



# MARYLAND ACADEMY OF FAMILY PHYSICIANS

ABLE, RESPONSIVE FAMILY PHYSICIANS SERVING THEIR COMMUNITIES

October 14, 2010

MAFP E-BULLETIN, October, 2010, VOL.4, NO.10

**WINTER 2011 MAFP CME - PLAN TO ATTEND!**

**Maryland Academy of Family Physicians**  
**Winter, 2011 Regional Conference**  
*Case-Based Presentations and*  
*Travel Medicine for Primary Care*  
**Saturday, February 12, 2011**  
**Sheraton Baltimore City Center Hotel**  
**Baltimore, Maryland**  
**7.00 CME Credits**

**CONFERENCE DETAILS AND HOTEL REGISTRATION AT [WWW.MDAFP.ORG](http://WWW.MDAFP.ORG)**

**QUESTIONS? CONTACT THE MAFP OFFICE AT 410-747-1980 OR**  
**[INFO@MDAFP.ORG](mailto:INFO@MDAFP.ORG)**

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## Email Congress to Address Pending Cuts to Medicare Physician Payment

Now is the time to stand together. We must remind Congress about the importance of creating stability for patients and physicians as the first step down a path toward permanently replacing the sustainable growth rate (SGR) formula with a new Medicare payment and delivery model.

We want Congress to:

- Understand that cuts scheduled to take effect on December 1 and January 1 cannot be allowed to occur.
- Stabilize physician payment for at least 13 months through the end of 2011.
- Work with physicians on the development of longer-term payment system improvements.

[Please send an e-mail now urging Congress to address pending cuts to Medicare physician payment.](#) Also, use the AAFP's [Medicare Action Tool Kit](#) to advocate for yourself and get your patients involved.

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## Message from Maryland's FamMedPac Champion

The elections are now upon us. There are powerful forces at work in Congress to weaken the physician's role in the new health paradigm. Right now it appears physicians may be precluded from forming ACOs (Hospitals are being urged to form ACOs and hire physicians). Do you feel comfortable depending on your local hospital to offer you a fair share of the monies they receive?! The AAFP must be at the table with our partners in the ACP/ASIM, the AAP and the AMA to protect our practices and the right to organize ourselves to benefit from the new payment structures.

The CRNA (nurse anesthetist) PAC has already raised over \$700,000.00 to work with Congressional Aids and the CMMS regulators to increase their scope of practice and become independent providers like Physical Therapists are already here in Maryland. A three quarter of a million PAC from nurses? Where are the Family Physicians of America?

Well we do have a PAC; the FamMedPac! One dollar a day to join Club George. Three hundred and Sixty Five Dollars a year (cheap!). This is your POLITICAL INSURANCE. Don't you wish medical liability insurance were this cheap...? When the lawyers out-contribute us, we claim we are the "poor cousins" and cannot compete. However, when the nurses, who, in some cases, want to replace us, out contribute us.... we will have only ourselves to blame.




CONCERNED ABOUT  
REIMBURSEMENT,  
COVERAGE ACCESS  
& LIABILITY LAWS?  
*Make sure they know it.*

**FAMMEDPAC**  
*Family Medicine's Champion in Washington, D.C.*  
★ ★ ★

**SUPPORT CANDIDATES  
WHO SUPPORT YOU.**

Support FamMedPAC. FamMedPAC is the political action committee of the American Academy of Family Physicians. It is the financial vehicle through which you can support the election or reelection of candidates who share your commitment to family medicine. Now in its third year, FamMedPAC strengthens AAFP's advocacy efforts and our presence in Washington. And it needs your support.

Contribute now at [www.FamMedPAC.org](http://www.FamMedPAC.org).




Now is the time as never before; mid-term elections, PP ACA regulations, SGR reform... As your PAC Champion for Maryland I implore EVERY MAFP MEMBER to step up and help us build the PAC for this critical push at this important time. Contribute by clicking on [www.FamMedPac.org](http://www.FamMedPac.org).

Jos Zebley MD

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## Seeking MAFP Member for Maryland Commission on Immunizations

The Statewide Advisory Commission on Immunizations, a permanent advisory body within the Maryland Department of Health and Mental Hygiene, has advisory responsibilities regarding vaccine availability, purchasing, distribution and related issues. The Maryland Academy of Family Physicians has one seat on the Commission, now seeking to fill that seat. According to 2002 legislation which established the Commission, the Commission shall:

1. Determine where community vaccine shortages exist and which vaccines are in short supply,
2. Develop a recommendation for a plan to effectuate the equitable distribution

- of vaccines,
3. Review potential provider reimbursement barriers to increasing immunizations,
  4. Review the relative effectiveness of outreach programs that educate the public about the benefits of immunizations,
  5. Review potential cost-shifting of immunization expenses for privately insured patients who receive immunizations at local health departments,
  6. Review potential administrative burdens associated with State purchasing of vaccines.

We ask MAFP members to respond with their expressions of interest to the MAFP office [info@mdafp.org](mailto:info@mdafp.org) or 410-788-6704 in order that we can follow up with DHMH's request that MAFP identify a FP for the Commission. Those responding will be asked to send their CVs, as well as to complete a short Biographical Information Form.

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## Training Opportunity: Developmental Screening Using Standardized Tools

In 2006, the *American Academy of Pediatrics* (AAP) issued a revised Policy Statement on developmental screening that was published in *Pediatrics* (2006; 118: 405-420). According to the AAP policy, it is recommended that developmental screening using standardized tools be performed minimally at the 9, 18 and 24-30 month well visit to assess for potential developmental delays. Additional screening with standardized tools should also be performed at any well visit if either the provider or the parent has concerns. Routine developmental surveillance (assessment by clinical observation) should continue at every well visit from birth through 5 years of age.

One-hour training in your office setting is now available through *The Parents' Place of MD* (PPMD) that will provide more information on the AAP Policy and assist your practice in implementing the use of recommended standardized screening tools. The training is provided free of charge to practices that see children less than 6 years of age. Schedule training for your practice by contacting Marti Grant, R.N., M.A. at 443-621-8361 (cell) or by email at [garymart1@verizon.net](mailto:garymart1@verizon.net). You may also contact PPMD at 410-768-9100 for more information about the training.

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## Promoting Fall CME Offerings



"Talking Diabetes With Your Patients" on November 13, 2010 in Baltimore. MAFP is collaborating with University of Pennsylvania School of Medicine Office of CME to bring a national series of dynamic, interactive, evidence-based diabetes workshops to MAFP members. Diabetes Workshops are designed to enhance knowledge, skills and competencies in order to better overcome barriers to treatment adherence in patients with Type 2 diabetes. These workshops will help participants and their practices improve communication with patients and better manage complex disease issues. The

live workshop consists of evidence-based presentations followed by several small-group breakout sessions. During each session, participants will have an opportunity

to work directly with professional standardized patients who will depict various clinical case scenarios, including adolescent, culturally diverse and depressed patients.

Please join us for this important educational activity: Saturday, November 13, 2010; Sheraton Baltimore City Center Hotel; Baltimore, Maryland; Registration and Breakfast: 7:30 – 8:00 AM; Educational Program: 8:00 AM – 12:30 PM. Discounted parking will be provided. This conference is approved for up to 8 CME credits (4 AAFP/AMA Category I and 4 EB-CME). Credits from this educational activity may be applied to the MAFP CME requirement for Active/Supporting members. The entire healthcare team including physicians, physician assistants, nurses, nurse practitioners, and residents are encouraged to attend. Please visit [www.talkingdiabetescme.com](http://www.talkingdiabetescme.com) for more information and to register. Also, see details at [www.mdafp.org](http://www.mdafp.org).

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TransforMED and the Medical Group Management Association (MGMA) present the 2nd Annual National Patient-Centered Medical Home Conference: The concept of the patient-centered medical home (PCMH) continues to evolve. MGMA and TransforMED have gathered a team of your peers and industry experts to help you navigate the changes and teach you how to succeed in the PCMH model. Join TransforMED and MGMA on the "Journey to High Performance" Nov. 11-13, 2010 in Orlando, FL. Space is limited so register today ([www.mgma.com/pcmh](http://www.mgma.com/pcmh)).

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Conference on Practice Improvement: Assembling the Patient-centered Team, sponsored by the Society of Teachers of Family Medicine and the American Academy of Family Physicians, Dec. 2-5, 2010 - San Antonio Grand Hyatt Hotel - San Antonio, TX

The conference is designed to help any practice begin or continue the work to create a medical home in their practice. It provides a forum for the reflective redesign of practice roles and processes through the team approach. Attendees are encouraged to bring interdisciplinary teams from their practices. Key conference topics will include group visits, advanced access, patient education and self assessment, EHR readiness and selection, quality improvement, quality recognition, the idealized micro practice and team care.

Conference on Practice Improvement Goals:

- Offer practical skills, information, and resources that will enable attendees to create the patient centered medical home in their offices;
- Enhance interdisciplinary education and team development that supports practice improvement, and produces optimal self-management support;
- Encourage the creation of interest groups and networks for the exchange of good ideas and best practices in the transformation of outpatient care.

Conference Web site: [www.aafp.org/pic](http://www.aafp.org/pic). Conference registration form: <http://www.stfm.org/pic10RegistrationForm.pdf> (by November 5 for early registration fee). Hotel Reservations must be made by Nov. 4 to ensure you receive the special conference rate of \$169 and your preferred type of accommodations. For hotel reservations, call 888-421-1442 (Group Code: G-STAA), or visit [www.stfm.org/pichotel](http://www.stfm.org/pichotel).

New Online Continuing Ed Opportunity FREE: Pathways Awareness, in conjunction with the American Academy of Pediatrics (AAP), are proud to announce the availability of a new online continuing medical education (CME) course: *Recognizing Early Motor Delays at the 2-month Pediatric Well Visit*. The program, available at <http://www.pedialink.org/cme/htemd> is being offered FREE for all by entering the code PATHWAYS at check out. Upon completion of the 20 minute course, eligible participants may earn a maximum of 0.50 AMA PRA Category 1 Credits TM, AAP, or NAPNAP credits. The curriculum uses side-by-side video comparisons of infant observation to help health care professionals, students, parents, and caregivers recognize the signs of an early motor delay in children as early as 2 months of age and determine the most appropriate intervention if an early motor delay is observed. Early detection and early intervention are key to ensuring the best for all children's physical development. For more information on early motor delays and the help available, visit [www.pathwaysawareness.org](http://www.pathwaysawareness.org) or call our toll free parent answered hotline at 1-800-955-CHILD (2445).

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The 17th Maryland State Council on Cancer Control Cancer Conference will be held on December 9, 2010, 7:45 a.m. - 3:00 p.m. at the Marriott Hunt Valley. Topics at the conference include cancer prevention including nutrition and physical activity, updates on the impact of health care reform for Maryland and cancer survivorship. There is no cost to attend this conference, and breakfast and lunch will be provided. Application has been made to AAFP for 4.75 Prescribed/AMA Category I CME credits.

Registration Now Open! Online registration is now open for the 17th Maryland State Council on Cancer Control Cancer Conference! Visit [www.MarylandCancerPlan.org](http://www.MarylandCancerPlan.org) to register. Register early to be sure you can attend!

For those of you traveling a long distance that may be interested in a hotel stay the night before the conference, a limited number of rooms are blocked at the Marriott Hunt Valley at the discounted rate of \$103.00 plus taxes. You will be responsible for the cost of the room, tax and incidental charges. To reserve a room, please contact the Marriott Hunt Valley directly at 1-800-228-9290 and request the rate for the Maryland State Council on Cancer Control group. This receive this rate, reservations must be made by November 29, 2010.

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CardioCareLive.com, The Virtual Congress on Cardiovascular Disease, Translating Science into Practice: Recent Advances Across the Spectrum of Cardiology Care; December 8th – 9th, Presented by the Johns Hopkins University School of Medicine.

CardioCareLive is the world's largest virtual medical congress in cardiology produced by PlatformQ and The Johns Hopkins University School of Medicine which takes place entirely online. CardioCareLive enables healthcare practitioners interested in understanding and managing patients with cardiovascular disease to learn, connect and interact in real time. CardioCareLive offers Continuing Medical Education at no cost and delivers all the benefits of a physical conference, with live keynote presentations, panel discussions, Q&A sessions, lectures, peer networking and an exhibit floor, from the convenience of a computer.

At CardioCareLive you can receive CME credits conveniently online, at no cost! The Johns Hopkins University School of Medicine designates this educational activity for a maximum of 15 AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity. This activity has been reviewed and is acceptable for up to 12.5 Elective credits by the American Academy of Family Physicians.

Watch live educational sessions featuring global leaders in cardiovascular care. Network with peer healthcare professionals and respected faculty presenters in real time. Explore a virtual exhibit floor showcasing advances in patient care therapies and medical technologies. [Click HERE to register now!](#)

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## Environmental Scan and News You Can Use

- AHA Issues Research Report on Patient-Centered Medical Homes: Hospitals can support patient-centered medical homes by linking them with affiliated physicians and offering health information technology, staff and management expertise, according to a [report](#) released today by the AHA. The report synthesizes research on the patient-centered medical home, a care delivery model that aims to facilitate communication and shared decision-making between patients/families and their health care providers to improve the patient experience and reduce costs. The Patient Protection and Affordable Care Act includes a medical home program. The AHA Committee on Research developed the report "to understand and identify the unique roles that hospitals can play in supporting primary care practices deliver high-quality, coordinated, patient-oriented care," said committee Chair Al Stubblefield. The patient-centered medical home model can complement the formation of an accountable care organization, the report notes.
- Physician/HealthCare Practitioner – Cost Sharing Opportunity: We are looking for a physician (primary or specialist to cost share. This is a turnkey rental/practice situation. 1-2 rooms are available for 2-4 days per week. Ideal for a practice transition or while establishing a new practice or a solo practice. This could be ideal for part time practitioner who wants to practice their own way without risk & cost of a build out. Additional resources could be included: computer system, billing, telephones. Call today to discuss! 410-772-8001
- [Medical homes, flexible schedules boost access to care](#)  
The Washington Post, September 21, 2010  
"Physicians who adopt medical home practice models offer options for people who otherwise would head to the hospital for nonemergency conditions, according to a report in the Washington Post. Primary care physicians also increase access to care by opening up their schedules to allow for same-day, after-hours and weekend appointments."
- [More U.S. doctors moving to e-prescriptions: report](#)  
Reuters, September 21, 2010  
"About 200,000 U.S. physicians -- or about 1-in-3 office-housed doctors -- now use electronic prescribing, up from 156,000 at the end of last year, according to Surescripts data released Tuesday. The report found 47 states more than doubled their use of e-prescribing in 2009."
- [Cost of health insurance claims to increase 10 percent](#)  
Fierce Health Payer, September 20, 2010  
"The cost of health insurance claims is expected to rise within the next 12 months, but insurers are getting tougher when negotiating prices with hospitals. Healthcare cost trend increases for plans that offer prescription benefits could be 10.5 percent for health maintenance organization plans, 10.7 percent for preferred provider organization plans, and 11.0 percent for health account plans, according to the National Underwriter.
- [Insurers scramble to adapt to healthcare reform law](#)  
Fierce Health Payer, September 25, 2010

"Despite talk by those who would like to see all or part of the healthcare reform law reversed, insurers cannot afford to put off changes to adapt, the New York Times reports. Some are altering their business models to survive. "It is really the Manhattan Project because of the scale and the scope," Karen Ignagni, who heads up America's Health Insurance Plans, said."

- [Hospital mergers exacerbate already tense relations with insurers](#)  
Fierce Healthcare, September 27, 2010  
"Expect to see more mergers driven by the healthcare overhaul, industry watchers say. One prominent example is Johns Hopkins Medicine, which is reaching further south to extend its turf. Last year, it added Suburban Hospital in Bethesda, Md., and it is currently awaiting an OK to add Sibley Memorial in Washington, D.C., to its lineup of hospitals and other facilities. Evidence has suggested that consolidation can lead to higher prices, something the feds already are keeping a close eye on. After a 2000 merger of two Chicago-area hospitals, the Federal Trade Commission noted steep price increases. In 2008 the FTC forced the two hospitals to negotiate with insurers separately."
- [New health-care law may prompt more people to come back home for medical care](#)  
The Washington Post, September 21, 2010  
"Physicians who adopt medical home practice models offer options for people who otherwise would head to the hospital for non-emergency conditions, according to a report in the Washington Post. Primary care physicians also increase access to care by opening up their schedules to allow for same-day, after-hours and weekend appointments."
- [Md. approves insurer's medical home physician payment plan](#)  
Baltimore Business Journal, September 20, 2010  
"The Maryland Health Care Commission approved CareFirst Blue Cross Blue Shield's medical home plan to financially reward primary care physicians for improving the well-being of their patients. Physicians who participate in the program -- which is set to begin in early 2011 -- can earn a 12% increase in previously negotiated rates, extra money for developing care plans for high-risk patients and reimbursement rate increases of up to 80%."

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