Los Angeles Academy of Family Physicians Newsletter
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In This Issue

Welcome to the August e-Newsletter. A question often asked at the end of summer is: Did you get to take a summer vacation? So, did you? Here is hoping that you did have the privilege of "getting away from it all." And now that you are safely back home and, hopefully, refreshed, please join your colleagues at the All-Member Meeting that is announced on page 1. We will need your RSVP by September 3rd.

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ALL-MEMBER MEETING

Wednesday, September 10, 2014 7:00 – 9:00 PM
Taix French Restaurant
1911 Sunset Boulevard
Los Angeles, CA 90026

"Defending MICRA: Protect Access and Contain Health Care Costs"

All local family physicians, residents and students are invited to the annual Los Angeles Academy of Family Physicians' meeting. Join us as we discuss critical health care issues, particularly the growing concern for defending MICRA, the **Medical Injury Compensation Reform Act**. The trial lawyer-sponsored measure – Proposition 46 – is on the November ballot, and your personal and professional future will be profoundly affected by the results of the fast-approach election.

This free dinner meeting will feature a MICRA presentation to provide an overview of California's landmark legislation, a discussion of current issues with the "Troy and Alana Pack Patient Safety Act of 2014" and an update on components of Prop 46 that will be on the November 4, 2014 ballot. Molly Weedn, Associate Vice President of Public Affairs at the California Medical Association, is one of our presenters. The other is a CAFP-appointed representative yet to be determined.

A brief business meeting will take place following the presentation as a follow-up on the Nomination Committee's recommendation for LAAFP leadership openings (see the list on pages 11-12). President José Avalos will open nominations from the floor to fill open positions for 2015. If you are interested in presenting a name, the person must be present to accept the nomination or you must have a written letter to submit to President Avalos declaring that your nominee accepts the nomination.

Space is limited; dinner will be provided but advance RSVP is required no later than Wednesday, September 3, 2014.

RSVP ONLINE at https://laafpmeeting.eventbrite.com
or contact Roxanne Kuns at laacademy@aol.com

President's Message

The Value of Organized Medicine -- The Prop. 46 Example

Los Angeles Academy of Family Physicians President, José Avalos, MD

Sometimes it seems difficult to see the value of an investment in your organized medicine association (i.e., LAAFP, CAFP, CMA, etc.); but come this November, the house of medicine in California will see that value in full display. I am, of course,

referring to the large, primarily physician-organization-led campaign to defeat California voter ballot initiative Proposition 46. This initiative has been promoted as a safety measure to force doctor drug testing; it is actually a disguised attack on MICRA, the long standing California law that limits pain and suffering awards, and which organized medicine has successfully defended since the 1970's. If this measure were to pass, it would dramatically increase pain and suffering awards to upwards of one million dollars. This would further incentivize the trial lawyers to bring more lawsuits, which, in turn, will increase the cost of liability coverage and healthcare, in general. Thankfully, organizations such as the CMA and CAFP have been monitoring anti-MICRA tactics for years and have formed a large coalition of providers and non-providers to expose the flaws in this most recent tactic. To date, tens of millions of dollars have been raised by organized medicine to try to defeat Prop 46. However, campaigns like these are not possible if our organizations are not ready to lead when needed. That is why I think we, as LAAFP members, will see a tangible return on our investment this November. That is why I would urge all physicians to take heed to the warning that if we don't protect our ability to practice the best medicine for our patients, there are entities that will undermine the health of our communities in the search of excessive profit.

For those that might not be familiar with Proposition 46, a quick run down of the measure is as follows:

It mandates forced drug testing (at the expense of the physician being tested) of any MD who treated a patient up to 24 hrs before an "adverse event" or who has been reported to the medical board by anyone (i.e. disgruntled patient, co-worker, ex-wife, etc.) as possibly being under the influence. This testing has to be done within 12 hours of the event or reporting, and failure to do so results in suspension of one's medical license. It also mandates use of CURES database checks prior to all new prescriptions of scheduled II and III substances. Failure to do so also incurs possible disciplinary action by the medical board. Lastly, it increases the cap on pain and suffering from $250,000 dollars to an inflation-adjusted number based on the yearly Consumer Price Index, which would cause the award to skyrocket well above one million dollars.

Proponents of the bill label it as a patient safety measure, but the likely consequence of Prop 46 is that it will increase malpractice costs for all providers, which will almost assuredly be passed on to patients and purchasers (i.e. businesses). It will increase the cost to taxpayers, as state and local governments will have to absorb the increased costs in healthcare. It will also likely increase the number of malpractice claims, as lawsuits would become more lucrative to trial attorneys. It will decrease access to providers, since many MDs will seek employment in other, more protected states. In short, it will make healthcare less affordable and available in our state. All these factors, in my opinion, are not a good prescription for the safety of our patients.

If you are reading this article, more than likely you are a member of the LAAFP and, by extension, a member of the CAFP and AAFP. Congratulations, you are the choir! As you receive information about Prop 46 from us at the LAAFP/CAFP and via the lay media, I urge you to talk to your colleagues who may not get this newsletter about joining their respective organized medicine chapter. While I remain optimistic that Prop 46 will fail this November, I am concerned that if we lose physician members from organized medicine groups, the house of medicine will lose its "Herd Immunity."

I hope you are able to join us on Wednesday, September 10, 2014, at 7 pm at Taix Restaurant. We will be offering an in-depth informational session on Prop 46. Dinner is free. Space is limited. RSVP as soon as possible to Roxanne Kuns at LAACADEMY@aol.com.

Editorial

Substance Use: It's Only Human

Los Angeles Academy of Family Physicians, Secretary-Treasurer, Katrina Miller, MD

The other day, a friend called me to let me know he had just picked up his daughter off the streets of Stockton. He hadn't seen her in seven years. She was using heroin daily. "She is artistic and has a beautiful soul, and likely PTSD," he said. I think we all can see a potential connection.

Another friend told me how his teenage daughter saw a doctor because she felt she couldn't focus. She was given Adderall. She went back because she couldn't sleep and this same doctor gave her Bupropion.

Again, another friend has asked me to help her son with Cobblestone Lissencephaly Type 2. He has had constant seizures, for which they would like to try high CBD/low THC cannabis oil. She says, "He's such a happy kid when he isn't having seizures." He is on multiple medications including prn Diazepam, which he takes every day. In addition, my friend had just played 12 hours of poker and felt great…for a little while there. This was her reward on her one day "off" a week from the role of constant caretaker.

In 2012, CDC[1] said:

- Prevalence of any illicit drug use in the past month over age 12: 9.2%
- Prevalence of any nonmedical use of a psychotherapeutic drug in the past month: 2.6%

Studies show that substance users overestimate prevalence statistics, but don't these numbers seem low? Maybe it's just in my patient population, but it seems like a far higher percentage of my patients have had some kind of substance use going on in one way or another. Or maybe people hold back on a survey that asks about their substance use, especially if the section is titled, "Drug Use" or "Substances." Or maybe they just don't understand the question. Sadly, most of us have seen survey questions like: "Have you in the past 1-7 days, 8-30 days, 31-90 days had 0-1, 2-5, 6-14, >14 drinks per day, on any given sitting per day during that time period?" What?

We human beings are attracted to things that make us feel good, more energetic, less anxious -- whatever the desired effect. One friend says that humans have a natural desire to be in an altered state, like kids who spin until dizzy.

In our evolutionary past, there was benefit in altered mental states, leading to survival, the ability to kill predators and defend territory, where normal human states could not have sustained that amount of danger. The same effect in today's safe and sedentary society, exogenous or endogenous, leads to constant supratherapeutic neuronal activation, depleting neurons of their neurotransmitters that lead to that desired effect, increasing the amount needed for the same effect; whereby, dependence is initiated.

The WHO[2] released recommendations this past month that call for: "…broad drug policy reforms, including decriminalization of drug use, harm reduction practices such as syringe exchange and opioid substitution therapy, and a ban on compulsory treatment for people who use drugs." The working group included Nora Volkow, head of the U.S. National Institute on Drug Abuse (NIDA). With more states legalizing

[1] http://www.cdc.gov/nchs/fastats/drug-use-illegal.htm 08/03/2014
[2] World Health Organization. http://www.drugpolicy.org/news/2014/07/world-health-organization-calls-drug-decriminalization-and-broad-drug-policy-reforms 8/03/2014

cannabinoids and more limitation of nicotine use, our world is recalibrating in this area.

We family physicians are uniquely situated to help manage this massive sociologic change by our focus on the realistic, holistic view of the human as an imperfect being with issues to address, while offering the best healthcare for that person in the best way it can be achieved. At the same time we must remember, with prescription power comes great responsibility. Will we treat or mistreat? Many health theories and tenets say it similarly, but I like to say, "Water, a colorful plate, exercise and moderation are the four pillars of health." From there, those of us in a therapeutic relationship can help to manage the rest. And, yes, I will continue to help my friend to get the best possible treatment for her son.

Katrina Miller, M.D. is a Family Physician who currently serves as Clinical Information Systems Medical Director for Adventist Health, West. In this position she has facilitated creation of more than 600 Order sets, multiple EMR-based Lean workflows and education and communication processes focused on provider user experience. She trained in Quality Management through ACPE, and has chaired multiple inpatient and ambulatory quality and peer review committees. She is Diplomate of the American Board of Family Medicine and Assistant Professor through USC's Keck School of Medicine, having served as faculty in Residency programs, Medical and Physician Assistant Schools. She is Fellow of the National Institute for Program Director's Development (NIPDD) and Pre-Doctoral Director's Institute (PDDI). Her BA is from Reed College in Portland, OR, MD from EVMS in Norfolk, Virginia and residency was at UCLA-Westwood. In 2011 Dr. Miller was honored to receive the Glendale, CA "Women in Business Award for Science and Technology". www.katrinamillermd.com

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Resident & Medical Student Reports
from the AAFP National Conference in Kansas City

Max Dean Goldstein, M.D. Candidate
David Geffen School of Medicine at UCLA
Class of 2015

The first time I went to the National Conference on Family Medicine was in 2012 as a wide-eyed first year medical student. At that time, I was inspired by the national community built around family medicine and began directly exploring family medicine as a future career. Now, entering my fourth year of medical school, I will officially be applying to residency programs in family medicine, and so returned in 2014 to the national conference in Kansas City in order to explore the wide breadth of programs available across the United States.

Being at the conference this year was an incredibly empowering experience. I met so many amazing residents and faculty from such a wide variety of family medicine programs, and felt as if I had really found my home amongst this great community of medical practitioners. Also, I was specifically able to get more information about some of the programs that I will be applying to this year and converse more thoroughly with residents from some of the programs that most interest me.

All in all, being able to attend the national conference as I prepare to apply to residency was an invaluable experience and I am extremely grateful to the Los Angeles County Chapter of the CAFP for making this possible!

Danny Nahn, Intern
Kaiser LA Family Medicine

I was excited about the potential mentorship opportunities I could provide as a second year resident. Returning to the AAFP National Conference for the first time since being a medical student, my goals and objectives were quite different. I had the chance to soak in the atmosphere at the National Conference as a resident. There was a great deal of excitement and energy at the Expo Hall from the residencies, exhibitors, and most importantly the students from across the nation. This trip offered me an opportunity to reach out to medical students who, like me two years ago, may not have otherwise known how vibrant, diverse, and robust the training is for family medicine in Los Angeles.

In addition to my experience at the Expo Hall, my favorite event offered during the conference was the “Residents as Teachers” session. This session provided residents a chance to voice some of our challenges as mentors and teachers. The forum provided great feedback for me to implement in my approach to teaching and interactions with fellow residents, faculty, and students. The session even translated into how I approach patient education and helped me to realize that as family physicians, we have an inherent role as teachers and mentors to our patients.

This was one of the many sessions coupled with the energy of the conference that provide such a perfect setting to help residents, like myself, learn skills and practices to improve our toolbox as the future generation of family physicians.

Emily Nguyen, MD
Family Medicine PGY-2 Resident
Kaiser Los Angeles Medicine Center

This was my first year attending the AAFP NC and it was such a memorable experience. It was amazing to see so many medical students, residents, and faculty come together to show their commitment and enthusiasm about family medicine. It was great to hear from our current leaders in AAFP and their vision for the future of family medicine. It is hard not to feel motivated and excited about the future being around such a great group of people. The workshops were well organized and covered a wide range of interests from student to faculty level.

As a resident exhibitor, it was fantastic being able to interface with so many students and peers from everywhere around the nation. I loved that I was given the opportunity to share my experience and speak about my program, which I am so proud of. And it was eye opening to see and learn what other programs are doing, as well. The atmosphere was one of collegiality and celebration, and I definitely plan to attend again in the future.

Thank you so much to the LA Academy for supporting my first experience.

Monika D. Nguyen, MD
Family Medicine PGY-3 Resident
Kaiser Los Angeles Medical Center

Now towards the tail end of my residency, I finally had the opportunity to attend the national AAFP conference. I am glad I was able to go while still a resident. I enjoyed meeting other family physicians, residency program faculty members, and fellow residents. I met a number of fourth year, as well as some third year medical students, while at the exhibit booth and re-connected with people who were prior classmates from college and medical school. I was reminded that it was not too long ago that I was in their shoes applying for residency.

There were a large array of workshops and learning sessions. I learned how to make a sling and tourniquet, as well as how to transport injured persons using common materials, such as cloth and twigs/branches, while hiking or camping through the wilderness. The same day, I reviewed some common rashes and lesions through the dermatology workshop. It was good to walk around and check out the other residency programs' booths, as well. There was an awesome photo booth opportunity at one of them and some great resources for an online pain management class. More

importantly, I got a chance to bond with my fellow co-residents, attending, and residency coordinator. We had a great time listening to the inspiring talks, as well as exploring Kansas City—mainly over a lot of barbequed food.

2014 is, indeed, the year of the Family Physician.

Jonathan Olumoya
UCI-PIH Health, 2nd year

Kansas City has a lot to offer (barbecue, museums, barbecue and barbecue).

For me this conference was reinvigorating — it helped refuel the fire in me to do absolutely everything that I can for my patients. This conference was chocked full of fresh perspectives and sage advice.

I was most inspired by 'Primary Care Management for Chronic Pain: Navigating the Practices and Pitfalls.' The speaker, Dr. Duren Ready, discussed pain mechanisms and addiction, and reminded us of the fact that pain is often multifactorial: just because someone has a derangement of their anatomy on an lumbar x-ray or MRI does not mean that that is the cause of their back pain. Dr. Ready also spent time discussing mentorship in medicine and strongly encouraging us to seek out mentors who will help guide us. Also, he reminded us to remain positive and passionate for this challenging profession.

Another outstanding session for me was a career-planning workshop led by Dr. Dale Block — he gave us pointers on becoming a physician who interacts well with patients, staff and bosses. Keep your calm and cool — never raise your voice. Be gracious. Strike a work-life balance. Be humble. Apologize when appropriate. Things like these may be obvious to some, but, unfortunately, opaque to others. Usually most people have a mix of some good and some bad qualities. His article on the subject is easily accessible to AAFP members [*Family Practice Management*. 2013 Jul-Aug; 20(4):13-16.]. Dr. Block also strongly backed the value of mentors in a young physician's career.

Joseph Shadpour, DO
Family Medicine Resident
USC/CHMC Family Medicine Residency, Los Angeles

Attending the AAFP National Conference was an inspiring experience. Never have I been at a venue that exemplified the efforts of family physicians to such an extent. The lectures, workshops and activities that allowed family physicians, residents and medical students to be involved, truly inspired participation within the field.

I have attended the CAFP conferences for the past several years and recognize that, while they are great at a local level, AAFP allowed me a fuller dimension of learning about our field on the national level.

Attending multiple workshops allowed me to learn how to respond in various situations that I may fall into, and how to become a better advocate for family physicians. The skills I attained through the advanced suturing, perineal laceration and joint injection procedural workshop are skills that I hope to share with others at my own program by offering workshops to teach other residents and medical students.

Overall, this conference allowed me to learn how to be a better family physician for my patients, while also advocating for them. It also allowed me to reconnect with old friends, as well as making new connections to grow and build on throughout the year.

I greatly appreciate the assistance provided to attend the national conference and hope to attend again next year!

Legislative Affairs Update, LAAFP
August 2014
Wesley G. Bradford, MD, MPH

MICRA is on the November Ballot Chopping Block!

Prop 46, the trial lawyers' anti-MICRA ballot initiative, is deceptively entitled "The Troy and Alana Pack Patient Safety Act of 2014", allegedly to drug-test physicians, whose "substance abuse … is a growing problem in California and harms more and more patients every year". 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. If it passes, start planning for a big increase in your next year's medical liability insurance bill, and entering your new drug-testing program.

MICRA was enacted 35 years ago to blunt a medical liability insurance crisis that was driving physicians out of practice. What can you do before November?

- Go to CAFP's Prop 46 homepage, www.familydocs.org, to see what you and your patients can do to oppose the measure.
- Donate to the FP-PAC (https://rally.org/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), at http://stophigherhealthcarecosts.com/take-action/join-coalition.

The No on 46 Campaign will host a media training webinar on Monday, August 18, 6 PM. Contact afrancis@familydocs.org if you're interested in a recap. "If you're not at the table, you're on the menu."

End Medicare's Flawed Payment Formula!

Congress is in recess during August, a great time to schedule a meeting with your Congressperson (or staff members) to discuss repealing the sustainable growth rate (SGR) formula that sets Medicare payment levels. The AAFP has an online toolkit with advocacy resources, including how to prepare for the meeting and use your medical credibility to present a good case. AAFP can even help you schedule an appointment by clicking here.

Some talking Points:

- Congress has patched the SGR 17 times in the last 11 years, costing more than the cost of fixing it.
- If Congress fails to act before March 31, physicians will see a 21% Medicare payment reduction (while costs keep going up).
- Bipartisan SGR-replacement legislation was approved in committee earlier this year, meaning Congress has never been closer to finally fixing it instead of just "kicking the can down the road". Let's get the job done!

Nominating Committee Report

The Nominating Committee met by phone conference at 7:00 p.m. on Thursday, June 5, 2014. Members present were: Art Ohannessian, MD, Chair; Rebecca Bertin, MD; Shannon Connolly, MD; and Kevin Rossi, MD. Roxanne Kuns, Executive Director, was also present. The following nominees were presented:

President:	Art Ohannessian, MD
President Elect:	Kevin Rossi, MD
Vice-President:	Shannon Connolly, MD
Sec'y-Treasurer:	Katrina Miller, MD
Asst Sec'y-Treasurer:	Rebecca Bertin, MD

State Board of Directors (serving current terms)

District III Director: Liz Kalve, MD — Alt Director: Art Ohannessian. MD

District IV Director: Dan Castro, MD — Alt Director: Jay Iinuma, MD

2015 Delegates:

Serving 2nd Term: Shannon Connolly, MD; Julie Ann Howard, MD; Kelly Jones, MD; Gerardo Moreno, MD; Carrie Nichols, MD

Nominees: Katrina Miller, MD; Sarah Louie, MD: Art Ohannessian, MD; Kevin Rossi, MD; Theresa Nevarez, MD; Rebecca Bertin, MD

2015 Alternate Delegates:

Serving 2nd Term: Monica Plesa, MD; Gil Solomon, MD

Nominees: Gary Seto, MD; John Terando, MD; Leanne Zakrzewski, MD