



Los Angeles Academy of Family Physicians Newsletter  
Vol. 47, No. 2 April 2015

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Welcome to the April e-Newsletter. Spring is here, and, perhaps you, your family, friends, or your patients are experiencing symptoms associated with “Spring Fever.” Whether you are looking for a treatment plan for yourself or you have someone else in mind, keep up the excellent work. Your patients and colleagues value you not only for your medical expertise, but also as a person. Although we can’t invite your patients to our meetings to express their thanks to you, we are inviting you to join your colleagues on May 21st (announced below). Your local Academy leaders are looking for a way to express their thanks to you as a valued member of the Los Angeles Academy of Family Physicians. Please join them, if you can.

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You are invited to an evening  
of fine dining, fellowship and a brief business meeting  
on  
**Thursday, May 21, 2015**  
**7:00 pm**

**Parker's Lighthouse**  
**435 Shoreline Village Drive**  
**Long Beach, CA 90802**

Join us in the Lantern Room to enjoy a  
delicious meal and the spectacular views  
of the Queen Mary and Long Beach Harbor.  
Please RSVP here.

**President's Message**  
*Art Ohannessian, MD*



Hello friends, colleagues, and fellow family physicians. Spring has arrived, the time of growth, change, and action. In the spirit of the season I am proud to say that your Los Angeles Chapter of CAFP has sprung into action regarding lobby work, resolution writing, and expanding our support for medical students and community engagement.

We had a very successful and productive All Member Advocacy Meeting (AMAM) and subsequent CAFP Lobby Day in Sacramento this past month. Some of the highlights included presentations from CAFP leadership regarding policies adopted by the CAFP Board in 2014 and the presentation of new resolutions regarding coverage for long-acting reversible contraceptives in the early postpartum period, promoting transparency in medical education, and support for naloxone expansion programs to address the national public health crisis of opioid overdoses.

These resolutions were debated on the floor of the AMAM conference as well as at the Los Angeles Chapter Breakfast Caucus. In addition, the Constitution of our Los Angeles Chapter was reviewed and proposals to edit the Constitution were discussed in hopes of creating a process to formally review and fund small grant proposals that focus on community engagement, student support, and promote the tenets of Family Medicine. As per our Constitution bylaws, the proposed changes will be formally presented at the next membership meeting on May 21<sup>st</sup>, 2015. Subsequently, our Bylaws Committee will have 60 days to review the proposed changes and present our general membership with an analysis that includes the possible pros and cons the changes may present. The entire LAAFP membership will then be presented with all the materials for review and a ballot will be sent out to all LAAFP active members to vote for adoption or denial of the proposed changes.

Also on the horizon is the National Conference of Constituency Leaders (NCCL) in Kansas City, from April 29<sup>th</sup> through May 2<sup>nd</sup>, 2015. I am excited to inform you that members of our Executive Committee were selected by CAFP to represent the California

delegation. The NCCL is the AAFP's premier leadership training and policy development event for women, minorities, new physicians, international medical graduates, and LGBT physicians. It is an opportunity to collaborate and build coalitions with AAFP members and leadership at the national level. I highly encourage our members to contact us if they are interested in attending next year, as this annual event is now celebrating its 25<sup>th</sup> year.

Finally, I would like to thank all of you for your continued support and membership of the LAAFP. Your Executive Committee is committed to continue to make your voices as family physicians heard and is always looking for ways to evolve to better serve your needs.

Thank you, and I hope to see many of you at our next meeting on May 21<sup>st</sup>.

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## **Editorial**

*Rebecca Bertin, MD*



### **Remembering the work beyond the job**

“Often we are so focused on the job that we forget about the work of being a family physician.” This reminder was recently shared by our newly elected president of CAFP, Dr. Jay W. Lee at the All Member Advocacy Meeting in Sacramento. Dr. Lee was passing along the wisdom of Dr. G. Gayle Stephens, who has been called one of the “fathers of Family Medicine.” I have heard this quoted several times since Dr. Stephens originally said it in a speech back in 2012, and each time it has been a helpful reminder to refocus my perspective.

It is easy to get caught up in the job of being a family physician. The open charts, lab results, phone calls and emails from patients, cc'ed notes from consulted specialists, and forms to fill out for all kinds of requests pour into my inbox on a daily basis. Regardless of how much time I spend responding to and following up with patients, new results and messages arrive constantly. And then there are the duties of the job not directly related to patient care - completing required compliance training, maintaining licensure and

certification requirements, precepting medical students, reviewing resident charts, preparing for and attending committee meetings, etc. To be honest, in these first six months as a new associate physician in my organization, there were more than a few days when the job seemed overwhelming. In fact, the majority of days felt that way.

That's why this concept of remembering the work beyond the job is so helpful for me. The job is hard. But the work - the meaningful motivation and value of being a family physician - is rewarding. When I approach my day thinking about the work, rather than the job, I notice a difference. I treat my patients differently. I interact with my colleagues differently. And I'm motivated to mentor residents and students to become family physicians because it is meaningful work.

The work of being a family physician is complex and varied. The work is spending a few extra minutes talking with my nurse about her weekend, her family, and her interests, so that we build a relationship with a good team dynamic to care well for our patients. The work is reminding myself that this patient with numerous somatic complaints is grieving the unexpected death of her teenage son, and the work is listening to her for an extra few minutes in the middle of my busy clinic day. The work is spending 45 minutes with a resident at the end of a full day in clinic, reviewing the chart and recent lab results of her medically and socially complicated patient to come up with a plan of care together. The work is taking a deep breath before I enter each clinic encounter, and reminding myself that behind that door is a human being with a complex story. The work of being a family physician is what engages me as a human being, rather than just my knowledge base and typing skills.

Let's keep reminding each other of our work as family physicians.

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## **Legislative Affairs Update, LAAFP**

**April 2015**

***Wesley G. Bradford, MD, MPH***



## **WE DID IT! Flawed Medicare Payment Formula Repealed!**

AAFP and CAFP thank the thousands of members who took action this past month and over the past many years who have fought the battle to protect Medicare patients' access to care and physician payment. Those efforts paid off as the President signed HR 2, the Medicare Access and CHIP Reauthorization Act, which repeals the Sustainable Growth Rate (SGR) formula. Enacted by the Balanced Budget Act of 1997, the SGR threatened physicians accepting Medicare with massive payment cuts year after year. Physicians have suffered through 17 different short-term patches and, until now, no viable attempt at a long-term solution had been made. With a Congress more divided than at any time in recent history, your grassroots support forced a compromise and helped CAFP and AAFP put an end to this unsustainable formula. In its place, HR 2 will increase Medicare payment and move the program to a value-based payment system, while also streamlining and improving three current physician incentive programs: the Physician Quality Reporting System, the Value-Based Modifier and the Meaningful Use Program. While not a perfect solution, HR 2 resolves some of our health care system's most pressing issues. It reinforces reliable access to better, more efficient care for elderly and disabled patients and preserves health coverage for our most vulnerable children.

Specifically, the new law will:

- **Increase physician Medicare payment by at least 0.5 percent each year for the next four years;**
- **Allow physicians to choose from two payment tracks at the end of those four years (2019):** 1) a fee-for-service option that simplifies quality reporting programs, reinstates large bonuses (up to nine percent) and reduces current penalties, or 2) an alternative payment model option in which physicians can earn up to five percent in bonus payments each year by adhering to new payment models and quality measures to be developed by physicians. A "technical advisory committee" will review and recommend how to develop the alternative payment models, quality of care measures and how physicians will be rewarded or penalized based on their performance. CAFP and AAFP will strongly weigh in on every element of implementation.
- **Distribute \$125 million in funding assistance for small practice physicians** seeking to transform their practice into an advanced model such as the Patient Centered Medical Home (PCMH).
- **Extend the Children's Health Insurance Program for two years.** CHIP covers more than eight million children and pregnant women in families that earn income above Medicaid eligibility levels.
- **Extend hundreds of millions of dollars in funding that would have expired this year for Community Health Centers (CHC), the National Health Service Corps (NHSC) and the Teaching Health Center (THC) primary care residency programs grants through 2017.** More than 1,300 federally funded health centers serve more than 22.7 million patients across 9,518 sites. The vast majority of the 90 million visits to health centers were for primary medical care. The NHSC helps bring health care professionals to the areas where they are needed the most by providing scholarships and loan repayment in exchange for a commitment of service in an

underserved community. The THC program expands residency training in community-based settings, including six programs in California. Residents are trained in family and internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and general and pediatric dentistry through this program.

[Please click here to read more about the provisions of HR 2.](#)

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## **Executive Board Meeting Minutes**

### **The Citizen Hotel, Sacramento, CA**

### **March 8, 2014**

President, Art Ohannessian, MD, called the meeting to order. Introductions of members and guests were made. Those present were: Pi Asnaashari, Med Student; Jose Avalos, MD; Rebecca Bertin, MD; Gerardo Bonilla, Resident; Jack Chou, MD; Dan Castro, MD; Shannon Connolly, MD; Daniel Diaz, Med Student; Mark Dressner, MD; Jimmy Hara, MD; Liz Kalve, MD; David Kay, Resident; Jennifer Macdonald, Resident; Marianna Martinez, Med Student; Thersa Nevarez, MD; Monica Plesa, MD; Allen Rodriquez, Med Student; Kevin Rossi, MD; and Van Vu, Med Student. Executive Director, Roxanne Kuns, was also present.

The 2015 Resolutions submitted to the AMAM were discussed. It was determined that members of the Los Angeles Academy would offer testimony on the resolutions they favored at the proper time in the general session.

The 2014 Financial Recap was presented as printed in the Agenda. This was given in preparation for the Budget Committee Report.

The Budget Committee report presented three proposals. Dr. Ohannessian presented each proposal individually as a formal motion; each was seconded, opened for discussion and each passed with a unanimous verbal vote.

1) The motion carried that Executive Director, Roxanne E. Kuns, be designated as the Acting Secretary of the AAFP, Los Angeles County Chapter, in order to work with Chase Bank to update signers on an inactive agency account. Other signers will include the President and the Secretary-Treasurer.

2) The motion carried that the Executive Board adopt a policy stating that the Newsletter be a medium to communicate information to our members and not to be used for advertisements solicited by outside entities.

3) The motion carried that the Executive Board adopt the 2015 Proposed Budget, as printed in the Agenda.

PRESIDENT’S COMMENTS: The LA Chapter Constitution needs to be revisited to make certain it conforms to the State Constitution and to update some of its language. The Bylaws Committee will make recommendations, which will be presented to the membership for a vote in the near future.

After receiving an appeal to help fund a local community health project entitled “HEAL,” and after discovering that the local academy had no standardized way to evaluate such appeals, Dr. Ohannessian designed the “LAAFP Grant Proposal Scoring Form.” The form was distributed to the all members present and after some discussion, the members agreed that this would be a useful tool. As the need arises, a Grant Review Committee (made up of board member volunteers or appointees), will use the scoring form to evaluate each appeal.

At the close of the meeting, Dr. Ohannessian invited Dr. José Avalos to come forward to be presented with the “President’s Plaque,” in appreciation of his dedicated service to our local academy for the year 2014.

The meeting was adjourned.

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### **AMAM Scholarship Recipient Reports**

In late 2014 the Los Angeles County Chapter announced to student and resident members the opportunity to receive a \$400 scholarship to attend the 2015 AMAM. The applicants were asked to submit a letter of interest, a CV and a recommendation letter from an Academy member. Those who received the scholarships were also asked to give a brief report on their experience.

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**Paiyam Asnaashari**  
DO Student (3<sup>rd</sup> Year)  
Western University

#### **AMAM Experience**

The 2015 All Members Advocacy Meeting in Sacramento truly opened a new and exciting advocacy experience. This had been my first AMAM meeting, consequently; my expectations were minimal initially. After two days of experiencing breakout sessions, various talks and speakers, it was easily one of my favorite conferences. I have been involved with various leadership rolls but never had any advocacy leadership experience.

More than anything, AMAM opened a new set of eyes for me because I got to experience a different landscape of Family Medicine I was not accustomed to seeing: advocacy.

As the meetings kicked off on Saturday, the big emphasis was on “leadership” skills. We have many different speakers emphasize the various aspects of great leadership skills, but Dr. Mutha from UCSF had to be my favorite. Before she began to speak I had my doubts about her talk. I thought, well I’ve had several different leadership experiences, therefore; I thought her presentation would be my least favorite. But it was only a matter of minutes into her speech where she captured my utmost attention. Dr. Mutha broke leadership into variety of different pieces. I just assumed leadership qualities were just one big puzzle, that with practice, you can put the pieces together. After she began talking about her leadership program, I became glued to her speech and will definitely try applying to her program in the future. I hope one day to learn all the different qualities to become a great leader to use in my practice. Besides leadership, there were a variety of other topics that sparked my interest.

On Sunday, the board began addressing many of the different resolutions they wanted to address on capital hill. Two of my favorites were regarding vaccine protocols and rural medicine. My goal as a future primary care physician is to focus mostly on preventative medicine. Vaccines have been a great tool in preventing many different illnesses. The discussions about how to implement vaccines in religious populations were very interesting. My family and I come from a religious background, although we support vaccines, I know many will have a difficult time with the dilemma whether vaccine should be a choice or not. Lastly, the debates on how to support rural hospitals sparked my interest. With the advent of digital technology I can imagine a huge change in the near future for rural medicine. Several physicians were curious about how to incorporate telemedicine into their practice. Without reimbursement coverage from the Center of Medicaid Services, various physicians brought ideas they had to fix this problem. It just makes me excited to see how technology will be incorporated more into rural practice to help many different individuals in need.

Overall, my experience at AMAM 2015 was wonderful. I got the opportunity to meet a variety of students, residents, and experienced physicians. Everyone was so passionate about what the future holds, and you could feel the energy in the room. I hope to continue participating in future years to keep advocating on behalf of Family Medicine and to keep learning about what to expect for the future. Thanks again to the LA Academy for the wonderful scholarship opportunity. I am more than grateful for it.

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**Jennifer Macdonald, MD**  
UCLA PGY-3  
2015 CAFPM AMAM Scholarship Recognition

As Family Physicians, it is our honor and responsibility to hear the most poignant concerns of those we serve, hold a command of the relevant medical literature and evidence, and endeavor to ameliorate the associated physical and emotional encumbrance; this is our daily privilege and challenge. Though the impact of each personal encounter, approached from a bedrock of physician-patient rapport, may elicit outcomes both

profound and gratifying, the leadership and membership of the California Academy of Family Physicians understand our shared vocational onus to be more capacious. It is our charge to promote health not just one room at a time, but beyond our hospital and clinic walls: to engage our communities and effect change for the populations of our state and nation.

At a time when the burden of preventable chronic illness facing our population increasingly limits the freedom of many to be productive, contributory citizens and disproportionately affects those with limited resources to change their situation, those equipped with the knowledge and expertise to solve these quandaries must lead. In the CAFP, physicians are engaged in civic participation at a level commensurate with their fervor and compassion, and scholarship funding provided to students and residents gives the next generation the privilege to witness and aspire to the level of these mentors.

Clinicians, leaders, and administrators in Family Medicine, none of whom have an opportune moment to spare from their myriad responsibilities, prioritized advocacy and collective purpose at the All Members Advocacy Meeting, and a parallel exists to the reforms we collectively seek from our legislative leaders; devoting dollars to improving public health and growing the Primary Care workforce is not a matter of opportunity or luxury, but of priority. Integrity, perseverance, and indefatigable optimism describe this determined assembly, and it is an honor to stand shoulder to shoulder with those dedicated to bettering the lives of the struggling among us.

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**Mariana Martinez**  
Medical Student (3<sup>rd</sup> Year)  
Keck School of Medicine, USC

The CAFP All-Member Advocacy was a new and unique experience for me. I have never sat in a room with so many physician advocates. I feel lucky to have shared space with so many who were not content to just sit back and practice medicine but also recognize the importance of standing up and advocating for their profession and patients. As a medical student it is easy to get caught up in the day-to-day stresses of patient care, I can only imagine how difficult it is to remove yourself from your day-to-day responsibilities as a doctor to advocate on a grander scale.

While there were many interesting parts of the conference, the most stimulating portion to me was the town hall regarding the different proposals that were to be considered by the board. This process demonstrated the impact that one physician can have on the legislative process. This meeting reminded me of the importance that policy has on our profession. Many of the issues were straightforward positions where it seemed easily expected that this Academy of Family Physicians would endorse, such as increased enforcement of immunizations and cigarette taxes. However, many of the issues were much more complicated and I was intrigued to see how these complex issues were addressed at this meeting. For example the conversation regarding end of life options and physician-assisted suicide had strong advocates on both side of the issue. While it seemed obvious to me that patients should have the right to determine how they end their lives if they choose to, I had never thought about the potential implications such a law could have on the

disabled population. This conversation demonstrated why these types of meetings are so important. It is important for every physician to have the right to do what is best for their patients not only through direct patient care but to have the ability to advocate through policy as well.

While I was unable to stay for the actual day of lobbying, I was glad to have the opportunity to do a mock lobbying and I feel like I have gained a set of skills that I will be able to utilize in my career going forward. Overall, I am very grateful to the Los Angeles Academy of Family Physicians for sponsoring my trip to what was an incredibly enlightening and educational experience.

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**Emily Nguyen**

Intern & Resident (anticipated completion 6/2015)  
Department of Family Medicine, Kaiser Permanente Los Angeles

It was wonderful having the opportunity to attend the CAFPA AMAM 2015. Health policy and advocacy is definitely something we don't get enough exposure to in medical school, and sometimes even in residency. So I was very excited to learn more and see such a great turnout from an amazing group of physicians, residents, and medical students. It was very motivational to hear from leaders and educators within our field, and get a glimpse of the future of family medicine. The workshops and discussions were great for building leadership skills and becoming more comfortable as an advocate. The most valuable lesson I learned was that becoming involved is very much possible at any level of training. Seeing so many people from different cities, levels of training, and practice environments come together and collaborate was very inspiring. Thanks, CAFPA!

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**Allen Rodriguez**

MS1  
David Geffen School of Medicine, UCLA

Becoming a physician is a decision to lead. We students have chosen to spend years studying and struggling in order to be leaders of health care teams, provide trustworthy care to our patients, and make a positive impact in our communities. Though I am only just starting this journey, I feel humbled by the mentorship of the doctors of the Los Angeles Academy of Family Physicians. I am gaining a wider perspective of some of the real-world barriers that may prevent me from putting my education and idealism into practice.

Physicians and students want what is best for their patients, but what does that mean exactly, and how do we achieve that? We want our patients to have autonomy and make informed decisions about their health. We want them to maximize their quantity and quality of life. Unfortunately, this balance is often decided by factors outside of patient control. To responsibly advocate for our patients we must become leaders in the community and educate ourselves about the system in which we operate so that we can give them as good of a shot as possible at achieving their individual health goals.

At the AMAM of CAFP, I learned there are many ways to be a leader, and many avenues within which we can advocate for our patients. We can support policies in medicine to increase the diversity of our workforce, to increase the value of the care we give and increase access to our services. We can support local laws that can help prevent drug overdoses, reduce tobacco use, and reduce obesity. We can write letters to our local newspapers, speak at schools, community groups, and local politicians, sharing our perspectives and stories. We raise the level of discourse by becoming involved. Dr. Richard Pan, a guest speaker at the meeting, is a pediatrician who has been interested in public health since medical school and now represents District 6 (Sacramento) as the only physician in the California state senate (and one of few Asian-Americans in state government).

The United States has long struggled in finding the balance between freedom of choice and legislation for the public’s health. Attending Advocacy Day in Sacramento with the California Academy of Family Physicians was a unique look into the strength of doctors. The fact that so many physicians took 3 days out of their very busy clinical and administrative responsibilities to come to Sacramento, discuss issues that are important for their patients, and spend a day sharing their personal stories to their elected representatives says so much.

I saw that when doctors talk, people, even politicians, listen. Doctors and medical students are in a rare position to receive bipartisan support in this country. We just have to lift our heads up out of our books and laptops once in a while to realize that if we do not weigh in on issues of public safety, these discussions will continue happening without us. This meeting has inspired me to stay passionate about healing and stay on the lookout for unconventional ways of serving.

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**Van Vu**

Medical Student (3<sup>rd</sup> Year)

David Geffen School of Medicine, UCLA

**AMAM Reflection**

Attending the CAFP All-Members Advocacy Meeting was an incredibly inspirational experience. After landing in Sacramento that Saturday morning, I drove past acres of peaceful fields to the Citizen Hotel where the conference room was already buzzing with energy and excitement.

Saturday’s focus revolved around leadership and the physician’s role as a leader. Much of my own role this year as a third year medical student, has been to follow the guidance of those with more clinical experience than I have and to learn as much as possible from all those around me. Doing so has significantly helped me to deepen my clinical knowledge. However, with the end of medical school fast approaching, I find myself more frequently contemplating what my own role, as a family physician will be. Thus I really appreciated Dr. Mutha’s keynote address on the importance of physician leaders and was interested to learn that there are fellowships revolved around helping physicians to become stronger leaders.

Perhaps what resonated most with me that Saturday was the challenges that many of these physician-leaders face in trying to provide their patients and community with quality care, and the amount of time and effort they put into advocating for their patients. For example, a rural physician at my table shared with us his struggle to retain enough physicians to care for all of the members of his town due to low reimbursements and restrictions installed by the hospital administration on how physicians may practice and care for their patients.

Hearing his story, I was struck by how dire his situation sounded for his community. In that moment, none of us had solutions for him and all we had to offer was our sympathy. It was a somber end to the day, but as I was reflecting on this later, I realized that his story was also very motivational. Despite all of the obstacles he faced, he was there at the meeting because he still believed he could do something for his patients. I was grateful he shared this invaluable lesson with me and that I was now joining a group of passionate people who are actively working on all fronts to advocate for themselves and their patients. It was also wonderful to see my mentor, Dr. Ohannessian, speak on the resolution he helped write regarding the expanded use of Narcan to non-medical personnel. Although I was unable to stay for lobby day itself, this experience left me excited to be there for the next annual meeting and got me thinking about the many ways in which I can and will be involved as a future family physician.