CALIFORNIA ACADEMY OF FAMILY PHYSICIANS
LOS ANGELES COUNTY CHAPTER

Los Angeles Academy of Family Physicians Newsletter
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In This Issue

Welcome to the October e-newsletter. It has been a great year for members connecting with the leadership team. If you are interested in being one of those connected members, the last meeting of the year will be held on November 17 at Tony P's Dockside Grill in Marina del Rey. We look forward to seeing you there. Please RSVP through the invitation that follows. Space is limited.

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Member Appreciation Dinner
Tony P's Dockside Grill
Dockside Room

4445 Admiralty Way
Marina Del Rey, CA 90292

Tuesday, November 17
7:00 PM

Please RSVP. Seating is limited.

President's Message
Art Ohannessian

Hello friends and colleagues.

We are nearing a close to 2015 and I want to take time to look back at what your Los Angeles Chapter of the CAFP has accomplished this past year. Due to the tenacious efforts

of our members, particularly your Executive Committee, I am very proud to say that we have yielded serious results.

We have allocated a record amount of grant funding to medical students and family medicine residents, we have had one the most successful resolution writing and advocacy efforts in recent years, and we have had growth in our general membership and leadership roles. The following is a glimpse of some of those undertakings. This quick review does not do justice to hard work that went into making these undertakings a reality, but my hopes are the list itself will be evidence that your continued support for LAAFP has led to tangible gains. Some may see this as shameless self-promotion of our Chapter and to them I say… correct!

I am very proud to say that we have distributed $6,900 in grant and stipend allocation to a total of 12 medical students and family medicine residents in support of their participation in events including, the CAFP All Member Advocacy Meeting (AMAM), the National Conference of Family Medicine Residencies and Medical Students (NCFMRMS), the National Conference of Special Constituencies (NCSC), and the Society of Teachers of Family Medicine Conference (STFM).

We piloted a community outreach grant application program, which process has now been formally ratified with a 91% approval by general membership vote. The first project we funded was a $600 grant to support Project Health Education and Leadership (Project HEAL) and their Health Education Fair held at Esteban Torres High School in East Los Angeles. This was a community outreach project organized by the 1st and 2nd year medical students from the David Geffen School of Medicine at UCLA (DGSOM). The fair provided health education, nutrition education, and held interactive activities involving CPR and ultrasound demonstrations. The high school students who served in this project attend a Title I school; meaning 95% of the students are from low-income households. The DGSOM student body voted this event as the Class of 2017 Class Service Day Project. Over 60 volunteers including medical students, residents, and faculty from both the DGSOM at UCLA and the UCLA Fielding School of Public Health participated in this event. It served more than 120 high school students and their families and is now an event that will be held annually.

We fulfilled our goal at the beginning of the year to take a more active role in resolution writing and AAFP policy development. To this end we have authored, advocated, and received Board approval for resolutions we introduced at the state and national level of AAFP. These resolutions included support for naloxone expansion programs to address the public health crisis of opioid overdoses, resolutions supporting long-acting reversible contraception use and education, and the defense of young and low-income women's access to healthcare services.

We have also made impressive gains in the leadership realm as well. Dr. Shannon Connolly, your newly elected President-Elect, now serves on the CAFP Board of Directors as the New Physician member. In addition, Dr. Jennifer MacDonald, an active member in our chapter, was selected to partake in the very prestigious White House Fellowship Program. She is currently working in the White House under the Department of Homeland Security to bring her healthcare expertise to develop programs that address the health and safety of undocumented immigrants on our southern border.

We have sustained our commitment to develop and expand CME opportunities for our members. I have been working closely with BREATH LA, a non-profit whose mission is

to provide lung disease education to the community as well as healthcare professionals, to facilitate educational events. Over the past 7 months we have focused on developing guidelines for the early diagnosis and management of COPD, and have organized an AAFP CME certified COPD Conference. It will be held on November 14th, 2015 and I encourage all of you to register to attend, as COPD patients compromise a disproportionate share of hospital readmissions and have one the highest mortality rates.

These are just highlights of some of the achievements we have made this past year. I apologize for not listing all of the gains that have been made. I can say with confidence that we have made vital investments in our communities; made wise investments in the future leaders of our specialty, shaped healthcare policy, and made impacts at the local, state, and national level. I could not be more proud to have served as your President this past term.

These successes will continue to flourish under the executive leadership of your incoming President, Dr. Kevin Rossi and your President-Elect Dr. Shannon Connolly, both of whom have experience as Board of Directors for CAFP. These will be joined by Dr. Katrina Miller, Dr. Rebecca Bertin, and Dr. Daniel Pio, all of whom have been very active members in CAFP and will carry on the tradition of leading the largest local chapter of the AFFP in the nation. Thank you all for allowing me to represent you this past year, I plan on continuing to stay active in AAFP and look forward to the New Year.

Editorial

Rebecca Bertin, MD

Not anytime soon…

I recently went to a three-day training sponsored by my medical group about how to use our electronic medical record system more efficiently. On returning, I thought about jokingly telling colleagues and friends that I had spent three days learning how to get a robot to do my job. It really is amazing what computers can do these days. I learned that

our EMR toolbar has been built such that, by clicking one button, I can get a robot to open an encounter, enter a chief complaint, a message, orders, and a routing recipient, and all I have to do is click "Accept" at the end. The goal of the training sponsors was to help us save about 5 minutes per hour per day, mostly in the area of clicking through charts and waiting for things to load. That's great - in this world of the never-ending inbox, I'll take any extra minutes I can get.

As I thought more about that idea, though, I wondered - is this really a robot doing my job? Is clicking through 17 screens of a chart to find the information I need and then typing the same message over and over to my nurse or my patients really what my job comes down to? It is part of my job; of course, to follow up on tests I order and communicate with my patients regarding their questions and medical conditions. But, at least for now, the robot is only doing the clicking and typing. It's not doing any of the interpreting, remembering, or evaluating work that's happening in my mind.

There have been numerous articles written in the past few years, hypothesizing about the future of medicine and the use of technology. Some have predicted that the most highly specialized physicians are most likely to be replaced by robots, since a computer can more rapidly and accurately follow the algorithms that so often dictate care at the subspecialty level. Others, however, conjecture that primary care is most at risk. They believe that nurses or patient navigators who will type patient complaints into a computer that will then use complex algorithms to determine the most likely diagnosis and appropriate treatment can replace primary care physicians.

Here is where I disagree. Patients, and even nurses, often don't know what symptoms or background information are relevant or not. And I can't imagine robots being able to replace the relationships, instincts, and thinking outside the box that has led to some of my most memorable patient encounters recently. A computer won't be able to look at a patient it has known for years and know something is "off", even though the vital signs and other objective measures may be normal at the moment, and choose to send the patient to the ER where he will eventually be diagnosed with osteomyelitis. A computer probably wouldn't send a 47-year old woman for a colonoscopy because her anemia just isn't improving with iron supplementation, and would miss the fact that she has colon cancer. A computer won't know that the patient's A1c went from 7.5 to 11 because her husband was diagnosed with a terminal illness three months ago and she doesn't currently have the wherewithal to take care of herself in any meaningful way – in which case the right treatment may not be just increasing the insulin dose.

I very much appreciate the opportunity this training gave me to shave off a few minutes of tedious clicking each time I look through my inbox. But I really don't have any fear of being replaced by a robot - at least not any time soon.

Legislative Affairs Update
October 2015

Wesley G. Bradford, MD, MPH

The first year of the 2015-2016 Legislative Session was a bit different than most for CAFP. While family medicine continued to have success with supported bills that made it to the Governor (he signed 19 out of 22 CAFP-supported bills that made it to his desk), CAFP's top priorities of payment reform and family medicine residency program expansion advanced incrementally. This theme, combined with unanticipated bills dominating our attention (like our efforts on SB 277 – the vaccine bill), puts CAFP in a good position to move aggressively on our priorities in 2016. CAFP also worked hard to defeat misguided legislation. Only one CAFP opposed bill made it into law 2015. Every other bill CAFP opposed was either amended to remove our opposition or failed to pass the Legislature.

On April 14, 2015, President Obama signed HR 2, the Medicare Access and CHIP Reauthorization Act (MACRA), definitively repealing Medicare's flawed Sustainable Growth Rate (SGR) payment formula. AAFP and CAFP fought hard to ensure MACRA's passage and will ensure that family physicians understand the new law and have the resources to respond to future changes in Medicare payment. Enacted by the Balanced Budget Act of 1997, the SGR threatened physicians accepting Medicare with massive payment cuts year after year. Physicians suffered through 17 different short-term patches before our grassroots support forced a compromise and helped put an end to this unsustainable formula. In its place, HR 2 will annually update Medicare payment by 0.5 percent for five years and move the program toward a value-based payment system, while also consolidating and improving incentive programs. While not a perfect solution, HR 2 resolves some of our health care system's most pressing issues. Please click here to learn more about the specifics of MACRA.

Another major part of our federal efforts was to secure funding for a crucial primary care federal Graduate Medical Education (GME) program, as well as other important primary care programs set to lose funding. Through our efforts, we were able to extend hundreds of millions of dollars in funding that would have expired in 2015 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 22.7 million patients across 9,518 sites. The vast majority of the 90 million visits to health centers over the past few years were for primary medical care services. 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. CAFP received the 2015 AAFP Leadership in State Government Award for our advocacy on this issue, including our successful effort to get 50 Congressional Representatives from both parties to sign onto a letter supporting the THC program. This is the second consecutive year CAFP has received this award.

Other changes were afoot at the federal level. As I'm sure you know, **ICD-10** is here! CMS requires all "HIPAA covered entities" to use ICD-10-CM diagnostic codes on all claims as of October 1, 2015. Private insurance plans and laboratories are making the same transition. However, Medicare has announced temporary "flexibility" (for 1 year) on claims, as long as the provider submits an ICD-10 code from an appropriate family of codes and has issued updated guidance for this grace period. CMS quality programs will avoid financial penalties based on the code used during this time. NOTE: This CMS flexibility only applies to fee-for-service Medicare claims, not necessarily to Medicare Advantage, Medi-Cal, commercial, or workers' compensation claims. To get resources on the transition to help ease the change, please visit the CAFP website. Also important to note that CMS has delayed Stage 3 Meaningful Use until Jan 1 of 2018, and is simplifying the requirements and adding new flexibilities for electronic health information exchange.

On the bright side, our CAFP Representative and AAFP Board Member Jack Chou, MD, has announced his candidacy for AAFP President-Elect at the AAFP Congress of Delegates!

Many of you may have seen that Governor Jerry Brown signed ABX2-15, a bill that will allow a terminally ill patient to receive a prescription for an "aid-in-dying" drug. The prescription can only be issued after certain conditions are met, including:

- An incurable and irreversible disease has been diagnosed by an attending physician and that disease will, within reasonable medical judgment, result in death within six months;
- A consulting physician has confirmed the terminal diagnosis and patient's capacity to make medical decisions;
- The attending physician refers the patient to a mental health specialist.
- The patient makes two oral requests for the medication at least 15 days apart; and
- A written request is submitted, signed by two witnesses.

CAFP adopted a Neutral position on the bill in part because of our members' differing positions on the issue. CAFP also adopted the following policy:

CAFP recognizes the need for appropriate end-of-life care, which may include:

- *Appropriate treatment of physical pain, recognizing that in some cases such treatment may hasten the end of life;*
- *Compassionate care which is interpersonal, existential or spiritual, and may include working together with social workers, hospice, clergy, family and friends; and*
- *Eliciting and addressing a patient's reasons for considering physician aid-in-dying.*

Only through dialogue can family physicians, their patients and society as a whole continue to explore what is reasonable and morally appropriate. The highest-quality health care is an outgrowth of a partnership between the patient, the family and the health professional or professional team. Within the context of this continuing relationship, family

physicians must seek the underlying causes of suffering at the end of life, and then aggressively implement measures to correct them. Appropriate education in palliative care and medical management, advanced communication skills to discover the patient's wishes and value choices, and appropriate sharing of decision-making with the patient and the patient's family can go a long way toward alleviating suffering and improving care at the end of life. Family physicians should continue to provide assistance in dealing with dying patients' symptoms, needs and fears.

Election Results

Thank you for choosing your 2016 officers and representatives. Involving yourself in academy affairs helps your local academy move forward under dedicated leadership. It is also an encouragement to those who have been chosen.

LA Academy 2016 Executive Board

Executive Committee Officers:

President:	Kevin Rossi, MD*
President-Elect:	Shannon Connolly, MD*
Vice-President:	Katrina Miller, MD*
Secretary-Treasurer:	Rebecca Bertin, MD*
Assistant Secretary Treasurer:	Daniel Pio, MD*

State Board of Directors:

District III: Director, Liz Kalve, MD	Alternate Director, Art Ohannessian, MD
District IV: Director, Dan Castro, MD	Alternate Director, Jay Iinuma, MD

Delegation to the AMAM:

Delegates:	**Alternate-Delegates:**
Rebecca Bertin, MD*	Felix Aguilar, MD
Shannon Connolly, MD	Amaruti Borad, DO
Julie Ann Howard, MD	Karen Boston, MD
Kelly Jones, MD	Lawrence Dardick, MD
Katrina Miller, MD*	Mark Dressner, MD
Gerardo Moreno, MD	Monique George, MD
Theresa Nevarez, MD*	Judy Kim, MD
Carrie Nichols, MD	Jon Malachowski, MD
Art Ohannessian, MD*	Monica Plesa, MD
Daniel Pio, MD	Selene Velasco, MD*

Kevin Rossi, MD* Leanne Zakrzewski, MD*

* Indicates term ends in 2016

Results of the ballot vote on the LAAFP Bylaws changes: 90.9% approved, 1.8% did not approve and 7.3 abstained.

MINUTES
EXECUTIVE BOARD & MEMBERS MEETING
September 16, 2015

Dr. Art Ohannessian, President, called the meeting to order. Forty-seven members and guests were in attendance. Individual introductions were not made due to this large number. All names have been placed on record.

Approval of May 21, 2015, meeting Minutes and August 31, 2015, Treasurer's Report: Dr. Ohannessian asked for a voice vote to accept the Minutes as printed in the August 2015 Newsletter. He also asked for a voice vote to approve the Treasurer's Report printed in the Agenda and presented by Secretary-Treasurer, Katrina Miller. Both reports were unanimously approved.

Special report: Andrea Grosz, a recipient of a $750 grant to attend the National Conference of Family Medicine Residents and Medical Students, gave a brief report of her experience in Kansas City and expressed gratitude for the support given to her by the LAAFP.

Call for nominations from the floor: The Nomination Committee report was printed in the Agenda. Dr. Ohannessian introduced the members who were present and are currently on the Executive Board or were named in the committee report. Two people were nominated from the floor for Alternate-Delegate positions: Dr. Judy Kim and Dr. Felix Aguilar. They were approved to be added to the upcoming ballot in accordance with the Bylaws,.

Constitution & Bylaws Committee Report: Dr. Shannon Connelly and Dr. Monica Plesa used a PowerPoint presentation to give the history and rationale for the recommendation to update the local Constitution and Bylaws:

- LA-CAFP (aka. LAAFP) Constitution was last updated in 1994
- Recommendation for a new update came from the LAAFP Executive Committee, Susan Hogeland - Executive VP of CAFP and the LAAFP Constitution & Bylaws Committee

The following is a summary of recommended changes:

- Updated terminology ("Bylaws" vs. "Constitution and Bylaws"; "ballots" and "newsletters" to be distributed electronically
- Gender neutral language
- Used CAFP Bylaws as a guide
- Grammatical corrections
- Addition of a "Grant Review Committee" and an official "Grant Proposal Scoring Form" to be used when members request grant funds from the LAAFP

A ballot for leadership nominations and updated Bylaws will be sent to the members via electronic messaging within two weeks following the September meeting. The results are to be published in the October Newsletter.

The meeting was adjourned.

COPD Conference Invitation

Please join our President, Dr. Art Ohannessian, at BREATHE LA's annual COPD Conference on Saturday, November 14, 2015 starting at 8am. CME credits, breakfast, and valet parking are included in the **$65 admission price** exclusive for California Academy of Family Physician Members. To register now, follow these simple steps:

1. http://tinyurl.com/blacopd
2. Don't select the $100 or $75 choices.
3. Scroll to the bottom of the page where it says "additional donation"
4. Type in **$65 -** you save **$35**

Register today, space is limited.