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#### FAMILY PHYSICIANS GATHERING STRENGTH: REGISTER ON SITE

The MAFP office is closed Tuesday, June 16 to Tuesday, June 23 while staff is attending MAFP's 2009 Annual CME Assembly at the Clarion Hotel in Ocean City. The office will re-open on Tuesday, June 23. Staff will be checking e-mail and will return messages to [info@mdafp.org](mailto:info@mdafp.org). If you wish to register for the Assembly, please do so on site. To reach staff at the on-site registration extension, members can call 410-524-3535 and ask for the MAFP registration desk. The number for hotel reservations is 800-638-2100.

#### VACCINE PROGRAM REMINDER

As you know, the MAFP established a partnership with Atlantic Health Partners (AHP) to help you lower your vaccine costs. We are pleased to share that our members who joined AHP report very high satisfaction with the program, particularly from the savings and customer service. With the peak vaccination season quickly approaching, we strongly encourage you to contact AHP. The program is available to you at no cost and provides *the most favorable pricing* from the vaccine manufacturers, which you order directly from the companies (as you may do now). AHP is widely recognized as the leading vaccine program in the country and has helped thousands of physicians, including many MAFP members, manage vaccine purchasing more effectively. Don't delay – contact AHP today by phone at 800-741-2044 or by email at [info@atlantichelpartners.com](mailto:info@atlantichelpartners.com).

#### SURVEY ON EXTENDING FAMILY MEDICINE RESIDENCY TRAINING

There is a lot of talk about extending Family Medicine residencies to four years. We are two faculty members in a residency affiliated with the Medical College of Wisconsin, and we have added a fourth year to our program. Students and current residents have been surveyed about how they feel about a fourth year of residency. A group that has not yet been asked are actual practicing family physicians. We have designed a research project to learn more about what you believe could be useful in a fourth year, what you believe would prepare residents better for the real world of practice.

Please click on the link below to participate in a survey on this issue. We will also ask for a bare minimum of demographic data to allow us to interpret the results. The survey has been pre-tested, and the doctors taking it averaged four (4) minutes to complete it, so we do not anticipate it will take much of your time. This survey is the only procedure of this study. You will not be re-contacted by us for any reason. There should be no physical risk to this study for you. There will be no benefits to you of completing this survey. The information collected in this study may be printed in scientific journals. This information may be presented at scientific meetings. As this survey is anonymous, we will not and cannot identify you in any publication or presentation. You may stop completing the survey at any time without penalty. To complete the survey, please click on the link below, or cut and paste it into your browser:

<http://www.zoomerang.com/Survey/?p=WEB22944ERRWZH>

Thank you for your help!

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#### MARYLAND-SPECIFIC GUIDE TO MEDICARE CUTS AVAILABLE

Since the advent of Sustainable Growth Rate (SGR) legislation in 1997, avoiding negative adjustments to Medicare payment rates has become an annual ritual of attempting to balance fiscal discipline against threats to health care access for millions of Americans. Citing payments that scarcely meet their overhead costs, primary care physicians find themselves increasingly forced to consider limiting or ceasing to see Medicare patients. Even against this backdrop, Medicare payments and access faced a unique challenge in the summer of 2008, in which several overlapping cuts were proposed. Most primary care physicians do not fully appreciate the extent to which these cuts could have affected or may again impact payment and access in their states.

The Robert Graham Center is pleased to make available a 2-page state-specific guide to Medicare cuts. Actual and proposed cuts from 2008 were analyzed as a way to prepare physicians to understand the many ways in which future changes might affect their practice. The state footprint is associated with a national-level study, "Threats to Medicare Physician Reimbursement and their Geographic Variation, 2008 and 2010" that should be released shortly. This 2-pager presents state-specific projections at-a-glance, but also offers a concise summary and review of the basics of Medicare payment and incentives. To access your state footprint, please visit <http://www.graham-center.org/x142.xml/xxxxxx>. Changes in the sustainable growth rate and incentives based on geography and population will re-emerge in 2009. Armed with this vital information, physicians on the front lines will be more aware of how these changes could affect themselves and their patients.

#### NEW PCMH SITE PROVIDES COMPREHENSIVE RESOURCES

AAFP announces the new Patient Centered Medical Home (PCMH) section on the AAFP web site. The new section, which launched June 1, offers a varied assortment of tools to

help physicians reach their PCMH goals. You can view the site at <http://aafp.org/pcmh>. The section shows a pictorial representation of the medical home, which is constructed of four building blocks atop a foundational base. The foundation of the medical home is represented by a single block that symbolizes the specialty's core values. That's significant because Family Medicine is the only medical discipline dedicated to treating the whole person across the full age spectrum with a continuous and comprehensive approach to care. Each block of the color-coded house represents a critical piece of the PCMH. Physicians are invited to roam the virtual house and explore all of the resources within each area. One of the new features on the site is a 2-page downloadable [PCMH Checklist](#) to help members map their progress.

## SUNDRIES

- Go online today and vote for AAFP President, Dr. Ted Epperly, as one of Modern Healthcare's "100 Most Powerful People in Healthcare." Just click on <http://www.modernhealthcare.com/section/100mp> to cast your ballot. Voting will continue through 6/26. The final ranking will be published in the 8/24 issue of *Modern Healthcare* and posted at ModernHealthcare.com.
- Sunset of Evidence Based CME 2 for 1 Credit: The AAFP Board of Directors has approved the Commission on Continuing Professional Development's recommendation that double credit for EB CME sunset on 1/1/2011, with a phased time-line for communication of alternative earned credit options in consideration of member and Chapter needs. The AAFP has been the leader in promoting the importance of evidence-based continuing medical education since 2005. EB CME 2 for 1 credit was introduced to encourage and promote the value of evidence-based education. Evidence based education is now the norm (not the exception). The Commission believes it essential that AAFP CME credit be awarded commensurate with the industry standard of evidence-based CME, to ensure the quality of our educational offerings and the importance of the continuing education our members pursue.
- Resources to Assist Practices with Identity Red Flags Rule: The AAFP has prepared resources to assist members and practices in complying with the Identity Red Flags Rule. The FTC delayed the date of enforcement of the Identity Red Flags Rule until August 1, 2009 from the earlier May 1, 2009 date, which will allow members more time to create and implement a written program for identifying and responding to ID theft red flags in their practices. Important resources are located at <http://www.aafp.org/online/en/home/practicemgt/regulatory-compliance/id-theft.html>
- Survey on How the Economic Downturn has Affected Some Family Physicians and Their Patients: A national survey of AAFP members shows that nearly 90 percent of the family physicians surveyed reported their patients have expressed concerns recently over their ability to pay for their health care needs. In fact, 58 percent said they had seen an increase in appointment cancellations. Furthermore, 60 percent reported they had seen more health problems caused by their patients forgoing needed preventive care. Two-thirds (66 percent) of the family physicians who responded said they were taking specific actions, such as discounting their

fees, increasing charity care, providing free health screenings and moving patients to generic prescriptions, to help their patients manage health care needs with respect to the current economic climate. The survey confirms the negative and potentially serious impact the recession is having on Americans' access to health care.