Los Angeles Academy of Family Physicians Newsletter
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Welcome to the May e-Newsletter. We know your lives are extremely busy, having to manage your workload and attend to your personal responsibilities. If you take a little time to enjoy a brief connection with your local Academy and its members, you will be encouraged that your hard work does not go unnoticed and your personal commitments are valued beyond measure.

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President's Message
Examining The Reasons Behind Our Continued Match Day Success
José Avalos, MD

Los Angeles Academy of Family Physicians President José Avalos, MD

Having served as residency faculty, interviewing potential applicants now for several years, I have heard a phrase used multiple times by faculty colleagues, both at my program and other family medicine residencies, "I am sure glad I'm not applying into family medicine now." With progressively stronger and stronger applicant pools in recent years, 2014 did not disappoint. When top echelon schools like UC San Francisco and UCLA and UCLA/Drew are sending 24 and 21 recent graduates (respectively) into family medicine, I believe we are starting to see the incremental move towards American students taking a second look at family medicine and liking what they see.

Data released by the 2014 National Resident Matching Program (NRMP), commonly referred to as the Match, showed that for the fifth straight year, the number of residency positions filled in family medicine increased. What is even more exciting is that the trend, a 2 percent increase in 2014, held true even though the number of positions offered in family medicine in 2014 increased by 70 spots when compared to 2013. The number of American students choosing family medicine also increased by 42 positions, which is a 3 percent increase from 2013, and American students accounted for 68 percent of the increased filled spots into our specialty. As we embark on the first year of the Affordable Care Act, these increased numbers of students choosing family medicine lead me to believe we are headed in the right direction.

Despite how anyone may personally feel about the legislation, with 8 million new enrollees, it is highly unlikely that we will be repelling or changing course on the Affordable Care Act in the near future. All of these newly-insured patients will undoubtedly require a primary care physician and so the increased number of students couldn't come at a better time. Still, no one questions that these small, yet notable gains are but a fraction of number of primary care physicians that will be needed as we proceed with health care reform.

Interestingly, while the overall enrollment was higher than the originally projected 7 million enrollees, it skews quite heavily towards older citizens who are more apt to use and need more medical care, thus increasing health care costs. With relatively low penalties, those who rarely access care (often called the young invincibles) are more likely to stay out of the market place for the time being, thus delaying some of the full onslaught of the demand for care that is to come. As the financial penalties for remaining uninsured continue to progressively stiffen as the Affordable Care Act unfolds, we are likely to see a continued increase in numbers of patients that will drive demand for family physicians and our services. With a rise in demand, I fully expect to see a corresponding rise in compensation as health care systems jockey for positions in market share, and this will only further help to continue our increasing numbers.

Lastly, I believe we are seeing an ideological shift towards an increased expectation for work-life balance within the younger millennial generation of new physicians that is also driving these increased numbers. Again, despite how anyone may personally feel about it, the days of working long hours or being "on call" as a necessary and routine part of a physician's work-life is making way for that of a "shift" mentality. Students are taking a hard look at the price to be paid for the long hours in certain specialties and I think some are finding that the increased financial compensation may no longer be worth the potential effect on their personal lives.

Personally, I am of the age cohort such that most of my colleagues from a local LA medical school, including the sub-specialists, have or are hitting the physician market place, often times finding desirable metropolitan areas like LA super-saturated within their specialty and forced to accept positions on a per diem basis or to move out of LA altogether. Thus, personal factors such as desired home and work locations are starting to take greater importance in the specialty selection process

which, coupled with the increased demand in primary care, will likely continue the trend in family medicine's Match Day success.

Resident and Medical Student Reports
2014 CAFP All Member Advocacy Meeting

Los Angeles Academy of Family Physicians members attend the 2014 All Member Advocacy Meeting in Sacramento, CA March 1-3, 2014. Back Row: Dr. Jack Chou, Dr. Po-Yin Samuel Huang, Dr. Neil Chawla, Dr. Mark Dressner, Dr. Arthur Ohannessian, Dr. Daniel Castro, Dr. Jeff Luther. Front Row: Dr. Jose Avalos, Dr. Shannon Connolly, Dr. Karen Boston, and Dr. Rebecca Bertin.

Chapter members who attended the All Member Advocacy Meeting (formerly known as the CAFP Congress of Delegates) expressed their appreciation for the support given to them from the Los Angeles County Chapter and their delight at the privilege of attending the meeting. Report includes articles written by LAAFP members Anastasia Buerger, OMS II, Christopher Dan, OMS IV, Stacey Ludwig, MD/MPH Candidate, Laura Murphy, OMS II, Ryan Nguyen, OMS II, Po-Yin Samuel Huang, MD, and Kathleen Wang, OMS III.

Anastasia Buerger, OMS III
Western University of Health Sciences, COMP

The California Academy of Family Physicians All Member Advocacy Meeting was an exciting and inspiring experience for me. I have made it to two of the annual AMA-MSS meetings in Chicago but the attendees are students and everyone has a different agenda for specialty or residency. Since I know I want to be a family medicine physician, I was impressed with the group at my table during the meeting and by how supportive attendees were for each other. I can only imagine how being a family physician can feel like being alone on an island but with this crowd it was obvious how much camaraderie was present between members. The physicians I did speak with were exceptionally friendly and easy to talk with throughout the meeting. Another trait of the attendees I was impressed by was the fact that attendees came across as very down-to-earth and humanistic. The meeting for me was enlightening in how CAFP

creates resolutions and holds their meetings, but the presentations were a pleasant bonus. I wish I had known as a first-year medical student that family medicine was for me because I would have loved to participate in the Scholars Program. Nonetheless, I appreciate its existence for the generations to come.

The meeting transitioned well into teaching those of us who had no experience speaking with legislators how to prepare for the Monday Lobby Day. The speakers who guided us though preparing for our talk on Monday and the process of concluding the meetings with legislators were excellent. The speaker who mentioned focusing on how your audience hears you instead of what you are saying was priceless. I think this is true for any meeting and especially in clinic. I loved these presentations and the practice sessions. Watching other groups tackle the practice meetings and hearing how they worded the argument for the various bills was a fantastic experience. By the time Monday meetings happened, my partner and I successfully spoke with our legislators. I think looking back we had a strong performance, and if nothing else, it was a pleasant meeting and was worth the legislators' time. I was impressed at how enjoyable it was to meet with legislators. I know this is probably not always the case, but it was a great opportunity for me to be politically active with a purpose.

Leaving the conference, I thought about all the opportunities to get involved and what I can do with this new knowledge base. The first thing that changed was my interest in discussing the bills with medical school peers, family and friends. I spoke with my mother and stopped her from signing the petition to drug test doctors. It felt great to actually know what is occurring politically and how it will affect me. I intend to stay involved next year and attend the meeting in March again. I signed up as a key contact and for the CAFP Legislative Update e-newsletter. I know I enjoy these meetings enough to stay involved as a resident and as a practicing family physician. I have long believed that treating patients does not stop in the exam room; it requires paying attention to the community we all live in and what could be affecting our health. I also look forward to the day when I can host something in my community for legislators and doctors. I think it would be fun to show others that being active is fun and there is no mystery to contacting our legislators. Just like our patients have had to take us off the pedestals, we have to remove the legislators from the pedestal we've put them on so we can make sure our voices are heard and they are educated.

Christopher Dan, OMS IV
Western University of Health Sciences, COMP

With the implementation of the Affordable Care Act, it seems imperative for physicians to not only stay current with the transition taking place, but to also be involved in shaping the policies. I was enthusiastic about the opportunity to meet with my local assemblyman and state senator, and the chance to communicate the many concerns and challenges that face California physicians, including the large primary care physician shortage. The shortage will only be felt more after the Affordable Care Act's enrollment of over 2 million newly-insured patients. This high demand means that more primary care physicians have to be trained, and that requires more funding.

Being a fourth year medical student applying for residencies myself, the importance of increasing the Graduate Medical Education funding has become even more evident. I am a Southern California native and hope to work in the area during and after residency. However, funding for GME has been unable to keep up with the pace of demand, and the open spots for residencies in the US have become limited in comparison to the number of medical students schools are turning out. Many California students have

to apply out-of-state and a percentage never return to California. In order to encourage the much-needed growth of physicians in California, funding for residency programs is pivotal.

Although I have already applied for residency and will not be directly impacted in the immediate future, I still find it necessary to advocate taking part in the policies that will affect my future patients and colleagues. The meeting demonstrated the importance of presenting the ongoing issues to our public officials, so that we can improve upon and solve these issues, and also give them a better understanding of the demanding and intricate process of training a doctor. Experienced physicians and staff members of the CAFP that have been meeting with politicians for years exemplified how to become effective and proficient at communicating our messages to politicians. It was an informative and exciting learning experience that motivated me to continue advancing family medicine.

Stacey Ludwig, MD/MPH Candidate 2014
Keck School of Medicine, USC

During the first weekend of March, I had the opportunity to attend the first annual CAFP All Member Advocacy Meeting in Sacramento. As an MD/MPH student studying health policy at the Keck School of Medicine of USC, I thoroughly enjoyed getting to see family physicians advocate for both their patients and their profession. The climate of the medical field is changing, with a growing appreciation of the need for increasing the number of strong primary care physicians. As the ACA rolls out, Californians are gaining much-needed access to health care services, but there must be physicians available to provide these services. Through attending AMAM as a medical student, I had the benefit of learning about key legislation affecting primary care from leaders in the field. I was then able to take this knowledge to my own representatives to discuss the importance of building the pool of primary care physicians that is needed in California. Current projections in California show a need for an additional 515 new physicians annually to keep up with this growing need. By lobbying on behalf of family medicine, I was able to have a voice in how the ACA and other state legislation is further implemented. While the ACA opens doors for many improvements in the health care system, its implementation will not be without challenges and compromises. The AMAM is one of the best routes for a medical student, resident or family physician to help shape how we meet these challenges. Learning about key issues, meeting like-minded medical students and physicians, and gaining experience in advocacy through Lobby Day are just a few of the reasons that I am thrilled to have had the opportunity to attend.

Laura Murphy, OMS II
Western University of Health Sciences, COMP

The All Member Advocacy Meeting hosted by CAFP the first weekend of March was one of the most inspiring, educational, and worthwhile events I have attended as a medical student. The meeting not only taught me about the most up-to-date political barriers facing family medicine today, but it also gave me an inside look into the importance of working with others to inspire positive change in the health care arena. As a medical student, I have never been more excited to enter the medical field and help shape the future of primary care.

On the first day of the meeting, we hit the ground running with fascinating talks about the implications of the Affordable Care Act and how it affects family physicians. In the past, I have found that after such

talks I usually feel more confused and overwhelmed than ever -- after all, as a medical student I am still trying to grasp HOW to treat my future patients, let alone how to do so in the extremely complex world of health care. However, all of the speakers hosted at the AMAM were excellent at discussing the most relevant issues as it pertains to primary care without the minute details. Additionally, I had the pleasure of sitting in on the LAAFP breakfast caucus where I witnessed the behind-the-scenes discussions that help move influential organizations like CAFP forward. I found myself with a better-than-ever understanding of what the promising future of primary care holds.

While I was learning about the political realm of health care, I was inspired by the amazing physicians, residents, and CAFP staff that I met along the way. I continued to meet people with a genuine passion for mentoring the younger generation: everywhere from the “dine-around” dinners to the interactive workshops to advocating for change on Lobby Day with Dr. Steven Harrison and Dr. Walter Mills. I realized that only in family medicine will you find such open-hearted, humble, and brilliant physicians who lead by example. It wasn’t until I boarded my plane home that I was able to reflect on my unwavering resolve to be an active advocate for the medical field and the patients we serve.

Thank you to the executive board and staff of LAAFP for supporting my efforts to be an active student member of CAFP.

Ryan Nguyen, OMS II
Western University of Health Sciences, COMP
Foundation Scholar for the CAFP

In his 1998 best-seller *Who Moved My Cheese?,* Dr. Steven Johnson tells the parable of two mice and two "littlepeople" and how they deal with unexpected change. Dr. Johnson's book shows us the clear difference between lamenting about change versus being proactive about it. In a moment of self-reflection during the story, one of the characters writes, "What Would You Do If You Weren't Afraid?" on the wall, and after some thinking, begins his venture for new cheese. From a medical student's perspective, the first ever All Member Advocacy Meeting felt like what physicians would do if they weren't afraid. It was fitting then, that one of the iconic moments from the AMAM was CAFP [Past] President’s Dr. Mark Dressner holding up a piece of cheese while proclaiming that CAFP, and family medicine, had reached its "hands on the cheese" moment.

A whirlwind of energy that descended upon our state's capitol, the AMAM featured over 100 attendees learning how to advocate for our ability to deliver the best possible medical care to patients. Like most second-year students, my head had been stuck in the books for the past two years, and the AMAM was a much-needed shot in the arm. I had come to medical school with ambitions of making a difference in people's lives and after countless power point lectures and multiple choice exams, the AMAM reminded me why I wanted to become a physician in the first place. Speaker after speaker extolled the value of showing up and being at the discussion table. Otherwise, we are faced with being on the menu instead, along with our patients.

The weekend concluded with CAFP Lobby Day on Monday, where 56 attendees took to the Capitol and met with legislators to discuss primary care residency support and proposed cuts to Medi-Cal. Thankfully, I was paired with an advocacy veteran in Dr. Kevin Rossi and we brought a two-sided approach to our meetings with the offices of Assemblymember Chris Holden and Senator Carol Lui. Their offices were receptive to our lobbying efforts and we've since connected them with further information

from the CAFP in order to support an investment in primary care residencies. Passage of a bill such as AB 2458 (Bonilla) would produce more primary care physicians for California, a crucial need considering the incoming wave of insurance enrollees with the Affordable Care Act.

I'd like to thank the Los Angeles CAFP chapter for funding me and other Western University COMP students to come to a riveting weekend. We're all thrilled to have our "hands on the cheese" during such a pivotal time in health care.

Po-Yin Samuel Huang, MD
Family Medicine Resident, Kaiser Permanente Los Angeles

In the midst of multiple changes and challenges to the medical field, I had the opportunity to participate in the first ever All Member Advocacy Meeting (AMAM), previously known as Congress of Delegates, but now open to all interested members of California Academy of Family Physicians (CAFP).

It is my first time participating in a family medicine-sponsored advocacy event. This is made possible with the gracious support from the Los Angeles Chapter of the Academy. This meeting provided a great platform for learning and discussion about the most relevant topics in health care policy affecting primary care today: Affordable Care Act (ACA/Obamacare) and Covered California, Patient Centered Medical Home (PCMH), Graduate Medical Education (GME), and the Medical Injury Compensation Reform Act (MICRA), just to name a few. As a relative newcomer to organized medicine, one of the challenges is recognizing all the acronyms being thrown back and forth. It almost felt like learning another specialty in medicine.

Logistics aside, I am very inspired by meeting the leaders of family medicine and participating in the discussion of the key issues above. It is evident that the family physicians present truly care about promoting the wellness of our patients and are strong advocates on behalf of our patients. In addition to hearing about the intricacies of different policy topics, I also learned and practiced the skills of advocating for our position on these topics to our legislators. While I did not have the chance to stay for Lobby Day, I plan to apply these skills in my future encounters with legislators to further the cause of family medicine. The wonderful experience I had at the 2014 AMAM spurred me on to continue my involvement with advocacy work, and I look forward to contributing more to make 2014 truly the Year of Family Physician.

Kathleen Wang, OMS III
Western University of Health Sciences, COMP

As a medical student who loves family medicine, clinical rotations can get disheartening. I hear people talk about family physicians as just being over-worked, under-paid, and having no prestige. Worst of all, people talk as if family medicine is someone else’s problem, as if it doesn’t affect them or the people they care about.

When I attended the All Member Advocacy Meeting, it was like a breath of fresh air.

I met physicians who were just finishing residency, ones who were practicing for years, and ones who had just retired, yet all of them were not only happy that they had chosen Family Medicine, but were

also excited about the field, the future, and about what we were doing and could do. These were people who mentioned the same issues others had voiced about family medicine, but in a different light: saying yes these are problems…so let's try to fix them.

The AMAM was an infinitely memorable experience in many ways. I could have never imagined the privilege of having breakfast with the Los Angeles Academy of Family Physicians board members or hearing that, amidst all the work they were doing, they wanted to extend resources to students and residents, that we were not just an afterthought, but a priority. I could never have imagined sitting down with my district legislators and being able to tell them about my thoughts, my experiences, and how important family medicine is to me. I could have never imagined being able to get involved in changing the field of family medicine at this early stage of my career.

After the AMAM, I know there is no field that I would be more proud or honored to be part of. I cannot thank the LAAFP enough for their hard work, as well as their support and help in connecting me with such an outstanding group of individuals, and I am so excited to get more involved and see what an impact we can make in the future.

Editorial: For The Next Generation Of Family Docs

Shannon Connolly, MD

Shannon Connolly, MD

Last Saturday, I found myself waiting expectantly for a plumber to come to my house and unclog a particularly stubborn shower drain. Two plumbers had already tried earlier in the week with limited success. I then called a highly recommended third plumber and begged him to come out on a Saturday. He arrived with his 14-year-old daughter in tow, and I was pleasantly surprised to see that he was patiently teaching her the trade. He let her have a first try at the drain, and watched quite proudly as she expertly snaked it, fixing it in about 15 minutes. When she was done, I asked her, "So, are you going

to be a plumber like your dad?" I was prepared with a response about how I thought it was admirable that a talented young woman would aspire to be a professional in a field that is traditionally male dominated. I needn't have concerned myself, though, because she said, "No, I'm going to be a doctor."

The field of family medicine could certainly use an influx of bright, spunky spirits—more so now than ever. A quick glance at the Office of Statewide Planning and Development's Primary Care Health Shortage Area Map is enough to illustrate our state's tremendous deficiency in primary care providers: http://gis.oshpd.ca.gov/atlas/content/report/shortage/pcsa.pdf.

While the Affordable Care Act has improved heath care coverage in California, there has not been a commensurate increase in doctors to provide this care, meaning that improved coverage does not equate to universal access. Perhaps most disadvantaged in this mismatch of supply and demand are our MediCal patients and those who are not eligible for any coverage due to their immigration status. California physicians are dis-incentivized to care for these very vulnerable populations due to reimbursement rates that are among the lowest in the country. How can we, as a community of primary care leaders, respond to this great need? Can we improve and expand the care that we provide while also building a workforce of talented, dynamic new doctors? There is much work to be done, but here are three small things we can do to help address these problems:

1. Join the CAFP in legislative advocacy efforts. This year at the All Member Advocacy Meeting, CAFP members learned about and then lobbied for several pieces of legislation, including a bill that would increase the number of primary care training positions in California (AB 2058, currently in Committee on Health) and another that would create parity between Medi-Cal and Medicare payments (AB 1759, currently in Committee on Health). These bills are important for increasing the workforce and also maintaining a population of financially solvent primary care providers. Without legislative support and protection, family doctors will continue to bear a disproportionate financial burden in a difficult economic environment.
2. Support the Family Physicians Political Action Committee. FP-PAC is a bipartisan group dedicated to promoting pro-family medicine political candidates and policy that supports family physicians and their patients. Strong advocacy in health policy is imperative for building a robust primary care work force to meet the needs of California, and for making sure that the workforce is able to focus on patient care without the distractions of energy sinks such as declining reimbursement rates, paper shuffling, and frivolous litigation. If you don't have the time to actually go to the Capitol to lobby for your interests, support the FP-PAC instead.
3. Mentor an aspiring family doctor. We desperately need to recruit an energetic, dynamic new workforce comprised of new physicians from diverse backgrounds. Supporting students from minority and underserved backgrounds and those who are interested in working in primary care shortage areas is particularly important in addressing the workforce shortage. Premedical and medical students feel the overwhelming burden of financial indebtedness at a time when many of their professors are urging them to pursue competitive specialty positions with better compensation. Because most medical students train at academic medical centers where specialization is emphasized, exposure to primary care may be limited. Who among us hasn't heard a bright young student recount the story where a prominent attending tells them that they are "too smart for family medicine?"

There are countless formal and informal opportunities to work with mentees through the CAFP, the AAFP, and the Society of Teachers of Family Medicine. If you are able to do so, have a med student rotate through your practice, or speak at a Family Medicine Interest Group event. You may find a renewed sense of inspiration from working with a smart young person, and you may be the role model that inspires someone to match into family medicine.

The provision of primary care will change radically over the next decade. Let's resist the urge to complain about the state of things, and instead focus on making the changes that are necessary to empower our profession. Let's recruit bright young leaders, such as my favorite plumber, by creating a friendly and welcoming field that is a rewarding place for the next generation of family doctors.

Legislative Update

Wesley G. Bradford, MD, MPH

CAFP Residency Bill and Medi-Cal Pay Gain Life in Budget

CAFP's sponsored bill to fund primary care residency slots, AB 2458 (Bonilla), has been held in the Assembly Appropriations Committee, but as a result of CAFP's advocacy efforts, some of its provisions have been inserted into the Assembly's 2014-15 state budget proposal. The Assembly's version of the budget would add $4 million dollars in General Fund money to the Song-Brown Health Care Workforce Training Program. The Song-Brown Program was established in 1973 to increase the number of family physicians to provide needed medical services to the people of California. Next week a Budget Conference Committee will be put together with members of the Assembly and Senate to combine their two proposals and present a final budget to the Governor. Additionally, the Assembly budget includes approval of the Governor's proposed pilot program to test the distribution of newly appropriated Song Brown funding to pediatric, internal medicine and OBGYN residency programs. The Governor's pilot allocates an additional $2.84 million dollars for each of the next three years for these new physician specialties. The Governor's proposal would also add teaching health centers to the training facilities eligible for Song Brown funds.

CAFP's advocacy effort to protect Medi-Cal provider payment also found its way into the Assembly and Senate budget proposals as they contain a provision to reverse the 10 percent Medi-Cal provider payment cut. This proposal, previously contained in AB 1805 (Skinner and Pan), will also be discussed in the Budget Conference Committee.

Please be ready to act on a CAFP Action Alert to be sent out this week when members of the Budget Conference Committee are appointed.

MICRA:

California trial lawyers have qualified an anti-MICRA ballot initiative for the November 2014 election, deceptively entitled "The Troy and Alana Pack Patient Safety Act of 2014". The stated goal is to drug-test physicians, claiming that "substance abuse by doctors is a growing problem in California and harms more and more patients every year". However, its real goal is to increase the cap on non-economic ("pain and suffering") damages to nearly $1.1 million from the current $250,000 (potentially quadrupling the fees for trial lawyers). If it passes, brace yourself for your next year's medical liability insurance bill, and plan for your new drug-testing program (adding insult to injury).

MICRA was enacted 35 years ago and most physicians today have not experienced what it would mean to practice without its protections. What can you do?

- Go to the CAFP website, www.familydocs.org, for information on what physicians and patients can do to oppose it.
- Donate to the FP-PAC and other PACs created to fight the anti-MICRA initiative.
- Personally sign up to oppose the ballot initiative (and ask your patients also), go to http://stophigherhealthcarecosts.com/take-action/join-coalition.

Health Care Reform:

More than 1 million new enrollees in California have signed up for health care insurance on Covered California and 85 percent have paid their premiums. Nationally, there are roughly 9.5 million new enrollees, in spite of website glitches and some states declining to participate. Patients can no longer be dropped when they get sick or denied coverage because of pre-existing conditions and young adults can remain on their parents' health plan until age 26. California is are already seeing increased demand for primary care physicians.Despite these successes, CAFP is actively involved in advocating for family physicians' concerns regarding health plan behavior in relation to Covered California. CAFP recently raised contracting issues with Covered California's executive director, board, and medical director. CAFP is now focused on bringing the issues to the attention of the Department of Managed Health Care, the regulator for almost all of the plans on Covered California.

Other info:

- Medicaid payment rates for primary care physicians who attest on the Department of Health Care Services' website (https://www.medi-cal.ca.gov/acaattest/acaattestmenu.aspx) have been increased to Medicare levels through 2014.
- Medicare EHR Incentive Program: http://www.familydocs.org/practice-resources/hit/ehr-tools
- Patient Centered Medical Home resources: http://www.familydocs.org/practice-resources/pcmh

Minutes
Executive Board Meeting
March 2, 2014
The Citizen Hotel, Sacramento, CA

LAAFP President José Avalos, MD awards Daniel Castro, MD with the President's Plaque on March 2, 2014 in Sacramento, CA.

President José Avalos, MD, called the meeting to order. Introductions were made. Members in attendance were Evan Bass, MD; Rebecca Bertin, MD; Dan Castro, MD; Shannon Connolly, MD; Mark Dressner, MD; Kelly Jones, MD; Liz Kalve, MD; Jeffrey Luther, MD; Katrina Miller, MD; Theresa Nevarez, MD; Arthur Ohannessian, MD; Kevin Rossi, MD and Louise Ye, MD. Sponsored guests: Resident Po-Yin Samuel Huang, MD; Medical Students Neil Chawla, Stacey Ludwig, Laura Murphy, Ryan Nguyen, and Kathleen Wang. Roxanne Kuns, Executive Director, was also in attendance.

The resolutions A01-14 through A03-14 were discussed. A02-14 was singled out as being in need of considerable clarification before our representatives would be comfortable with a "yes" vote. Both emergency resolutions received positive feedback with little controversy.

The 2014 Chapter Budget was presented for a vote with two changes. Dr. Avalos introduced the new LAAFP.org website and asked that the budget be modified to include a $1,500 increase for web design and support. Dr. Avalos also asked for an increase of budget expenditures to cover the cost of a President's Plaque. Dr. Avalos felt very strongly that our outgoing President, Dr. Dan Castro, deserved this honor. Dr. Castro received the plaque with thankfulness and humbleness at the kind gesture.

During the budget discussion, Dr. Bass expressed his concern over asking our members to pay for a portion of the cost of their meal at our special events. Dr. Avalos offered the other side of a concern that co-pays help members have a "skin in the game." A motion was made, seconded and passed which would set the following policy for future events: At the discretion of the president, each event may have a designated amount requested for a co-pay, depending on the event. Members who attend the event will be offered a refund or allowed to donate the co-pay to the chapter. Members who cancel within 2 weeks of the event will be given a refund. Members who RSVP but do not attend will not be given refunds.

A motion was made to adopt the full budget, including the two amendments; it was approved.

The meeting was adjourned.

FUTURE MEETINGS:

June 2014 Nominating Committee Phone Conference TBD
September 2014 All Members Annual Meeting in Long Beach TBD