



# — THE MISSISSIPPI — FAMILY PHYSICIAN

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Dr. Jennifer Gholson and Family • MAFP President, 2014 | Dr. and Mrs. James E. Calloway • MAFP Family Physician of the Year, 2014





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# THE MISSISSIPPI FAMILY PHYSICIAN

Volume 52, No. 1 | Fall 2014 | For Every Family, A Family Physician

In an effort to be consistent with the MAFP strategic plan, the journal is formatted into sections with accompanying colors according to the MAFP's five goals- academy, advocacy, workforce, professional development and public awareness.

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## MAFP Mission

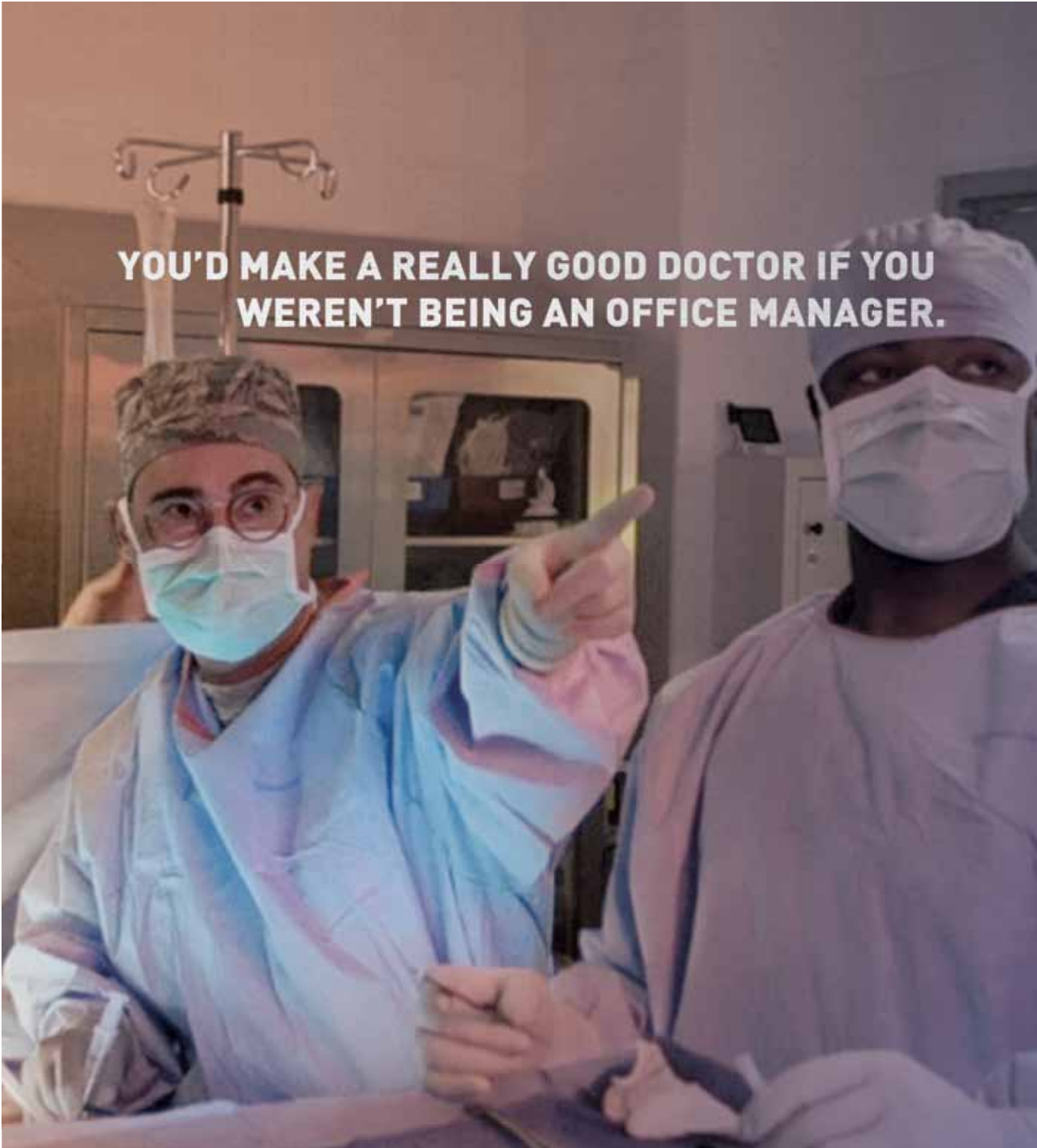
Dedicated to advancing the specialty of Family Medicine and improving the health of all people in Mississippi.

## MAFP Vision

For every person in Mississippi to have access and availability to a well-trained family physician to manage their medical care.

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# What More Can I Do

Dr. Jennifer Gholson | MAFP President

I would like to thank the members of the Mississippi Academy of Family Physicians for putting your faith in me. After Dr. Wade Dowell's inaugural address last year, I'll be honest, I felt inadequate because anybody who knows me knows I don't know nothin' about delivering babies. But as I took your words to heart, I realized that what makes this Academy so great is our diversity-not all of us have the same practices: some of us see hospital patients, some of us do not, some of us do more administrative duties than patient care. We are a mix of Democrats, Republicans, Libertarians and, yes, Green Party members. We are able to have a heated debate across the table and sit down, break bread together and laugh. We come together to advocate for our patients. It kind of reminds me of some of my family get-togethers.

To my Academy family – you continue to amaze me with your passion. I am thankful for the opportunities that you have given me. One of those recent opportunities was the AAFP Annual Leadership Forum where I had the fortunate experience to hear John O'Leary speak. Let me tell you a little bit about John. He was badly burned when he was young, so much that he was given less than one percent chance to live. He overcame the odds to become a very successful motivational speaker.

The phrase "What More Can I Do..." really stayed with me; kind of like a steel ball bearing rolling around in my head. I just couldn't get it to stop. Then I had a thought: what more CAN I do?

What more can I do for my family? Maybe not be so uptight about the dishes being done. More family game nights?

What more can I do for my spouse? Spend more time with him?

What more can I do for me? Is that a

selfish thought? Physician burnout is a real thing. What more can I do to bring more balance to my life? What more can I do to do less? What more can I do to be healthier? A better role model for my patients?

What more can I do for my staff? Perhaps telling someone they are doing a good job. It is amazing how the simple things can brighten someone's day. Sometimes it takes a little courage when dealing with staff. I will share Winston Churchill's thoughts on courage.

Together we can and will make a difference.

He said, "Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen."

What more can I do for my patients? Ooh, this may be a tough one because some days (let's be honest), we are doing an awful lot. But perhaps it's sitting a few minutes longer. Or as a new patient told me when I asked her why she had changed doctors, "I just want someone who acts like they care-you don't really have to-just fake it when you are in the room with me." What I didn't tell her is that we all care until we can't because the system drives the compassion from the exam room. Perhaps what more we can do for our patients is to educate them on how they can help us change what's wrong with healthcare so we don't have to fake it.

So what more can I do for the healthcare system? Margaret Mead once said, "Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has." You have a voice. Use it. Start the change in your own practice, and then teach us how to do it in ours. Together we can and will make a difference.

What more can I do for the



Mississippi Academy of Family of Physicians? Notice I didn't ask what more can the MAFP do for me, but what more can I do for the Academy? Recruit a member, serve on a committee, and call a Senator. We need you. We need all of you. We embrace the diversity of our membership but we must fight to preserve it. We are facing what could indeed be the perfect storm—with ICD 10, meaningful use, EHR requirements, encroaching stipulations from insurance companies, decreasing reimbursements, some nurse practitioners who, instead of being on team, want to BE the team – the list goes on. Family physicians are drowning; some are jumping ship by retiring early. Will family physicians go down like the Andrea Gail? My answer to you is, Hell no we won't go! Remember as Eleanor Roosevelt once said, "No one can make you feel inferior without your consent." Never doubt that you have the capability and capacity to make a difference. Family physicians should and will be at the forefront of transformational change in our healthcare systems. Every one of us has the potential to lead the change whether on a national or state level or in our everyday practice. What change you may ask? My response to you is change for the better. What more can you do to make things better? For you, your patients, your Academy. Identify it, then do it. Simple.

In closing, as **you** ponder what more can **you** do, I leave you with the thoughts of one of our greatest philosophers, Master Yoda, who said "Do not try, do or do not. There is no "try".

# Gholson installed as MAFP President

The Mississippi Academy of Family Physicians elected Dr. Jennifer D. Gholson of Summit as 2014 MAFP President on July 22. She was installed as president of the MAFP during its annual scientific assembly at the Baytowne Conference Center in Destin, FL. Gholson served as president-elect last year and is succeeding outgoing president Dr. Wade Dowell of Indianola.



Gholson attended Millsaps College and then moved to New Orleans where she earned her medical degree at Tulane University School of Medicine. She completed her Family Medicine Residency at East Tennessee State University where she also completed a surgery internship.



Gholson has gained solid experience from the variety of work she has done in the medical field. Gholson has a lot to offer her community with her skills in quality improvement, process improvement, evidenced based medicine and utilization review. She successfully designed and built the Summit Family Medicine & Express Care in a culturally diverse environment. Committed to her patients, Gholson

established a membership program for the uninsured and underinsured and recruited highly qualified personnel to help execute her vision.

Gholson's devotion to Family Medicine is exemplified in the multiple professional organizations in which she is involved. Not only is she active in the MAFP, but she is also a member of the Mississippi State Medical Association and a Health Disparities Consortium Member for the Mississippi State Department of Health. Board certified, Gholson has received numerous awards including Top 40 Under 40 by the Mississippi Business Journal and the MSMA Waites Leadership Award.

Gholson resides in Summit with her husband Carter and children Alex and Claire. Her ability to maintain collaborative relationships coupled with her gift to motivate others provides Gholson with an excellent foundation to lead MAFP membership.

## 10 Things You May Not Know About Jennifer Gholson, MD

1. Mickey Mouse and I share the same birthday. (Date not year! Ha!)
2. I won first place in the Garden Clubs of Mississippi state flower show.
3. My picture was once shown on the Today Show because of number 4.
4. I worked at the bookstore where John Grisham did his very first book signing.
5. My husband and I met at The Dock (Reservoir Bar & Grill).
6. I had both my children during residency. I was given the sex education award.
7. I love to read. I once read three books within a 24 hour period.
8. James Bond movies are my absolute favorite thing to watch on a rainy day.
9. As a little girl, I wanted to be the doctor for the New Orleans Saints.
10. Blue is my favorite color; water is my favorite thing to drink; ice cream is my favorite thing to eat!

# Calloway Honored as MAFP Family Physician of the Year

The Mississippi Academy of Family Physicians announced James Everett Calloway, Jr., MD as the 2014 MAFP Family Physician of the Year on July 22 at the MAFP Annual Scientific Assembly held at the Baytowne Conference Center in Destin, FL.

Each year, the award is presented to a physician contributing the most to the development of Family Medicine in the state. It is known as the John B. Howell Memorial Award and was established in memory of Dr. Howell, a pioneer in the practice of Family Medicine and long-time delegate to the American Academy of Family Physicians.

Calloway received his undergraduate degree from Millsaps College in Jackson where he was a member of Pi



Kappa Alpha fraternity. He then went on to graduate from the University of Tennessee Medical School where he was also a member of Alpha Omega Alpha honorary medical fraternity. He participated in the V-12 Navy College Training Program while in medical school and then went on to complete an internship at John Gaston Hospital in Memphis, TN.

After opening a medical practice in Louisville, Calloway was called to active duty in 1951 and served on naval vessels during the Korean War in the Persian Gulf. He then returned



**James Calloway, MD honored as MAFP Family Physician of the Year.**

to practice in Louisville in 1953, after proudly serving his country. Calloway performed surgeries in Macon and Philadelphia until Louisville opened a new hospital in 1954. He then took on several partners, including Drs. Sam Suttle, Michael Ard, and Glenn Peters. After many years serving the community as a family physician, Dr. Calloway retired in 1998.

During his time as a physician in Louisville, Dr. Calloway held many leadership positions at local hospitals, nursing homes, and medical associations,

including Medical Director of the Winston County Nursing home and President of the Winston County Hospital medical staff. He is also a lifetime member of the Mississippi Academy of Family Physicians and the Southern Medical Association. Dr. Calloway is a past president of the Rotary Club in Louisville and was named Louisville Chamber of Commerce Man of the Year in 1998.



Dr. Calloway has three children, James E. Calloway,



**The Crawfords, Calloways, and Ards enjoy the 1996 MAFP meeting at the Grand Hotel in Point Clear, AL.**

III, Edwin Sand Calloway, and Claudia Ann Perrier. He and his wife Edwina have six grandchildren along with three great-grandchildren. He and his wife are members at First United Methodist Church in Louisville where he has served as Chairman of the Administrative Board, Finance Commission and Building Program.



# A Day with the Calloways

Jamie Walker | MAFP Membership Director



Jamie Walker

When I left for Louisville on my way to present Dr. Calloway with his award for Family Physician of the Year, I called to let Mrs. Calloway know what time I'd be arriving. She promptly asked if I would like to stay for lunch. That's how the day began.

Getting out of the car, I wasn't quite sure what to expect; after all, I'd never met Dr. and Mrs. Calloway before. Mrs. Calloway met me at the door with a smile and invited me in. We chatted for a bit and then Dr. Calloway came in, and we all visited for what seemed like a short while. Before I knew it lunch was ready. It was wonderful. Mrs. Calloway served sandwiches with asparagus and home-made cheese straw crackers. For desert, oh my, she'd made the most amazing brownie from scratch with a scoop of vanilla ice cream (as if the brownie wasn't delicious enough by itself). After

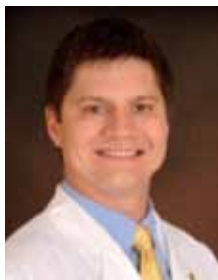
eating and talking with the Calloways that afternoon, I discovered what a gracious and welcoming pair they are, and I was thankful that I'd had the opportunity to get to know them. I also noted what must have seemed obvious to all who voted for him to receive the award - that Dr. Calloway was and is extremely personable, intelligent, and caring. I now, without a doubt, see why he was chosen as MAFP Family Physician of the Year. It was a good day.



Dr. and Mrs. Calloway smile for a picture after receiving the award.

## Resident Reflections

Kory Blackwell, MD, PGY1 | Forrest General Hospital Family Medicine Residency Program



Kory Blackwell, MD

### Why did you choose Family Medicine?

Family Medicine was one of the first clinical rotations I did as a third year medical student and right away the patient-physician relationship stood out to me. I noticed that established patients had a level of trust with their family physician that they did not seem to have with their specialist physicians.

They would often want input about the decisions made by highly trained specialists. Furthermore, the physician seemed to almost become part of the patient's extended family, and as I progressed through other rotations, I never witnessed relationships like this in the other specialties. I decided that I wanted my relationship with my patients to mirror what I had experienced on my Family Medicine rotation.

The other main reason I chose Family Medicine is the diversity of pathology that we get to see. We are able to take care of every organ system and put to use all of the knowledge gained from four years of medical school. Had I chosen a very specific field, I would have felt cheated that I didn't get to apply all of the knowledge I had worked so hard to attain.

### What are the most important personality traits of a family physician?

Empathy, caring, and patience are a must for a good family

physician. These three traits allow the physician to comfort and counsel the patient, which is big part of the job. Without these traits, not only are you likely to have a slow practice, but you will also deliver substandard care. Patients may not know how knowledgeable their physician is, but they do know whether or not you care about them.

### What can students do to make themselves more ready to become family physicians?

One aspect of medicine that I overlooked as a student is translating medical terms into lay terms. It is much more difficult than it seems. I would advise current students to pay attention to how their attendings explain certain disease states. It is easy to forget that not everyone knows what diabetes and hypertension mean and the complications that can arise if they are uncontrolled. By breaking down these disease states and their complications into terms that are easy for the patient to understand, you are improving the care of the patient. They are more likely to be compliant when they understand what you are treating.

### Can you tell us about your family and any hobbies?

I'm close with all of my immediate family and have some great friends around Hattiesburg. I'm single without children, but I do have a 5 month-old German shepherd puppy that is a handful. I enjoy the redneck triad of hunting, fishing, and football.



# FMIG Making Their Mark



Jordan Gunn, Joey Griggs, Jonathan Ebelhar, Carrie Shoemaker, Katye Herring, Logan Rush, Sarah Ali, Mikey Arceo perform for the crowd.

## Keep on Jammin' for the Jackson Free Clinic

The FMIG hosted the 3rd Annual Jammin' for the Jackson Free Clinic Lip Sync Contest in February. Students, residents and faculty from each of UMMC's schools performed for a full house. The competition raised over \$1,300 for the non-profit clinic operated by UMMC medical students with the support of local physicians. This year's winning team, The Circle of Life Support, showed us a "whole new world" as they performed a medley from Disney's Aladdin. Make plans to attend the 4th



Competing teams pose at Jammin' for the Jackson Free Clinic Lip Sync contest.

annual lip sync competition on January 12, 2015.

## FMIG Representin' at National Meeting

Residents and medical students had fun attending multiple workshops and lectures and even brought back fresh ideas for new programming. The FMIG is now planning new events to add to their community service repertoire that include clerkship "speed dating", fitness education at local schools, a health policy lecture series, and more! Thanks to the MAFP Foundation for their scholarship support that helped our students make this trip.



Josh Black, Kristen Dent, Dr. Katie Royals, Dr. David Norris, Amanda Cooley, Hannah Barrett, Andrew Brown attend AAFP meeting.

## Throughout the Year



Jon Buchanan, Emily Brandon, Chrystal Wright, Anna Luisa, Ashley Newsome assist with water day at Jackson Free Clinic.

Other events the FMIG coordinates each year include the Family Medicine Residency Fair, water day at the Jackson Free Clinic, clinical skills workshops and monthly lunch meetings with a variety of speakers and topics. If you are interested in speaking at a lunch meeting or having FMIG participate in an event, please contact Emily Brandon, FMIG President and MAFP Student Board member, at [elbrandon@umc.edu](mailto:elbrandon@umc.edu).



Dr. Latorre and his wife Nalini, Ashley Newsome, Amanda Cooley, Jon Buchanan, Hannah Barrett, Emily Brandon, Susan Frichter, Carolita Heritage, Lizzy Sherard, Summer Bailey attend Family Medicine banquet.

*Welcome*

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2014-2015 MAFP Board Meeting at the Annual Scientific Assembly in Sandestin, FL



# It's a Match

*The MAFP welcomes our future family doctors.*

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**Owen Ulmer, DO**  
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of Osteopathic Medicine  
Gulfport, MS

## Forrest General Hospital Hattiesburg



**Kory Blackwell, MD**  
University of Mississippi  
School of Medicine  
Sumrall, MS



**Rasheeda Crowell, MD**  
University of Mississippi  
School of Medicine  
Hattiesburg, MS



**Holly Primeaux, MD**  
Louisiana State University  
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**Scott L. Hambleton, MD**  
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*The Vision of The Mississippi Professionals Health Program is to promote the well-being and health of physicians through evaluation, treatment referral, monitoring, support and education.*

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# It's a Match

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Shreveport, LA



**Tabitha Manero, MD**  
St. George's University  
School of Medicine  
Caracas, Venezuela



**Julie T. Rivero, MD**  
University of Mississippi  
School of Medicine  
Hattiesburg, MS



**Micah R. Walker, MD**  
University of Mississippi  
School of Medicine  
Doddsville, MS



# Spring Fling "Wraps it up"

Jeremy Wells, MD | FAAFP

This past April, residents and students from around the state gathered in Ridgeland for the Future in Family Medicine Spring Fling. This year was our second annual gathering for education and fellowship among residents and students. We were joined by students from University of Mississippi Medical Center in Jackson and William Carey University College of Osteopathic Medicine in Hattiesburg. Residents from North Mississippi Medical Center Family Medicine in



**Micah Walker, MD gives a thumbs up during the splint workshop.**

Tupelo and UMMC Family Medicine in Jackson also joined us for the Friday and Saturday sessions.

The Friday night session started with Icebreaker scenarios allowing participants to get to know each other beyond the nametags. This was

followed by a panel discussion on Family Medicine with members of MAFFP. Topics included options of practice types, training types, and the current and future outlook of Family Medicine. The panel provided insightful answers and inspiration for the future family physicians in attendance. The day ended at the MAFFP headquarters with a crawfish boil with a congregation of attendees and MAFFP members.

Saturday included several sessions. Emily Brandon, UMMC medical student gave an update on the AAFP National Conference for Students and Residents. MAFFP President-Elect Dr. Samuel Crosby of Hattiesburg brought together students and residents to work in small groups. Dr. Brian Forrest, CEO and Founder of Access Healthcare, of Apex, NC, presented the direct pay practice model during a working lunch.

Residents from NMMC and UMMC hosted a panel discussion that highlighted their experiences in Family Medicine, applying for residency, life as a resident, fellowship opportunities, and their futures in Family Medicine.



**Students get hands-on experience at the suturing workshop.**

There was also time devoted to advocacy within the MAFFP and how students and residents can get involved.

Two procedure sessions were featured this year. Dr. Dennis LaRavia of Bogalusa, LA, led us through a suturing and wound repair workshop. Dr. Brent Smith of Cleveland instructed the group in a hands-on splinting workshop. Participants entered with different skill levels but all left with advanced knowledge and skills that will help them take care of future patients.

The Spring Fling Conference provided a unique time to focus on Family Medicine. The MAFFP staff and MAFFP Foundation Board of Directors worked hard to make this year's conference a success. Special thanks go to our speakers and event sponsors including Magnolia Health, Blanchette Rockefeller Neurosciences Institute, Blue Cross Blue Shield of Mississippi, Mississippi Public Health Institute, Forrest General Hospital Family Medicine Residency Program, and MEA Medical Clinics.



**Participants learn as Dr. Brent Smith demonstrates splinting on former Miss Mississippi and Wesley Medical Student, Chelsey Rick.**

**Annual Meeting**  
**July 18-22, 2015**  
**Sandestin, FL**  
**Baytowne**  
**Conference Center**

For more information about  
Fall Conference, Spring  
Conference & Annual Meeting  
contact Jamie Walker -  
jamie@msafp.org or  
601-853-3302

**Spring Conference**  
**April 17-19, 2015**  
**Ridgeland, MS**  
**Embassy Suites**



# Yes, There Is A Doctor In The House

Advocacy is paramount to our Academy, so the opportunity to meet with Mississippi elected officials, introduce them to our programs, and demonstrate the influence our members have in their communities was significant. Specifically, Capitol Day highlighted the Mississippi Rural Physicians Scholarship Program, the Office of the Mississippi Physician Workforce, and the Live Healthy campaign. We were able to engage with legislators about our



**MAFP members visit with legislators at the kickoff breakfast.**

projects while increasing the visibility of Family Medicine.

The kickoff breakfast gave us, along with our physicians, residents and medical students, a chance to mingle with the legislators. MEA was on site to offer screenings to legislators and promote a healthier lifestyle. They were equipped to check blood pressure and determine body mass index. Information was given out on how to improve health, and



**Rep. Becky Currie, Dr. Latorre, Dr. Smith, Rep. Steve Massengill, and Dr. Dowell**

participants were also given follow-up information. It was a great way to engage participants and get them interested in what family physicians can offer.

The MAFP Foundation was able to make an impression by focusing on healthy food choices. A trail mix station was available offering legislators the opportunity to make their own healthy snack. Our own “Live Healthy” car tag information was available at the booth. Proceeds from the tag benefit the scholarship programs offered by our Foundation and provide opportunities for our medical students and residents to attend national and local meetings.

Capitol Day was an overwhelming success. Please mark your calendar for 2015 Capitol Day on February 4, 2015.



**The trail mix station at the MAFP Foundation booth provided a healthy option for a snack.**



**Dr. Gholson, Dr. Dowell and Rep. Brad Mayo**



**The health screenings booth was a popular stop.**



# Gholson Goes to Washington

Jennifer D. Gholson, MD attended the Family Medicine Congressional Conference held April 7- 8, 2014, in Washington, D.C. More than 200 physicians attended the meeting.

Sponsored by the American Academy of Family Physicians and the Council of Academic Family Medicine, the conference educates participants on Family Medicine's legislative priority issues, trains attendees on how to educate lawmakers on Capitol Hill and allows participants to put these skills to use with federal legislators and their staff. Advocacy is a high priority of AAFP and the CAFM organizations.

As part of the meeting, Gholson had opportunities to meet with Rep. Gregg Harper and the healthcare staff of Sen. Thad Cochran, Sen. Roger Wicker and Rep. Steven Palazzo to urge passage of legislation that will maintain access to care for elderly and disabled Americans. Such legislation would also address the primary care physician shortage by supporting primary care medical education as well as medical school scholarship and loan repayment programs.



**Dr. Jennifer D. Gholson met with Rep. Gregg Harper to discuss issues facing healthcare.**

ADVOCACY

## Thompson Chosen to Lead Legislative Effort



**Ashley Thompson**

The MAFP is pleased to welcome Ashley Thompson as our legislative consultant. She is a government relations specialist and works with the Government Relations Practice Group in Jackson. Mrs. Thompson represents clients before the Mississippi State Legislature and administrative agencies.

She is a graduate of the University of Mississippi where she received a Bachelor of Business Administration and a graduate of Mississippi College School of Law where she earned her juris doctor degree. She has served in various capacities in state government as well as in non-profit agencies.

Mrs. Thompson previously worked for the Mississippi State Senate, and during law school, was an extern in the office of then Lieutenant Governor, now Governor Phil Bryant. Mrs. Thompson is a member of the Capitol Area Bar Association, the Mississippi Bar, and Jackson Young Lawyers.

# 2014 Legislative Wrap Up - Wins for Medicine

Ashley Thompson, MAFP Lobbyist and the MAFP Legislative Task Force stayed busy during the 2014 legislative session. Ashley was at the Capitol every day making sure the voices of family doctors across Mississippi were heard and monitoring legislation that affects patients, doctors, and medical practices. The Legislative Task Force met with Ashley weekly to discuss the MAFP position on numerous pieces of legislation and to supply providers perspectives of how each bill would affect the practice of medicine. We would like to thank our membership for their participation when asked to complete surveys, write letters, make phone calls, and provide answers to questions from various legislators. We ask that you continue this support during the 2015 legislative cycle so we can be heard as the voice of Family Medicine. Additionally, we ask that you continue to donate to legislative campaigns in your area during the election cycle. Please keep a list of whom you are donating to and provide that to MAFP staff. If you would be interested in becoming a key contact for a legislator, please let us know.

## WINS FOR MEDICINE

**HB 48 – Return-to-Play Legislation:** requires youth activities to adopt and implement a concussion management and return to play policy that includes certain components and provides parents with the concussion policy prior to the start of the athletic season.

**HB 547 – Assignment of Benefits:** requires commercial insurers doing business in Mississippi to honor an insured assignment of benefits to a licensed health care provider for a period of one year.

**HB 1014 – POST ACT (Physician Order for Sustaining Treatment):** authorizes the execution of the physicians order and creates a standardized physician order for sustaining treatment form.

**HB 1400 – 20 Week Abortion:** creates a 20 week abortion ban and instead of criminal penalties for doctors, allows for disciplinary action through the board of licensure.

**SB 2860 – Rural Physicians Funding and Office of Physician Workforce:** received level funding for the 2015 fiscal year.

We were also able to stop several bills dealing with the scope of practice from getting through the legislative process.

## MEDICAID TECHNICAL AMENDMENTS BILL

This was an extremely hard fought battle and unfortunately the medical community did not get everything it wanted. We were, however, able to show that we had a strong voice in the Mississippi legislature.

## PHYSICIANS

- The bill contains language which would allow primary care physicians to continue being paid the Medicare rate after December 31, 2014.
- The statistical sampling language in the original bill was removed.
- The bill grants the Division authority to implement a UPL program for physicians employed by public hospitals and may eventually include private hospitals as well. Hospitals that implement this program must increase reimbursement to their providers.
- The managed care ceiling will remain at 45% for all categories, except for children under age 19. This was at the request of the pediatricians.
- Under the new contracts Medicaid has made with the managed care organizations, there will be only one preferred drug list.
- Medicaid will develop a Patient Centered Medical Home model in cooperation with the managed care organizations and pediatricians.
- Language is in the appropriations bill to provide for the hiring of a medical director by the Division who will be a liaison to physicians.

## HOSPITALS

- Inpatient hospital services remain carved out of managed care, preserving UPL payments.
- The bill removed the proposed change to UPL distribution.
- The bill grants the Division authority to implement a UPL program for physicians employed by public hospitals and may eventually include private hospitals as well.
- The bill contains language that would update the UPL model for free

standing psychological hospitals.

- The statistical sampling originally included in the bill has been removed at the request of all provider groups.

## NURSING HOMES

- The bill grants the Division authority to update its reimbursement methodology for the nursing home industry. This language was requested by the nursing facility task force created by the Legislature.

## DEPARTMENT OF HEALTH

- The bill requires the Division to continue contracting with the Department of Health to operate its Perinatal High Risk Management/Infant Services System.

## MEDICAID

- The Division retains all request program integrity and third party liability changes, with the exception of the statistical sampling language originally requested.
- The Division is allowed to operate its CHIP program under current managed care contracts.
- The Division is allowed to extend its current contract with Xerox for three years.
- The Division will work with Pediatricians to develop a Patient Centered Medical Home model to provide care to the children.

## 2015 SESSION – LOOKING FORWARD

The MAFP will need our members to help get the message out on several issues this next year. We predict telemedicine, any willing provider, immunization requirements, and scope of practice issues will be challenges during the session.



# MAFP Advocating for Change

The Mississippi State Medical Association held its 146th Annual Session House of Delegates August 15-16 at the Norman C. Nelson Student Union at UMMC in Jackson. MAFP members met at lunch on Saturday to discuss resolutions and election nominees.



**Dr. Walter Burnett, MAFP Vice President, presides at the meeting.**

**The resolutions below were presented on behalf of the MAFP during the MSMA Annual Session:**

## **State Insurance Mandate for Easily Accessible, Electronically Searchable Formularies (Resolution 22)**

ADOPTED: RESOLVED, that the MSMA work with all interested parties to pursue state legislation to mandate that all insurance companies operating in Mississippi providing drug coverage to their insureds be required to: 1. Provide continuously updated drug formularies for each insured's plan, that at the drug and patient record level, will interface with all electronic medical record technology providing knowledge at the time a prescription is written, relative to whether a drug is covered, its status as preferred drug, and if non-preferred, its "tier" of coverage and prior authorization requirements. 2. Provide continuously updated online drug formularies that are electronically searchable by simple entry of the brand name, generic name, and/or drug category and abandon non-searchable lists altogether. 3. Provide the designated web address on the insured's health insurance and/or drug card where formularies can be accessed and searched. 4. Provide online prior authorization forms that are directly linked to those drugs searched.

## **Insurance Coverage of Insulin Delivery Devices (Resolution 23)**

ADOPTED: RESOLVED, that MSMA work with all interested parties to require all healthcare plans that offer coverage in the state of Mississippi to cover non-implantable insulin delivery devices at the same tier as vial and syringe insulin.

## **GME Funding (Resolution 24)**

ADOPTED: RESOLVED, that MSMA work with all interested

parties to explore alternate sources of GME funding at both the university and community level which would include the "all payers pay solution" particularly exploring the use of Medicaid funding.

## **MCO Revenue Budgeted for Rural Scholarships (Resolution 25)**

NOT ADOPTED: RESOLVED, that a generous portion of these funds be designated to assist with a legislative initiative to replace MississippiCAN and rural scholarships be funded by any monetary gains from MCOS.

## **Office of Health Secretary (Resolution 26)**

REFERRED TO BOARD OF TRUSTEES: RESOLVED, that MSMA and MAFP work together to create an Office of Health Secretary.

## **Physician Developed Managed Care (Resolution 27)**

REFERRED TO BOARD OF TRUSTEES: RESOLVED, that MSMA work with MAFP to begin immediately advocating for a physician-developed managed care model like Community Care North Carolina to be the lead agent for the Mississippi Division of Medicaid; and be it further RESOLVED, that MSMA begin working in earnest with the primary care community to end MississippiCAN as the only managed care option within the state of Mississippi.



**Drs. Ralph Brock and Luke Lampton discuss resolutions.**

## **Congratulations to the following MAFP members who were elected to positions in MSMA:**

Council on Medical Education District 1 – Katherine Patterson, MD  
Council on Constitution & Bylaws – Mary Gayle Armstrong, MD  
Editor Journal MSMA – Luke Lampton, MD  
Associate Editor Journal MSMA – Stanley Hartness, MD  
Council on Medical Service Student – Emily Brandon  
Council on Public Information District 4 – Chris Boston, MD  
Council on Public Information District 5 – Dewitt Crawford, MD  
Council on Public Information District 6 – Stephen Beam, MD

# AAFP Redesigns Meeting

The AAFP announced there will be a redesign for the 2015 Annual Leadership Conference and National Conference of Special Constituencies during this year's meeting. Recognizing other sections of membership have been traditionally underrepresented, such as small rural practices, emergency medicine physicians or physicians doing hospital medicine, the AAFP will feature two tracks, the Annual Chapter Leaders Forum and the National Conference of Constituency Leaders. They will continue to meet together, but other small constituencies will have the chance to have a voice and form interest groups to interact with the Academy and allow their voice to be heard.



**Dr. Gholson and Latorre leave for AAFP meeting.**

In its 24th year, the NCSC and ALF was created as a voice for sections of membership in the AAFP that have traditionally been underrepresented. Three of our MAFP members attended the NCSC this year. Dr. Erin DeWitt of Diamondhead represented Womens Constituency; Dr. Carlos Latorre of Vicksburg represented Minorities Constituency; and Dr. Brent Smith of Cleveland represented New Physicians Constituency. Dr. Jennifer Gholson and MAFP Staffer Beth Embry attended the 2014 ALF Conference. Similar to the National Resident and Student Conference, this body writes resolutions and elects leaders representing their membership in the Congress of Delegates and on the AAFP Board of Directors.

This year's conference featured 47 resolutions aimed at a variety of topics from reducing the administrative

burden of practicing medicine to standardizing the quality measures and metrics used for judging physicians on outcomes. A few examples:

- Substitute Resolution No. 5003 calls for the AAFP to work with CMMS to end direct to consumer marketing of unnecessary Durable Medical Equipment
- Multiple resolutions in the Education Reference Committee called for broadening and strengthening the training related to family planning and maternity care in residency as well as resources available to membership.
- Substitute Resolution No. 2006 called for educational sessions at a future scientific assembly aimed at family physicians providing hospitalist care.

The delegation from Mississippi represented our state chapter well authoring resolutions, serving on reference committees and seeking election. Dr. Carlos Latorre was in a runoff election for Co-Convener for Minority Constituency, no small feat in a crowded field of very qualified candidates. Dr. Brent Smith was elected as an alternate delegate, representing New Physicians to the Congress of Delegates. We thank the MAFP for this wonderful opportunity and look forward to the redesigned conference next year.

If you are interested in representing MAFP next year at the 2015 meeting, please contact the MAFP office.



**Dr. Brent Smith was elected as New Physician Alternate Delegate at the meeting.**



**Dr. Erin DeWitt, husband Steve DeWitt and children, Charlie and Jeep enjoy Cardinals game during free time.**



# Mississippi Rural Scholarship Program: Growing More Physicians



**Jake Donald** | Associate Director of Mississippi Rural Physicians Scholarship Program



**Jake Donald**

Since its inception in 2007, the Mississippi Rural Physicians Scholarship Program's (MRPSP) main focus has been to identify students who are passionate about reaching the underserved in Mississippi and sending them back to their roots to be primary care physicians. The scholars represent the program well, and the program's third and fourth scholars to begin practicing – Dr. Laura Jackson Miller and Dr. Dustin Gentry – are no exception. Both being rooted in rural MS: Dr. Gentry calls Kosciusko home but now practices at Winston Medical Center in Louisville, and Dr. Miller has set up shop at Family Medical Clinic in Crystal Springs, just ten miles from her hometown of Hazlehurst.

Through direct funding from the state legislature and other private organizations, totaling \$1.59 million a year, the scholars are eligible for \$120,000 during their medical school training, which can be an advantage when faced with medical school expenses. Dr. Miller explains the impact of the program for her personally, "Initially for me, it was financial stability and assistance. However, now that I have been involved in the program from the graduate side, it does allow students to connect with residents and physicians in their chosen specialties and in rural or underserved areas. I think this connection and networking is a fantastic benefit because it provides both networking opportunities and support system."

It's no surprise that both Gentry and Miller chose to practice Family Medicine because of their passion for having longitudinal patient relationships as Miller explains. "I love the depth and breath of medicine," Miller said. "I like being able to treat children, their parents, and their grandparents all in the same day. Family Medicine is the only specialty that allowed me to see anything and everything."

The scholars can choose the rural area where they would like to practice. Through a careful screening process, the

program seeks students primarily from rural areas that have a sense of responsibility and commitment to rural communities. While MRPSP does not limit applicants from urban areas, it's more likely scholars familiar with rural benefits and challenges will stay in

rural communities. Gentry says on choosing Louisville as his practice location, "It's been great! We are still recovering from the devastating tornado that destroyed the hospital. We are working out of a temporary hospital that is really functional. I've been here for 3 weeks and have already had 3 admissions and have seen lots of people in the clinic. The people of this town have been so kind and I am amazed at their strength and resilience."

Because Miller chose to be close to her hometown of Hazlehurst, she's no stranger to that area. "I've already seen a great variety of patients, many of whom I've known since childhood," Miller said. "The benefit of returning to my home county and close to my hometown is that I can work with and treat friends and family. It is also nice to 'come home' and try to have a positive impact on the community." Miller's enthusiasm and passion not only for Family Medicine but also for her hometown is why MRPSP even exists. MRPSP's vision is that these new physicians will get involved in their communities and plan to stay there long-term.

Executive Director Wahnee Sherman explains, "By the year 2017, MRPSP will have more than 25 practicing physicians in the state. The program is a long-term commitment to healthcare and economic development in Mississippi. A doctor has an average economic impact of \$500,000 to \$2 million."

The impact of MRPSP goes further than just providing healthcare to underserved areas – it's about being an active member of their communities and playing a role in making that community a better place in which to live.

For more information about MRPSP, contact Wahnee Sherman or Jake Donald at 601-815-9022.



**Dr. Laura Miller standing in front of Family Medical Clinic of Crystal Springs.**



**Winston Medical Center welcomes Dr. Dustin Gentry to Louisville by displaying him on a billboard located on Main Street.**

# Moving Mississippi Healthcare Forward

Dr. John R. Mitchell | Director, Office of Mississippi Physician Workforce

There has been so much written about how Mississippi ranks last in total physicians per 100,000 population and our primary care physicians per capita is no exception; it ranks last also. With this scarcity of physicians, especially primary care, it is no wonder Mississippi ranks last in numerous health indicators as well. With so many shortages in the physician workforce, the question on most of our minds is, “where does one start to make the greatest impact on changing these deficiencies?” Primary care officially includes the disciplines of Pediatrics, general Internal Medicine, Med-Peds, Obstetrics-Gynecology and Family Medicine. Mississippi needs to improve its supply of all of these disciplines as well as many specialties. The fact that Family Medicine can supply the broadest primary healthcare needs to the widest spectrum of the population places a premium on having an adequate family physician workforce. So the answer to the question becomes obvious. You must start with improving your family physician workforce in order to make the greatest initial impact in improving access to care and eventually having a chance at impacting other healthcare indicators. To this end, Mississippi has begun to move to correct this deficiency. The Mississippi legislature saw the importance of expanding post graduate training in our state in order to train and retain more physicians in Mississippi. It also recognized the importance of starting with Family Medicine and has made a huge financial commitment to expand Family Medicine residency training in Mississippi, and it is already working.

For years, Mississippi has had only two Family Medicine training programs, UMMC (Jackson) and NMMC (Tupelo). These two programs have produced excellent family doctors of which many have remained in Mississippi, but we need more. The increase from two to four Family Medicine residency programs in 2014 is just the beginning of the post graduate medical education movement. Continuing to advance the number of these medical training opportunities will not be easy, for increasing graduate medical education is complex, expensive and requires an extensive commitment from the state’s sparse clinical workforce. Make no mistake; the benefits make it worth the effort. Previous Association of American Medical Colleges data indicate that Mississippi has a nearly 80% chance of retaining those physicians that do both undergraduate and post graduate medical training in the state. The retention effect will take a few years to realize but for now the addition of EC- Healthnet Family Medicine Residency Program (Meridian) and Forrest General Family Medicine Residency (Hattiesburg), has added twelve new first year Family Medicine training opportunities for in-state

training, taking us from 18 to 30. That is a huge first step for Mississippi in 2014, for it will increase family physician medicine first year training opportunities in the state by 67%. This, coupled with hopes of eventually retaining more than 80% of those additional trainees, is great news for Mississippians.

Good training programs require strong program director leadership. Individually these programs have excellent leaders, but it is obvious that working together they can be an even stronger force. Organizing a venue to bring these leaders together to share in their knowledge and experience became a priority for the Office of Mississippi Physician Workforce.

The meeting took place on August 15, 2014, in Hattiesburg at William Carey University College of Osteopathic Medicine and was attended by ALL of the current family medicine program directors. By all reviews it was a great start for what is expected to be many more meetings. The value of such a meeting was shared by the Mississippi Academy of Family Physicians as they offered to host an annual meeting of all family medicine program directors during the Spring Conference and a meeting with resident representatives from each of the four programs to formalize a process by which residents have input to the MAFP.

“Growing Our Own” was the initial theme of the Mississippi Rural Physician Scholarship program as it attempted to develop a pipeline for rural primary care physicians. Now “Training Our Own” will likely be the battle cry of the Office of Physician Workforce as it attempts to increase the supply of physicians.

The program directors, as I had hoped, saw great value in regularly meeting as a group, not just annually. Given the busy schedules of the directors, OMPW is excited to assist in organizing meetings, developing communication channels and supporting the group. Great strength comes through working together for the good of all. With great strength comes success. All this is good news in moving Mississippi healthcare forward.



**Drs. Hale, Smith, Ricks, Pittman, Logenecker, Williams, Valentine, Sillberg, and Cheryl Hamill.**





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# MAFP Hits the Target with

The 2014 MAFP Annual Meeting themed “Family Medicine: Targeting Improved Health” really hit the mark, offering an action-packed five days of family fun and continuing education. The conference was held July 19-23 at the Baytowne Conference Center in Destin, Florida.

We had 135 registrants, 98 exhibits, 220 exhibitors, 174 family members, 5 staff and 18 speakers for a total of 650. Our Mississippi physicians were joined by folks from Alabama, Arkansas, Florida, Georgia, Louisiana,

Oklahoma, and Tennessee. We were thrilled to have 17 first time attendees this year and want to continue to grow that number.

MAFP offered a wide variety of events including the Live Healthy 5K, laser tag, beach portraits, golf, fishing, and a dolphin cruise. Families participated in sand building classes, horse trail riding, Zumba and bingo while registrants buckled down and attended quality education sessions. With 24.75 CME hours available, there was no



**Dr. Edward Johnson and wife, Victoria Johnson at the Dowell Dynasty Party.**



**Participants “living healthy” at the Live Healthy 5K.**



**Father/son team Drs. Fred McDonnell and Preston McDonnell.**



**Dr. Dowell and family are Happy, Happy, Happy to attend the Dowell Dynasty Reception in his honor.**



**Dr. Ike Aultman and Jimmy Castellano enjoy time on the court.**



**Kyle Bush, Dr. George Bush, Dr. Lee Giffin and Mike Houpt are ready to hit the green.**



**Kristina, Tricia, Dr. Walter Gipson and Jonathan are on board for the dolphin cruise.**



# 65th Anniversary

shortage of training and tutelage. Included in the offering were two workshops which helped physicians gain hands-on experience in suturing repair and splinting fractures. A SAM module and the opportunity to satisfy the MS licensure requirement of five CME hours related to the prescribing of medication with an emphasis on controlled substances were also available.

Make plans to join us next year in Destin on July 18-22, 2015.



Susanne Whites, Peggy Crawford, Robin Johnston, Angela Dowell, and Elaine Mitchell hope to have the lucky card at bingo.



MAFP families having sand castle fun.



Brooklynn and Dr. Bernadatte Gilbert are ready for family fun.



Brett Favre enjoys meeting Dr. Steven Beam in the exhibit hall.



Attendees learn first-hand at the suturing workshop.



Dr. Withers is geared up for laser tag.



Claire Gholson is looking purrfect.



Dr. Sue Simmons says it's never too early to recruit for Family Medicine.



Team Chiarito is ready for combat.



Jason and Dr. Hailey-Sharp dress in their camo best.

# Crawfish & CME

In 2013, the MAFP Board voted to hold the Spring Conference in Ridgeland every year in conjunction with the Resident and Student Spring Fling.

This year's Spring Conference was held in April at the Embassy Suites in Ridgeland. The conference offered quality continuing education and fun! The weekend started off right with a crawfish boil Friday night after registration and two CME offerings that afternoon. The crawfish boil quickly became a crowd favorite, giving attendees a chance to gather in a laid-back environment and enjoy a night with friends and colleagues, complete with live entertainment.

Over the course of the weekend, MAFP offered 14 hours of CME credit with topics ranging from prescribing controlled substances to wound care. A DOT training session and two procedures workshops were also offered. The Lawful Prescribing and the Prevention of Diversion session gave



**Dr. & Mrs. Crawford and former Miss Mississippi Chelsey Rick**

attendees the opportunity to satisfy the new requirement of the MS State Board of Medical Licensure, which obligates practitioners to have 5 hours towards the topic of prescribing of medications with an emphasis on controlled substances. During the procedures workshop, physicians were able to develop insight, "hands-on" skills, and learn new techniques to achieve the best attainable wound closures for patients.

While attendees were in session at the Conference, spouses toured local art galleries, shopped and enjoyed lunch together.

Please mark your calendars to join us on April 17-19, 2015 for the next Spring Conference to be held at Embassy Suites in Ridgeland.



**Everyone enjoying a good time at the crawfish boil Friday night.**

## DOT Training: The Goods

MAFP is helping physicians stay current by offering training sessions for Department of Transportation (DOT) Medical Examiner Certification. Without this certification, physicians will no longer be able to perform DOT examinations. So far, the Academy has offered 3 training sessions this year with over 230 physicians attending, and we have plans to offer another session this fall.

MAFP member Dr. Nathan Williamson of Laurel conducted our training in April of this year. He covered such topics as FMCSA (Federal Motor Carriers Safety Administration) background, rationale and mission; Medical Examiners Role; Commercial Motor Vehicle definition; Driver's responsibility; and many more.

Don't lose your ability to do DOT examinations! Register with us today by emailing Jamie Walker ([jamie@msafp.org](mailto:jamie@msafp.org)) or calling 601-853-3302.



**Dr. Williamson leads discussion during DOT training.**



# Silent Auction & Drawdown Hits The Mark

Happy! Happy! Happy! That's what the MAFP Foundation is after recent fundraising activities during the MAFP Scientific Assembly held in Destin. Proceeds from the Silent Auction, \$10,000 Drawdown and donations to the Circle of 65 in celebration of the MAFP's 65th Anniversary totaled over \$33,000. These funds will be used by the

MAFP Foundation to fulfill its mission of enhancing Family Medicine education and training to promote wellness of all Mississippians.

The winners of the 2014 Draw Down were MAFP members Dr. Brad Madden (Madison) and Dr. Scott Nelson (Cleveland) and exhibitors Kelly Nations (Ridgeland), Paige Brummett (Madison) and Julie Travillo (Olive Branch).

The MAFP Foundation Board of Trustees would like to thank the following sponsors for helping make the 2014 Draw Down a success:



Bill King browses silent auction.



Dr. & Mrs. David Wheat await start of banquet.

## New Members to MAFP This Year

Rahmath Unnisa Begum, MD – Tylertown, MS  
 Timothy Chin-Yu Chen, MD – Madison, MS  
 Amy T. Clark, MD – Tupelo, MS  
 James Gentry, MD – Louisville, MS  
 Ardarian Darice Gilliam, MD – Jackson, MS  
 LePercival Dontae Griffin, MD – Morton, MS  
 Darrin Johnrelle Jackson, MD – Jackson, MS  
 Lainie J. Jorns, MD – Gulfport, MS  
 Erik Paul Lessman, MD – Indianola, MS  
 Dustin Markle, MD – Tupelo, MS  
 James Burke Martin, MD – Ocean Springs, MS  
 Takita M. Murriel, MD – Tupelo, MS  
 Scott Elbert Nelson, MD – Cleveland, MS  
 Richard Gray Sloan, MD – Hattiesburg, MS  
 James Lee Valentine, DO – Meridian, MS



# MAFP

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Chad Gnam, MD

# 2014: Where Are We In

Katherine Patterson, MD | MAFP District Director 7



I will apologize in advance to anyone who attended the Annual Session in Destin because this article is mainly a summary of the lecture I gave. I feel the topics covered are quite relevant to our role as family physician in the Primary Care Patient Centered Medical Home.

Over the past few years, women's health and screening have changed quite significantly from mammogram recommendations to pap smear screening and beyond into hormone replacement therapy. Many of the bodies are not in agreement about current screening recommendations, and knowledge of the differences helps us as family physicians guide our patients during our preventive visits.

## PAP SMEARS

Currently, the American Society of Colposcopy and Cervical Pathology (ASCCP), the United States Preventive Services Task Force (USPSTF), and American College of Obstetrics and Gynecology (ACOG) do agree to start screening for cervical cancer at age 21. From ages 21-29, all bodies also recommend to screen every 3 years. Co-testing for HPV is not recommended until the patient is 30 years of age and should be completed with the pap smear every 5 years until the age of 65. Co-testing is defined as screening for high risk HPV regardless of pap smear results. At 65 years of age, pap smear screening can cease if the patient has had an adequate screening history. An adequate screening history includes three consecutively negative pap smears or two consecutively negative co-tests in the past ten years. An area of controversy is women who have undergone hysterectomy. Do we continue to screen these women? The answer depends on the reason for hysterectomy. Women who undergo hysterectomy for non-cancerous reasons can cease screening after hysterectomy. Women who have undergone hysterectomy for Cervical Intraepithelial Neoplasia II (CIN II) or higher should continue screening for 20 years after treatment using cytology alone.

Another area of controversy in screening is the bimanual exam. The American College of Physicians now recommends against yearly pelvic examinations. ACOG recommends performing a yearly external genitalia and pelvic exam. Due to the large variation in recommendations, I advise physicians to have a discussion with their patients and decide a plan of care best suited to each individual patient's needs.

## ABNORMAL PAP SMEARS

When dealing with abnormal pap smears, many of our colleagues refer any and all abnormalities to our Gynecology counterparts. The new guidelines for treatment of abnormal pap smears allow us as family physicians to keep more abnormalities in our office and follow them until resolution.

With newer pap methods, unsatisfactory cytology is a rare result, but if it is encountered, the physician should repeat the specimen in 2-4 months. If using the co-test, a positive HPV with unsatisfactory cytology should be referred for colposcopy.

In the past, a normal cytology with no endocervical component was repeated immediately. Now, the recommendations are to use this report as a normal and give routine screening (every 3 years) to women ages 21-29. Women age 30 or older should receive co-testing. If the HPV co-test is negative, then the woman should receive routine screening. If HPV positive, then the pap smear should be repeated in 1 year. If no co-testing is done the provider may decide to screen routinely in 3 years or order a co-test retrospectively.

Women ages 21-24 are a special group who are given up to 2 years for their pap smears to return to normal. Women with an Atypical Squamous Cells of Undetermined Significance (ASCUS) who are HPV negative should be considered normal and screened routinely. Women who have an ASCUS result who are HPV positive should be rescreened in 1 year. At their 1 year follow up, normal, ASCUS or Low Grade Squamous Intraepithelial Lesion (LGSIL) will need follow up in 1 year. At the two year follow up, if the patient has had 2 negative pap smears, then they return to routine screening. If they have had 2 pap smears with ASCUS or greater, then they will need to receive a colposcopy. If the second pap smear is negative, then the patient needs a follow up pap in one year and if this is negative can return to routine screening. Any pap smear in these women reported as ACUS-cannot rule out high grade, Atypical Glandular Cells of Undetermined Significance (AGUS), or High Grade Intraepithelial Neoplasia (HGSIL) should receive a colposcopy.

Women age 30 or greater who have an ASCUS pap smear and are HPV negative are considered normal and should undergo routine screening. ASCUS with HPV positive should undergo colposcopy. ASCUS pap smears that do not have co-testing or reflex for HPV should be repeated in 1 year and dealt with according to their results at that time. A result of LGSIL with a negative HPV should be repeated in 1 year. If the repeat pap smear in one year is ASCUS or greater or HPV



# Women's Health?

positive, then the patient should undergo colposcopy. LGSIL with a positive HPV should have colposcopy performed.

When the pap smear returns with Atypical Glandular Cells of Undetermined Significance (AGC)(formerly known as AGUS), women of any age should undergo colposcopy with endocervical sampling. If the pap smear has atypical endometrial cells, then the patient should undergo endometrial and endocervical sampling.

## BREAST CANCER SCREENING

The American Cancer Society and ACOG are still supporting mammography yearly starting at age 40. They advise to continue screening as long as the patient is in good health. Both entities still support a Clinical Breast Exam (CBE) every 3 years for women ages 20-39, and yearly for women over age 40. The Breast Self Exam (BSE) can be recommended so a woman knows the texture of her breasts. They are referring to the BSE as Breast Self Awareness now in the literature.

The USPSTF is now recommending starting screening at age 50 and performing every 2 years. They also recommend ceasing screening at 74. They also have no recommendations on CBE and do not advise to instruct patients on BSE.

Women who have a greater than 20% lifetime risk of developing breast cancer should begin annual mammography at age 30 along with MRI. This should continue as long as the woman is in good health. Women who have a 15-20% lifetime risk of developing breast cancer should discuss with their physician adding MRI to mammography.

## HORMONE REPLACEMENT THERAPY

The Women's Health Initiative (WHI-1998) and the Heart and Estrogen/progestin Replacement Study (HERS-2002) cast doubt on the cardioprotective effects of hormone replacement therapy (HRT). As time has progressed, followup studies showed improvement in lipid, insulin and glucose profiles. In 2013, ACOG in the Practice Bulletin stated that women in early menopause who are in good cardiovascular health are at low risk of adverse outcomes. Therefore, these women should be considered for estrogen or combined estrogen/progesterone therapy.

Another interesting concept is the "Timing Hypothesis". This hypothesis implies that a cardiovascular benefit may be derived when estrogen therapy or combined therapy is used close to the onset of menopause. Women who are ten years away from menopause or older than 60 might not derive the same benefits from HRT as younger women. This hypothesis

is awaiting further studies.

ACOG also recommends against routine discontinuation of systemic estrogen at age 65. The decision to discontinue hormone therapy should be based on each woman's risk-benefit ratio and clinical presentation. The American Geriatric Society recommends against systemic estrogens with or without progesterone after age 65. They base their recommendations on the carcinogenic potential for breast and endometrial cancer and the lack of cardioprotective and cognitive effect in older women. Notably, some insurance plans are now denying coverage for HRT in women over 65.

The changes in screening and patient care in women's health are vast, and this has been just a small sampling of those changes. Providing quality, evidence based care to our patients is our primary goal as Family Physicians. I hope this article has given you relevant and useful information for your practice. I look forward to bringing you more updates in the future.



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# Magnolia Club Wears Green Jackets with Pride



**Magnolia Club Members and their year of service as MAFP President: Drs. George Bush, 1989-90; Lee Giffin, 2000-01; Stanley Hartness, 1991-92; Wade Dowell, 2013-14; Edward Hill, 1980-81; Tim Alford, 2001-02; Susan Chiarito, 2012-13; Word Johnston, 1998-99; John Mitchell, 2010-11; John Hassell, 1992-93; Mary Gale Armstrong, 2003-04; Dewitt Crawford, 2008-09.**

The Magnolia Club was created during the Presidency of Dr. Michael O'Dell in 2010 to give recognition to the MAFP Past Presidents. Each past president is asked to wear their green jacket to the annual banquet, MAFP Board Christmas social, the AAFP Congress of Delegates Meeting or during the Masters Golf Tournament. Drs. Tim Alford and Luke Lampton introduced the following "tongue-in-cheek" resolution a few years ago to show their gratitude to Dr. O'Dell for introducing the green jackets as the attire for the distinguished Magnolia Club.

## RESOLUTION A (Mississippi)

MAFP Green Jacket

Introduced by the Mississippi Chapter

Referred to the Reference Committee on Style and Attitude

**WHEREAS**, Dr. Michael O'Dell departed Mississippi where he was program director of the North Mississippi Family Medicine Residency Program for a career advancement opportunity at the University of Missouri, Kansas City Family Medicine Program;

**WHEREAS**, Dr. O'Dell was Immediate Past President of the Mississippi Chapter and Mississippi's loss is Missouri's gain;

**WHEREAS**, these hideous green Masters "Wanna Be" jackets that the Mississippi Delegation is donning was Dr. O'Dell's idea so that we would quote "show up better";

**WHEREAS**, we acknowledge we will never show up as well as Nebraska no matter how hard we try;

**WHEREAS**, Dr. O'Dell helped Mississippi accomplish many objectives in keeping with this Academy's mission and policies but these green jackets are not one of them;

**BE IT THEREFORE RESOLVED**, that this Academy acknowledges that if Missouri is indeed the "Show Me" state that they too will don their choice of canary yellow or purple polka dot jackets so they too "will show up better".

Fiscal note: \$89.99 X 4

## MAFP Has New Tenant

MAFP is pleased to welcome the Mississippi Public Health Institute (MSPHI) as a new tenant at MAFP Headquarters. The MSPHI is a nonprofit organization formed in 2011 to support public health priorities in Mississippi through identifying and pursuing resources, partnerships, and collaborative efforts to address gaps in public health services, research and education across the state. MSPHI has a broad health focus that includes the areas of chronic disease, access to care, and public health workforce development. Mississippi Public Health Institute is under the leadership of Dr. Ellen Jones, Executive Director. To reach out, please contact MSPHI at [www.msphi.org](http://www.msphi.org) or by calling 601.790.7286.

# Tornado Devastation Changes Priorities

Dr. Glenn Peters

On the afternoon of April 28, 2014, the residents of Louisville, Mississippi, and Winston County were apprehensive about a weather system moving into the area but unaware of the devastation which was about to occur.



My partner, Dr. Samuel Suttle, and I had practiced in this area for 33 and 32 years respectively and were planning to finish our careers in the office that we rented from our hospital. Sam was in

the clinic that afternoon, and I was flying into Golden Triangle Airport near Columbus after completing my Medical Review Officer training in Phoenix. My wife and I were planning a relaxing summer since I had no more required training for at least five years.

I was somewhat apprehensive about landing at Golden Triangle since an imposing frontal system was approaching. After landing at 4:30 p.m. we heard that a tornado had struck with severe damage to our community. There were 10 deaths, 295 homes destroyed, and 351 homes damaged. The medical community was paralyzed. All three physician clinics, our hospital, and a 110 bed nursing home were totally destroyed. Fortunately, there were no deaths or severe injuries in any of the medical facilities.

Our leisurely summer plans were demolished as our entire community became engulfed in recovery mode. UMMC emergency units were disbursed immediately to open a temporary emergency room. Patient transfers from the hospital and the nursing home were arranged immediately but hampered by trees, power lines, torrential rain, and lack of transportation because of the magnitude of the damage.



The response of hospitals, nursing facilities, and response teams from other communities was impressive. We were eventually able to transport all of the patients to other facilities, and the temporary ER, along with EMS vehicles, triage and arrange transfer for those in the community who were injured. The initial response was very good. The community was left with a massive recovery which was beyond any disaster relief proposal. A small nurse practitioner clinic in Louisville and another in Noxapater were the only medical facilities left.

FEMA, MEMA, and the Mississippi State Department of Health sent teams to begin the recovery process. Volunteers

from the local area along with those from across the state and nation came and began the massive cleanup phase. Our physicians initially worked in the temporary ER and out of the two remaining



NP clinics, but this space was not adequate. All of the clinic and hospital lab and x-ray equipment was destroyed. Dr. Suttle and I, along with our nurse practitioners, opened in an old dental clinic that had been renovated on the west side of Louisville on the Monday after the tornado and opened an old vacant medical clinic on Wednesday on the east side of town. We quickly found that the most important part of our practice was the EMR which we had been operating for over seven years. This allowed the flexibility to operate out of two sites as though it were one. If we were on all paper records our practice could not function.

We also found that since we are a "for profit" clinic we do not qualify for any financial relief other than the possibility of borrowing money at a lowered interest rate. FEMA arranged for a mobile hospital and clinic for the hospital-employed physicians to operate while plans are being made for



permanent facilities. It has been over four months since the disaster, and, in spite of diligent local efforts, we have not been able to finish plans for permanent

hospital and clinic reconstruction.

Fortunately, when Sam and I met with our insurance agents, we found that we had business interruption coverage that helps us bridge the gap. It is not a perfect solution but helps with transition. We still have to work with our hospital and community leaders to formulate plans for a permanent solution.

Lessons we have learned:

Do not take for granted that your business will continue to perform as usual.

Assistance does not always come from the areas that seem logical.

Your goals in healthcare need to focus on serving your communities needs and not necessarily what you perceive as your needs.

Make certain that your financial package includes adequate business interruption coverage.

If you are not on an electronic record with adequate backup, your practice can be destroyed in one catastrophic event.



# Picture Your Life Tobacco Free



**Congressman Gregg Harper with JA student Zoe Ladner.**

Zoe Ladner, a student at Jackson Academy and the 2014 Mississippi winner of the Tar Wars poster contest, traveled to Washington, D.C., in July for the national poster contest awards ceremony that was held at the Hyatt Regency Capitol Hill. She created a 3-dimensional poster encouraging smokers

to picture their lives tobacco free. Zoe's poster placed 2nd in the National Tar Wars poster competition, the highest finish for any Mississippi poster.

Zoe is the daughter of Lynn and Kirk Ladner. While in Washington, D.C., Zoe and her family toured many monuments and museums and had a special visit with Congressman Gregg Harper.

Tar Wars is a tobacco-free education program for fourth- and fifth-grade students. The program is designed to teach kids about the short-term, image-based consequences of tobacco use, the cost associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth.

Family physicians, family medicine residents and medical students can make a difference in the health of Mississippi communities by educating as many children as possible about the harmful effects of tobacco use through a Tar Wars presentation - no special training is needed. For more information on the Tar Wars program, please contact Julie Humphreys at [julie@msafp.org](mailto:julie@msafp.org).

## Foundation Gives Back



**Myriam Sanders**

The David G. Hall, M.D. Memorial Scholarship was established in 2001 to memorialize Dr. Hall, a family physician from Natchez, MS. The scholarship competition is open to all Mississippi high school seniors who possess an aptitude in the sciences and show an interest in pursuing a career in the field of medicine. To qualify for the scholarship, the student must write an essay describing the impact of a Family Physician in his/her life and/or the role of the Family Physician in the community.

From a field of almost 50 applicants, the Mississippi Academy of Family Physicians Foundation has selected 3 recipients of the 2014 David G. Hall, M.D. Memorial Scholarship - Myriam Sanders, Jacob West and Laura Gail Havard.

Myriam, a graduate of Mooreville High School, is the recipient of a \$1,500 scholarship and is continuing her education at the University of Mississippi. Myriam wrote her essay about a personal experience with

her family physician that happened after hours. She was impressed that even though he was off duty, he came to the hospital to be with her family. She states in her essay "that is what a family physician does for his community. He is there for them in their times of need, even at his own personal cost." Through this experience, Myriam has been inspired to follow in his footsteps.



**Jacob West**

Jacob West, a graduate of Brandon High School, and Laura Gail Havard, a graduate of George County High School, each received \$1,000 scholarships to further their educations. Jacob is attending Mississippi College, and he wrote his essay about Dr. Richard Randolph from Brandon. Laura Gail is attending the University of South Alabama, and she wrote her essay about Dr. Dayton Whites of Lucedale. Both essays focused on the importance of these particular family physicians in their local communities.

The deadline to apply for the 2014-2015 scholarship is March 31, 2015. More information regarding the scholarship will be posted on our website ([msafp.org](http://msafp.org)) in January 2015 or contact Julie Humphreys at [julie@msafp.org](mailto:julie@msafp.org).



**Laura Gail Havard**

# MAFP Members Driving Family Medicine Forward

MAFP likes to share the achievements of all of our members. If you have a physician to be recognized, please e-mail [jamie@msafp.org](mailto:jamie@msafp.org).

**Randy Easterling, MD**, BIPEC Vice Chairman, led a press event this summer, speaking to members about their use of the 2014 BIPEC Legislator "Business & Jobs Report Card" and its importance to their organizations.

**Ben J. Kitchings, MD** of Long Beach retired on November 1, 2013, after serving South Mississippi for 54 years. MAFP appreciates his commitment to Family Medicine and named him 2011 MAFP Family Physician of the Year.

**James S. McIlwain, MD** of Ridgeland retired from IQH on Wednesday, July 16, 2014. There was a reception held in Ridgeland honoring him for his career and contribution to medicine.

**Robert Smith, MD** of Jackson received the MSMA Board of Trustees' Lifetime Achievement Award. The Award was instituted this year to honor a recipient who has dedicated his or her life to a worthy cause while making a significant impact in Mississippi's healthcare arena and in the lives of others.


# Commemorating our 65th Anniversary

Be part of the celebration this year and commemorate the MAFP's 65th Anniversary by becoming a member of this year's Circle of 65. Simply make a tax-deductible contribution of \$65 to the MAFP Foundation and help further its mission of securing resources to enhance Family Medicine education and training to promote wellness of all Mississippians. Donations can be made by contacting Julie Humphreys by email ([julie@msafp.org](mailto:julie@msafp.org)) or phone (601-853-3302).

## Circle of 65 Members

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carpet for the ducks...  
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do when the doctor's  
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# MAFP District Director Receives Prestigious Award



**Dr. Carlos Latorre**

The Dr. James C. Waites Leadership Award was instituted in 2001 to recognize the many contributions of Dr. Waites to his community and to organized medicine. Each year the Board of Trustees of MSMA selects one physician under the age of 50 who is an outstanding leader in organized medicine and community affairs.

This year the Board of Trustees selected Carlos A. Latorre, MD. Dr. Latorre is a family physician at Family Medicine Clinic in Vicksburg and is a staff physician at River Region Health System. Also, he was recently elected as a District Director for the MAFP.

Dr. Latorre is a member of the University of Mississippi Medical Center Family Medicine Recruitment Committee. He often volunteers as a speaker for area seniors' and women's groups, providing free medical information geared to their special healthcare needs.

Additionally, through his work with the Puerto Rican

Association of Physical Medicine and Rehabilitation, he has conducted free carpal tunnel screenings and provided information on risk factors and treatments to the medically underserved.

Please join us in congratulating Dr. Latorre on his achievement.



**Dr. Latorre with his wife Nalini, his daughter Alana, and her friend Chandler Tucker at the MAFP Annual Meeting in Destin, FL.**

## MAFP Welcomes New Staff

MAFP welcomes Jamie Walker as our new Membership Director. She is responsible for member communications, coordinating events, and serves as liaison to Family Medicine Interest Groups to promote our programs and activities.

Jamie is a Marketing graduate of Mississippi University for Women. Before coming to MAFP, she worked at Automatic Data Processing for 5 years in Resource Management and Finance. She is an active member of her church and community. Jamie and her husband, Clint, teach 6th & 8th grade Sunday school at their church, and they also enjoy riding bikes and running in their free time.

As the MAFP Membership Director, Jamie is working on the Fall Conference to be held November 7-9th in Memphis, TN. If you are interested in attending, please contact Jamie at [jamie@msap.org](mailto:jamie@msap.org) or 601-853-3302.



**Jamie Walker**



The Mississippi Public Health Institute is working to email a pilot physician's survey on the Mississippi Gulf Coast. We hope to better understand your thoughts regarding increasing practice efficiency, exploring different business models and adopting technology to improve clinical decision making. **Please visit us online at [msphi.org](http://msphi.org).**

### **Your participation will help us in two ways:**

- 1) better prepare local public health staff to complement the services you need
- 2) serve as a training source through grants and federal programs for clinic/community connections

A photograph of a middle-aged man with grey hair, a goatee, and glasses, wearing a white lab coat over a blue shirt and a red and blue striped tie. A stethoscope is around his neck. He is standing next to a young girl with dark curly hair and glasses, wearing a grey sweater over a white collared shirt. They are both smiling. The background is a soft-focus green and yellow, suggesting an outdoor setting with trees.

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