



The Maryland Family Doctor, Summer, 2011

Articles

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4. Ovarian Cancer: Are Physicians Under-Screening for a Silent Killer? p. 20

The Maryland Family Doctor has been reviewed and is acceptable for Prescribed credits by the American Academy of Family Physicians (AAFP). This Summer, 2011 edition (vol. 48, No. 1) is approved for 2.5 Prescribed credits. Credit may be claimed for two years from the date of this edition (expiring July 30, 2013). AAFP Prescribed credit is accepted by the American Medical Association (AMA) as equivalent to AMA PRA Category 1 credit toward the AMA Physicians Recognition Award.

Answers: www.mdafp.org; publications and news tab; Summer, 2011

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INDICATE EACH CORRECT ANSWER

Questions Article #1:

1. The three primary goals of the Affordable Care Act, or the "triple aim" are (select all that apply):
 - A. Improve access to care through near-universal insurance coverage
 - B. Improve quality of care
 - C. Reduce costs of care
 - D. Expand scope of practice for ancillary medical providers
 - E. Provide a federally funded insurance plan to all Americans
2. Which of the following are key to the success of Care Management Programs that produce improvements in quality and reductions in cost (select all that apply)?
 - A. Patient selection using standardized risk management tools or insurer risk related /claims data

- B. Care managers contacting clients over the phone, with no face to face contact
 - C. Multidisciplinary teams of providers, led by and interacting with Primary Care Physicians.
 - D. Presence of informal care givers (lay support persons) who can be enlisted to assist in care management plans.
 - E. Home visits when necessary
3. Primary Care Providers may find for their patients which of the following types of care management or care coordination at their local health department (select all that apply):
 - A. A registered nurse or care manager who will coordinate care of the patient with HIV, and some other reportable diseases
 - B. A social worker and nurse team who will perform an Aging Evaluation in the home and make referrals to necessary resources to promote continued living at home for the elderly
 - C. The Administrative Care Coordination Unit (ACCU). This service provides outreach, education, and care coordination activities to the Medical Assistance population, as well as the uninsured and underinsured
 - D. A care coordinator or case manager for patients with behavioral health diagnoses or developmental disability.
 - E. A team of nurses, case managers, social workers and other providers who can assist in identifying resources for care coordination for many clients with chronic diseases.
 4. In Maryland, the Patient Centered Medical Home pilot projects are testing 2 or more ways to reimburse primary care offices for Care Management services, including increases in fee schedule payments, 'per member per month' capitated payments, and cost sharing bonuses.
 - A. True
 - B. False
 5. Studies show that Primary Care physicians can provide a standard amount and intensity of care coordination service to a randomly selected group of patients, and be able to show lower costs and improved quality in that patient group.
 - A. True
 - B. False
 6. Primary Care offices and Physicians, public health departments, and third party insurers are logical and necessary partners in provision of successful care management services, and may be a foundational partnership in the future of assembling Accountable Care Organizations.
 - A. True
 - B. False

Questions Article #2:

The following article questions are intended to stimulate your personal thoughts and experiences with Medwatch Adverse Event reports.

7. On the MEDWATCH report, aside from the clinical description, important parts that I can fill in to give comprehensive data to attribute causality or temporality of an adverse event to a drug include the date of event, the diagnosis for use, the dose, frequency and route used along with the length of use and its relationship to the drug event and any tests or lab data.
 - A. True
 - B. False
8. Choose all that are true. I can report adverse events to:
 - A. State health department
 - B. Drug manufacturer
 - C. Mailing form 3500 to the FDA
 - D. On-line to the FDA
 - E. Calling 1-800-FDA-1088.
9. I can make public health impact via label changes by sending in strong Medwatch case reports, sometimes as few as two to three.
 - A. True
 - B. False
10. Now that I know the many ways I can efficiently submit a Medwatch report, and I know how Medwatch reports may impact on labeling and prescribing habits and ultimately my patient's welfare, an incentive such as CME or a module for extension of my re-certification would definitely motivate me to report.
 - A. True
 - B. False

Questions Article #3:

11. 41 year old woman presents for routine check-up. You offer her a general examination, and order the following tests per the current screening

guidelines and per standards of care:

- A. Clinician breast examination
 - B. Mammogram
 - C. Papanicolaou smear
 - D. All of the above
12. After an abnormal diagnostic mammogram demonstrating calcifications and architectural discordance at age 40 years, which of the following is recommended as the first step per current standards of care:
 - A. Ultrasound
 - B. Stereotactic biopsy
 - C. MRI breast
 - D. BRCA genotyping
 13. Prophylactic mastectomy has been used in women with bilateral disease, multiple lesions, those with significant family histories with or without BRCA positivity. Which of the following benefits outweigh risks when recommending mastectomy to a patient with pre-cancer?
 - A. Future mammograms are not needed
 - B. Risk of progression to cancer is eliminated
 - C. Multiple lumpectomies remove the diseased tissues
 - D. Hormone receptive cancers are best removed in 40 year old women
 14. The majority of breast cancers appear in women with genetic predispositions for breast neoplasms
 - A. True
 - B. False
 15. Medical homes sepecially in modernizing to management of newer diseases are characterized by (*choose all correct answers*):
 - A. Multiple caregivers
 - B. A physician leader
 - C. Shared decision making with patient preferences, needs and values being respected
 - D. Extensions of the medical home to surgical and medical specialists to

ensure a collective decision

- E. All of the above

Questions Article #4:

16. Ovarian cancer is the fifth most common cause of cancer death in women.
 - A. True
 - B. False
17. Which of the following is not a risk factor for ovarian cancer:
 - A. delayed childbearing
 - B. early menarche
 - C. High fiber diet
 - D. estrogen replacement therapy for more than five years
18. Which of the following is not protective against breast cancer?
 - A. breastfeeding for 18 months or more
 - B. early menopause, multiparity
 - C. High fat diet
 - D. oral contraceptive use
19. Which of the following is not true regarding 5 year survival rate of ovarian cancer patients?
 - A. Stage I ovarian cancer has a 90% 5-year survival rate
 - B. Stage II (pelvic extension) has a five-year survival rate of 60 to 80 percent
 - C. Stage III is only 20 percent
 - D. Stage IV is less than 10 percent survival at 5 years from diagnosis
 - E. all of the above are true. ■

