful butterfly.

As some medical students and pre-kindergarten students in Huntsville learned last summer, reading books can help everyone become a beautiful, healthy butterfly.

These two student groups are incredibly different. Medical students are a template of people who spent their childhood and young adulthood with their noses in books — from beautifully illustrated children’s books to science-based textbooks. The children they were reading with are children who struggle with literacy and often live in homes that don’t even have books.

Yet put the two groups together through a Reach Out and Read program, and everyone emerges with a better sense of the importance of reading to help create a healthy childhood.

Reach Out and Read is a nonprofit organization that serves as a clinic-based pediatric literacy intervention with the goals of modifying a child’s home environment to promote literary development and reading skills. It is an evidence-based early literacy intervention created in 1989 by pediatricians that consists of these three main components: (1) integrating anticipatory guidance about reading aloud, along with modeling and observation of parent-child book use into normal health maintenance exams; (2) providing developmentally and culturally appropriate picture books at each health-maintenance visit between the ages of 6 months and 5 years so that parents are encouraged to read aloud and have the tools to do so; and (3) using community volunteers to read to children in the waiting rooms.

Children’s language and literacy development is a continuous and interwoven process that begins in infancy. Reading aloud to children is the single most important activity affecting literacy development and eventual reading success.

In Huntsville, third- and fourth-year students at the University of Alabama at Birmingham School of Medicine on the Huntsville Regional Medical Campus took time from their clinical training to volunteer for Reach Out and Read — Alabama’s “*The Very Hungry Caterpillar* Campaign: Read Together, Eat Healthy and Grow Strong” in August 2011. Not only did the project fill their natural affinity for helping others, but it also provided a way to incorporate their medical knowledge into service projects.

Students do not have to look far to identify areas of need with the current state of poverty and poor education plaguing our nation and state. According to the National Center for Education Statistics, out of the state’s 3.4 million people, an estimated 15 percent lack basic prose literacy skills. This should be alarming because reading difficulty increases the risk of school failure, juvenile delinquency, substance abuse, teenage pregnancy and other factors that perpetuate cycles of poverty and dependency. Even more distressing is that nearly half of children ages 5 and under across the state (48.6 percent) are living at or near poverty. Studies show that children from poorer families have fewer books in their homes, their schools and their classroom libraries. These children also live farther from public libraries than children raised by middle- and upper-income families.

Children who begin as poor readers are likely to remain so and ultimately fail school, limiting their economic potential as adults. This means that nearly half of the children in our state are at increased risk for lifelong poverty and economic dependence. This is why the students decided to intervene.

The medical students teamed up with the North Alabama Medical Reserve Corps (NAMRC) for this Reach Out and Read project. Several students, a family medicine resident and a physician participated in Reach Out and Read’s “Summer of a Million Books Campaign” at the YMCA of North Huntsville. Eighty children between the ages of 2 and 5 participated in activities involving *The Very Hungry Caterpillar*, by Eric Carle, with the objective of teaching healthy eating habits and that going to the doctor can be fun. Each child was provided with a copy of the book to take home.

After the activities, 25 of the children received full school physicals. The event was a wonderful success as parents, families and children were encouraged to read together, eat healthy and grow strong. With the help of resources supplied by Reach Out and Read – Alabama, students and physicians were able to partner together to make lasting impacts in the lives of these children.

Small interventions made at well-child visits from 6 months through 5 years of age with the simple Reach Out and Read model have been proven to increase school readiness in children. Several studies have
shown that parents whose children receive primary care at Reach Out and Read sites read to their children more frequently, own more books and are more likely to describe reading aloud as a favorite activity. Furthermore, children receiving care at these sites also demonstrate greater language abilities than their non-Reach Out and Read peers, including increases in preschool vocabulary, which is a strong predictor of later school success. The increases on vocabulary tests represent an approximate six-month gain, developmentally speaking, preventing the dangerous “falling behind” that has been observed and measured in many low-income children.

The primary cost of this intervention is the actual children’s book that is “prescribed” by the medical provider to the child at each well-child visit. Reach Out and Read – Alabama has established partnerships with several organizations to provide brand-new books at deeply discounted prices. Consequently, every child who enters the program and remains in it for a full five years will have the foundation for a lifetime of learning and 10 brand-new books at a cost of only $50 per child.

This program provides primary care physicians with a unique opportunity to make a lifelong impact. Across the state, there are more than 60 clinic locations, but they only represent 25 of the 67 counties in Alabama. Currently, there are 1,420 family practitioners in the state of Alabama, and, out of those, 675 (47.5 percent) participate in well-child visits. However, there are only 29 family-practice physicians and 14 family-practice nurse practitioners participating in Reach Out and Read. Family practice physicians have a monumental opportunity to extend their impact from their doctor’s office to the community at large. This investment made in infancy will impact these children in school for years to come.

The process to join is very simple. (1) Go online to www.reachoutandread.org, and fill out the online application. (2) Provide a letter of support from your medical/practice manager. (3) Complete a 30-minute training. (4) Change the lives of children forever.

For more information, or to get involved, please contact:
Polly McClure, RPh
Statewide Coordinator
Reach Out and Read – Alabama
PO Box 477
Clay, AL 35048
www.roralabama.org

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Tate Hinkle, a second-year student at the University of Alabama School of Medicine in Birmingham, was recently named a regional coordinator for the American Academy of Family Physicians National Family Medicine Interest Group Network.

As coordinator, Hinkle will serve as a consultant and resource for the FMIGs on medical school campuses in nine states and three U.S. territories in the Northeast — Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Guam, Puerto Rico and the U.S. Virgin Islands — that comprise Region 4 of the network.

“I wanted to be able to be involved at a national level and be able to share information with a lot of interest groups across the country and take the passion I had developed over the last few years and share that passion with others so that they could understand what we’re trying to do in family medicine,” Hinkle said.

Ashley Bentley, student interest communications coordinator for the American Academy of Family Physicians, said a selection committee appointed Hinkle to a regional coordinator position. Hinkle began active duty on January 1 and will be in the position until December 2012.

“We have five student leaders that really serve as our peer-to-peer communication leaders,” Bentley said. “[Hinkle] can take his experiences and talk to other student leaders who generally tend to listen more to him since he is also a student and can share similar, relatable experiences with them. That’s where he is also very valuable.”

Hinkle completed his master’s degree in biological and environmental sciences at Troy University and received his bachelor’s degree in biomedical sciences from Auburn University before joining the University of Alabama School of Medicine’s Rural Medicine Program in 2009.

“The Rural Medicine Program is a five-year medical school program that is designed to bring in students from rural Alabama and students that are interested in primary care in those areas and help with their leadership and development that will prepare them for being doctors in a rural community.” Hinkle said. “A rural community is different versus a bigger city because, in a rural community, you might be the only doctor in the whole community. The whole program is designed to target those students in smaller areas, because studies have shown that those students are more likely to go back to the smaller areas and practice there.”

Glen Stream, president of the American Academy of Family Physicians, said that FMIGs are one of the best ways for medical students to learn about the breadth, depth and rewards of family medicine.

“Regional coordinators are key to introducing students not only to family medicine but also to the opportunities out there for both service and leadership in their communities and their profession,” Stream said.

Hinkle said one of the main reasons he went into medicine was because he enjoys being around people.

“I think we all go into medicine for the same reason, to help people,” Hinkle said. “From a young age, I realized I wanted to be a doctor but never knew what specialty until I shadowed my first family physician. I saw the deep trust that his patients put in him and the relationship they had developed over many years as a doctor and patient. I knew that I’d found what I wanted to do with my life.”

Reprinted from The Crimson White, February 2, 2012.
Alabama Legislature Considers Commercial Managed Care for Medicaid

Alabama legislators are currently considering a proposal that would convert the Alabama Medicaid system to a commercial managed care organization. Legislators are considering the proposal as a way to reduce the budget shortfall for 2013 and years to come. Rep. Jim Barton (R-Mobile) has reached out to three private managed-care companies, including Missouri-based Centene and Virginia-based Amerigroup, regarding the possibility of managing Alabama’s Medicaid system.

Alabama receives two federal matching dollars for every state dollar spent on Medicaid, so any state dollars cut will represent a total reduction of three times that amount. Rep. Barton says state Medicaid appropriation will be $146 million less than last year, totaling an approximate $450 million when combined with federal dollars.

Georgia instituted Medicaid managed-care six years ago and has been met with mixed reviews. Commercial managed-care companies success often depends significantly on the specific conditions within each state. Dr. Bob Mullins, Alabama Medicaid commissioner, supports continued use of the state run agency. The Alabama Medicaid Agency recently launched pilot programs to reduce overall costs formatted from other state’s programs that helped achieve Medicaid savings in those states.

Alabama’s Medicaid program currently has an operating cost of about 3 percent of its budget, while a private managed-care company can spend up to 15 percent on overhead. Critics to the proposal include the Alabama chapter of the Academy of Pediatricians and Alabama Arise, a nonprofit group that advocates on poverty issues. These groups say that Alabama’s unique structure of Medicaid payments would make it difficult for a for-profit model to work in the state. Critics say there is nothing left to cut in Medicaid except consumer access to essential care or Medicaid reimbursements to providers.

Please feel free to contact the Sanders Law Firm, P.C. with any questions at 404-364-1819 or rsanders@southernhealthlawyers.com.

continued from “Helping Our Butterflies Find Their Wings” on page 11

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1) Alabama Academy of Family Physicians Network Analysis Department (December 2011), Montgomery, AL.
9) Reach Out and Read National Center (November 2011), Boston, MA.
Third Annual Alabama
Rural Health Conference – May 2 and 3

Make your plans to attend the Third Annual Alabama Rural Health Conference at The Marriott Legends at Capitol Hill in Prattville May 2-3. This annual conference has already become recognized as being one of the nation’s best after only two years. This year’s conference promises to continue the tradition of providing valuable information for our rural health care providers.

Nationally recognized professionals on the three following major subjects of interest will be featured:
1. Financial viability, future of rural hospitals, and best practices for rural hospital administrators and staff members
2. Cost reporting and reimbursement of Medicare bad debt for rural health clinics
3. Triage system, documentation and 12-lead ECG for EMS personnel

This conference is co-sponsored by the Office of Primary Care and Rural Health and the Office of Emergency Medical Services and Trauma in the Alabama Department of Public Health, the Alabama Hospital Association and the Alabama Rural Health Association.

For additional information, please visit www.adph.org/ruralhealth/, or contact Dale Quinney at arha@arhaonline.org.

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REGISTRATION FORM

ANNUAL MEETING AND SCIENTIFIC SYMPOSIUM
June 21-24, 2012 • Sandestin Golf and Beach Resort, Destin, Florida

Physician’s name (as you prefer it on your name badge):

__________________________________________________________

E-mail: ____________________________________________________

Spouse/Guest name (as you prefer it on your name badge):

__________________________________________________________

Full Four-Day Conference Registration Fees

<table>
<thead>
<tr>
<th></th>
<th>Pre-Registration</th>
<th>At-Meeting Registration</th>
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<tbody>
<tr>
<td>Four-Day Conference</td>
<td></td>
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<tr>
<td>Alabama AFP Member</td>
<td>$395</td>
<td>$495</td>
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<tr>
<td>Alabama AFP Life Member</td>
<td>$190</td>
<td>$290</td>
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<tr>
<td>Non-Member/Allied Health Professional</td>
<td>$450</td>
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Two-Day Conference Registration Fees

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<tbody>
<tr>
<td>Two-Day Conference</td>
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</tr>
<tr>
<td>Alabama AFP Member</td>
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<td>$310</td>
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<tr>
<td>Alabama Life Member</td>
<td>$100</td>
<td>$200</td>
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<tr>
<td>Non-Member/Allied Health Professional</td>
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<td>$345</td>
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Activities Registrations and Fees

Conference Registration (see prices above) $________

Thursday

Business Breakfast for Members only: I will attend _______ I will not be able to attend _______ $ FREE

Get Acquainted Party/Monte Carlo Night: Number of people in family attending _______ $ FREE

Music by Rob Thornhill, Caricature Drawings by Deano

PLEASE NOTE: You will receive One Complimentary Banquet Ticket with your registration. However, you must check below that you DO want the ticket or that you DO NOT.

Saturday

Annual Banquet: I will need: 0 ____ 1 ____ Free Annual Banquet Ticket

Number of Additional Annual Banquet Tickets Needed: $30 for each adult ______ $ _________

$15 for each child ______ $ ______

Total Fees Enclosed $________

You may pay by check or credit card. Please select your payment method.

MasterCard____ Visa____ Discover____ American Express____

Check (make check payable to: Alabama Academy of Family Physicians)________

Please Print Clearly

Card Holder Name: ____________________________________________ E-mail: ____________________________________________

Credit Card #: ____________________________________________ Expiration Date: ____________ Verification Code #: _______

In order to process credit cards, all information must be completed, including e-mail address.

Address (NOTE: If paying by credit card, please give us the address where you receive your credit card bills)

Street: ____________________________________________________________________________________________________________

City/State/Zip: _______________________________________________________________________________________________________

Signature: ____________________________________________ Phone: (_____) ____________________________________________

(Your signature constitutes an agreement to pay the amount indicated.)

Questions? Call 877-343-2237, Fax 334-954-2573, or e-mail lynnaafp@charter.net or billieaafp@charter.net.

Return to:

Alabama Academy of Family Physicians
19 South Jackson Street
Montgomery, Alabama 36104-3812
Fax: 334-954-2573
Is your family physician a CCHS alum?

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.