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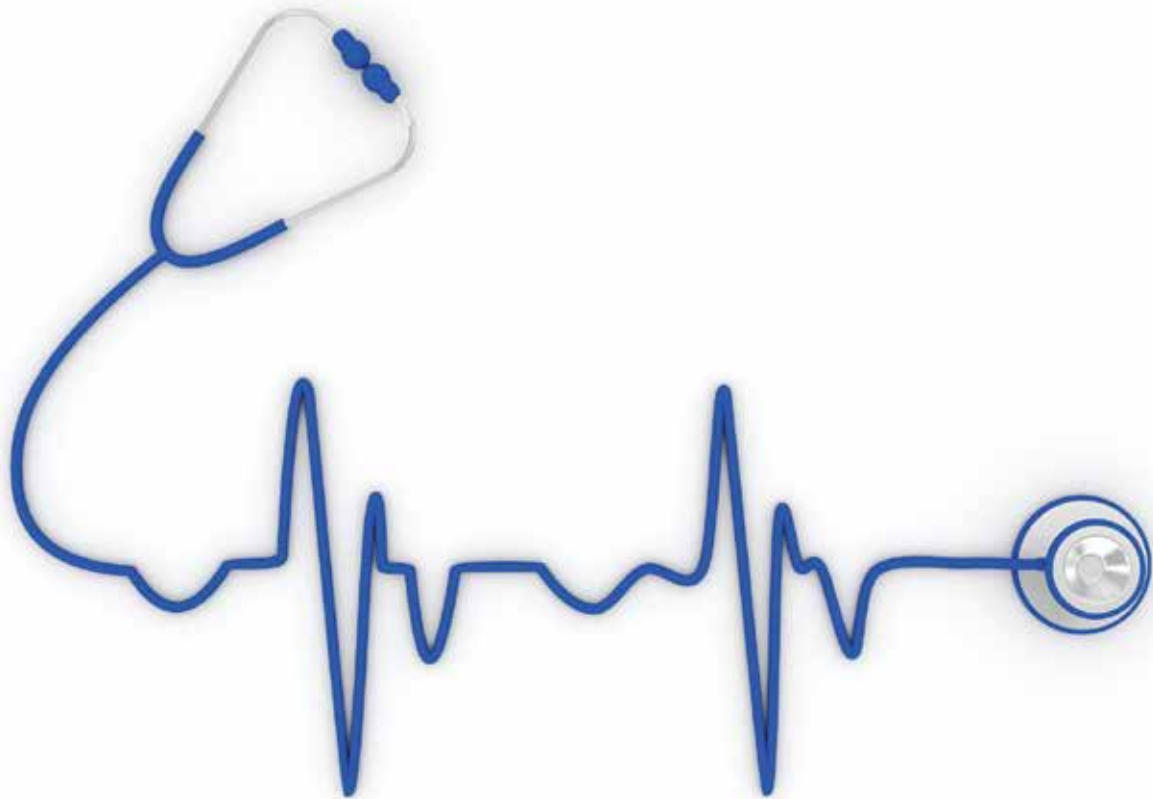


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CONTENTS

- 4 President's Message
- 5 Editor's Letter
- 6 CMS Update
- 8 AAFP's CME Requirements
- 10 AAFP Awards
- 12 Amanda Boltz, Medical Student & FMCC Scholarship Winner Reports on her May DC Trip
- 14 Controlled Substances Prescription Monitoring Program ("CSPMP") Update
- 16 How To Discourage a Doctor
- 17 AAFP Urges CMS to Simplify MACRA-Implementation Regulations
- 18 Zika virus webcast
- 22 Family Medicine Experience CME schedule for Orlando 2016

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Edition 25



Susan Hadley, MD

President's Message

Patients are Good Medicine

The Dali Lama famously once said “The Planet does not need more successful people. The planet desperately needs more peacemakers, healers, restorers, storytellers and lovers of all kind.”

Providers of family medicine are also well-known for their emphasis on healing, love, making peace, restoration and storytelling. These skills and penchants benefit our patients and are needed more than ever in these challenging and difficult times. There is so much to focus on, including MARCA, ACOs, opioids, educating our medical students and residents, billing and coding, healing our communities, healing ourselves, preventing burnout, and ultimately delivering excellent care to our patients.

Family medicine provides us with the unique ability to be all things to all people. Doing this requires we do two things. One is to remember why we went into

medicine and the second is to take care of ourselves. First, keep alive that part of you that brought you into medicine and remember the excitement you felt at being

We must work together to nurture holistic family medicine and continue to work on issues important to our community as we heal each other and our planet.

accepted into medical school. Second, make sure you find time to do self-care, particularly any self-care that reenergizes you.

Dr. Donald Berwick, in a speech to graduating medical residents, noted: “Those who suffer need you to be something

more than a doctor, they need you to be a healer and to become a healer you must do something even more difficult than putting your white coat on. You must take your white coat off. You must recover, embrace and treasure the memory of your shared frail humanity- of the dignity of each and every soul.”

We must work together to nurture holistic family medicine and continue to work on issues important to our community as we heal each other and our planet. The AZAFP works to identify the needs of our physicians and design a strategic plan using collaboratively derived goals and objectives that continue to address the uncertainties we face in the future in medicine. Our members are actively engaged in revising our strategic plan and we need every one's input to move forward. Working together and continuing the collaboration between the AZAFP and the AAFP will bring about positive changes in all aspects of family medicine.

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Andrew Carroll, MD

Pushed Out For Your Morals

Have you ever professionally been in a situation where you found yourself standing on the side of your patients, and ended up angering a hospital system, a group of specialists, and probably a few primary care physicians along the way?

A daily battle, you say? Well, perhaps. I agree that as a primary care physician and family practitioner, we are the consummate patient advocate. We also are the best at managing population health. In fact, we are more qualified than any other specialist to provide cost conscious, quality focused, and outcomes based care to every single one of those folks out there whom make us their primary care physician. By that, we are more valuable to the systems we work within than any other member of the healthcare team. I will assert that we are also held to a higher standard than ever before, and as such we have both the ability to shine, and also the risk to obscure.

I believe that it is important to provide intelligent discourse and smart debate with those that hold the purse strings. I recently had the ability to do just that with an healthcare organization I work with. And I advocated on behalf of 43 of my patients. 43 of perhaps not the most important people in the world to the insurance company or the healthcare organization that was involved, but they were 43 patients that were very important to me.

When I was told that we would potentially lose the contract that had been arranged through this

organization with this insurance company, I asked my staff for the list. You know, the list of those people who would have been affected. Those patients that may have gone six months with either

Because family doctors are the chess board itself. And no one can play chess without us.

not seeking care or having to find another primary care physician, having to reestablish themselves with a new office, and potentially (and I truly mean potentially, as I do not believe I'm any better than any other Board Certified physician out there) suffering a decline in their chronic care management. Going one by one through those names, I said to my chronic care manager, "No, can't lose her. No, no way, can't lose him. I just got him so much better, I can't lose him. She's doing so well, no way." And when I stared at the names and pictured the faces, and went through my head of all the things we had achieved and arranged, the family relationships, the sons and daughters, grandsons and granddaughters,

the sisters and brothers that I have spoken to on the phone, I could not and would not give up on those relationships.

And so, I made a decision to stick by my patients. To accept a lower reimbursement on my contract (at least for a short while). To move forward with my patients instead of toeing the line with the healthcare organization. I felt good about it. It made me feel better. It made my patients happy to know that they would not have to change doctors.

And guess what. The organization did not like it. I lost my leadership positions within them. And now I'm just another doctor working within the system, achieving excellent quality scores, the second lowest risk adjusted PMPM, and one of the highest risk scores within the systems.

But as has been said by Sun Tzu ("A Leader leads by example, not by force"), Jesus ("the one who leads should become like the one who serves."), and Mohammed in the Quran ("You will not attain righteousness till you spend in charity of the things you love."), it is important to remember that the reason we are here is the patient. Without patients, we are no one. And to treat them as pawns in some sort of sick chess games between payers and healthcare systems is never right. But to treat primary care physicians as just another piece on that board is abhorrent.

Because family doctors are the chess board itself. And no one can play chess without us.

CMS Update

by Ashby Wolfe, MD, MPP, MPH
Chief Medical Officer, CMS Region 9
San Francisco, CA

Here at CMS, we've been working for several months on some of the new programs and initiatives created by the Medicare Access and CHIP Reauthorization Act signed of 2015. Additionally, we are now seven years in to the concerted launch of a truly national health information technology platform. A lot of important steps have been made in this effort, but we're still at a stage where technology often hurts, rather than helps, physicians provide better patient care. CMS is committed to taking a user-centered approach to designing policy.

Understanding what we want from technology means first understanding how we provide and receive care today in America, where the patient is more diverse, more mobile and more demanding than ever before. The consumers CMS serves are a good representation of all of our care needs – 140 million Americans, most on fixed or low incomes – in every type of care situation: the Medicare patient leaving the hospital with five prescriptions to fill and 2 appointments to book; the Marketplace customer who will have coverage for the first time and finally be able to have his wife's chronic fatigue looked at; the daughter who has made the difficult decision to move her father in a nursing home and wants to know staffing ratios and quality ratings; the family with a child with disabilities on Medicaid that requires 24-hour care and is watching every dollar and interviewing every home care worker.

The way people get care today – on the go, on their own terms, often not anchored in the system – means their information needs are ever more vital and yet so basic. People ask: "Am I recognized when I show up? Are my needs, preferences, and history available?" Today's technology at its best is ideally suited to meet these needs: the cloud, social media, one-click purchases, information at our fingertips, everything wired, convenient devices, expert systems,

intelligent agents. We know what we need to do and the technology is available.

To address these issues, our agency is charged with implementing the new bipartisan Medicare Access and CHIP Reauthorization Act (MACRA) – legislation intended to bring value-based care to the everyday physician practice. We have created a new playbook at CMS by making our most concerted effort ever at listening to front-line physician and patient input upfront. After first collecting feedback from across the health care sector, we launched our work with a four-day session with physicians and technology companies and sought more comment through a public Request for Information. But the bulk of our work has been directly with front-line physicians. In coordination with our Central Office in Baltimore, we have completed eight focus groups with front-line physicians in four separate markets and have many more coming. I've been on the road meeting with a number of physicians to learn more specifically how they interact with technology and what their day-to-day challenges are. My colleagues and I have received powerful feedback, including comments that current EHR platforms and systems put too much of a burden on physicians and their teams, taking time away from caring for patients. Many physicians report challenges with needing information from a different EHR that doesn't communicate well with their practice EHR, so there remains a heavy reliance on faxing or "snail mail" to coordinate care and follow-up. One person pointed out that it takes eight clicks on a computer to order aspirin for a patient. Many physicians see fewer patients each day because they are spending more time doing data entry into their EHR. At times, there is too much information but it is still very difficult to find on a busy EHR screen.

Three themes have emerged that are shaping CMS' agenda moving forward:

1. Physicians are hampered and frustrated by the lack of **interoperability**. Simple issues such as needing to simply track a patient referral, or review a hospital discharge summary to ensure proper follow-up, can be terribly difficult and onerous in a busy practice.
2. **Regulations** in their current form slow down physician practice, create documentation burdens and often distract from patient care.
3. Physicians find their EHR technology **hard to use** and cumbersome. It slows them down, and doesn't speed their path to answers.

CMS will be addressing these themes in very specific ways, as we work to implement the new MACRA legislation. We have issued our first proposed regulation on MACRA with the Quality Payment Program proposed rule, published in April 2016. Information related to the content of the proposed rule, and how the Quality Payment Program will work, is available at <http://go.cms.gov/QualityPaymentProgram>. Below, I share the concepts of our approach and how our agency views the work moving forward.

The first area we are addressing is the documentation overhead associated with the Meaningful Use program. The following represents the vision for the approach to this work. We have been working to try to close the gulf between our public policy work and what is happening in the reality of patient care. From a number of focus groups and listening sessions, we are hearing the message loud and clear: "stop measuring clicks, focus instead on allowing technology to become a tool and focus on the results technology can create. Give us more flexibility to suit our practice needs and ultimately more control." Where possible, we favor letting outcomes

rather than activities drive the agenda. We can take advantage of how the landscape has changed over the last five years with the proliferation of programs that depend on care coordination and population health.

Interoperability is the second area of our focus. It is an essential ingredient not only for better patient care, but as President Obama mentioned in early March, it is also a key part of the precision medicine initiative that will unlock an entirely new future of better health. We are making a concrete effort to commit to this work; on February 29 HHS Secretary Burwell announced that companies representing 90 percent of EHRs are committing to three vital steps to work towards true interoperability to prevent data blocking or firewalls from getting in the way of coordinating patient care. Our agency has also recently announced funding to connect many of the remaining parts of the system that are not part of the EHR incentive program but serve our neediest Medicaid patients every day – long-term

care, behavioral health and substance abuse providers. Ultimately clear communication pathways between electronic systems will give physicians and patients what they want from their technology, so called bottom-up interoperability. Our agency will help facilitate two goals that practicing physicians have identified: closing the referral loop and patient engagement.

That leads to the **third area** CMS is focused on: to give the physician better tools that help him or her with patient care. It's not only Meaningful Use (MU) regulations that concern physicians, they want better technology. It is time to finally create the improved workflows and the apps that physicians are looking for. Shifting from MU-oriented design to developing certified technology that is user-centered is a big opportunity. Flexible EHR incentives should give tech companies new products to develop. As part of this effort, our sister agency, the Office of the National Coordinator, is launching an App Discovery

Site as an EHR-neutral place for new apps that can securely move data in and out of an EHR.

CMS is working to ensure that our policies communicate what is important – improved patient care, better spending, and healthier people. A challenging goal, but one made easier by talking about it publicly and listening to physician and clinician input. The implementation of the MACRA legislation is an ongoing process and our agency is committed to closing the gap between on-the-ground care delivery and policies that promote the tools for better care. Connecting to what happens in daily patient care is vital to our policy-making as we seek a better, smarter healthier system and better patient outcomes. To that end, please do not hesitate to contact me with questions or concerns at ashby.wolfel@cms.hhs.gov. In addition, you can keep track of new developments and sign up for our listserv at the Quality Payment Program website: <http://go.cms.gov/QualityPaymentProgram>.

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If you, or someone you know has an interest, please contact CDR Stephen Navarro at 602-364-5222, or email Stephen at Stephen.navarro@ihs.gov. I hope we'll talk soon.

P.S. Your Southwest adventure awaits you.






The American Academy of Family Physicians (AAFP) Board of Directors approved a change to the AAFP's CME membership requirement.

Members may earn CME credit via a wide range of educational opportunities, in both formal and informal categories. Formal CME includes CME activities that have been certified by the AAFP for Prescribed or Elective credit. Informal CME includes self-directed learning activities that are not certified for credit.

In an effort to simplify the requirements for members and consolidate informal (self-directed learning) CME options, the Board condensed these types of activities into one category for scholarly activities. Previously, members could claim a maximum number of credits for individual activities such as published research, clinical research, paper presentations, exhibit presentations, medical writing, peer review, and writing test questions. Effective immediately, these activities can be reported simply as scholarly activities and will qualify as Prescribed credit. Members may claim a maximum of 100 credits in this area per re-election cycle.

Greater detail of this change to the AAFP's CME requirement follows:

Published Research	15 per paper or 45		Scholarly Activities	100
Clinical Research	30			
Paper Presentation	10 per paper or 30			
Exhibit Presentation	15			
Medical Writing	30			
Peer Review	3 per manuscript or 45			
Writing Test Questions	30			

Modifications to the AAFP's [CME reporting tool](#) have been made to accommodate this change.

As a reminder, the AAFP's CME requirement also requires members to obtain a minimum of 25 credits from live learning activities every three years. Live activities are held in real time, include two or more people, and offer either Prescribed or Elective credit. Examples include medical seminars or conferences such as AAFP clinical courses, a lecture series, live webinars, or life support activities (ACLS, ATLS, BLS, NALS, PALS, etc.).

Did you know that teaching also counts as a live activity? Members can report a maximum of 60 AAFP prescribed credits every three years for teaching health professions learners.

Additional information on the [different types of CME credit](#) can be found online.

If you have questions about this CME requirement change, please [email us](#) or call (800) 274-2237 and we would be glad to assist you.

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And the AAFP Family Medicine Cares Resident Service Award goes to...

In mid-April Dr. Caitlin Lee, was selected to receive a 2016 *Family Medicine Cares* Resident Service Award. This \$16,500 award, established in 2013, provides the opportunity for a first- or second-year resident to implement a project in her local community to serve the needs of the underserved. Dr. Lee was one of two residents selected from across the country to receive this award. Working with the St. Vincent de Paul Clinic in Phoenix, which is the largest free clinic in the country, she will be implementing her project titled *Beyond Disease Oriented Care for*

the Underserved. This project will expand free clinic services by offering cervical, breast and colorectal cancer screening; advanced care for women age 21-75; and a patient education class on myths and facts of preventive care. By ensuring appropriate and proper screening, testing and diagnoses, the health benefits to project participants will continue to accrue long after the 12-month project is finished. Dr. Lee will be presenting her results and findings at the 2017 National Conference.



And the AAFP 2016 Senior Immunization Award goes to...

In early June, the Banner University Medical Center Family Medicine Residency was one of seven FMRPs recently selected by the AAFP Foundation to receive a 2016 Senior Immunization Award. Under the leadership of third-year resident Elizabeth Brett Daily, MD this \$11,200 award will allow the 24 residents at the Banner University Medical Center FMR to implement a quality improvement project that is aimed at improving influenza and pneumococcal vaccine rates in patients age 65 and older during the upcoming flu season. They will be presenting their results and findings at the 2017 National Conference.



Full Page ad to come

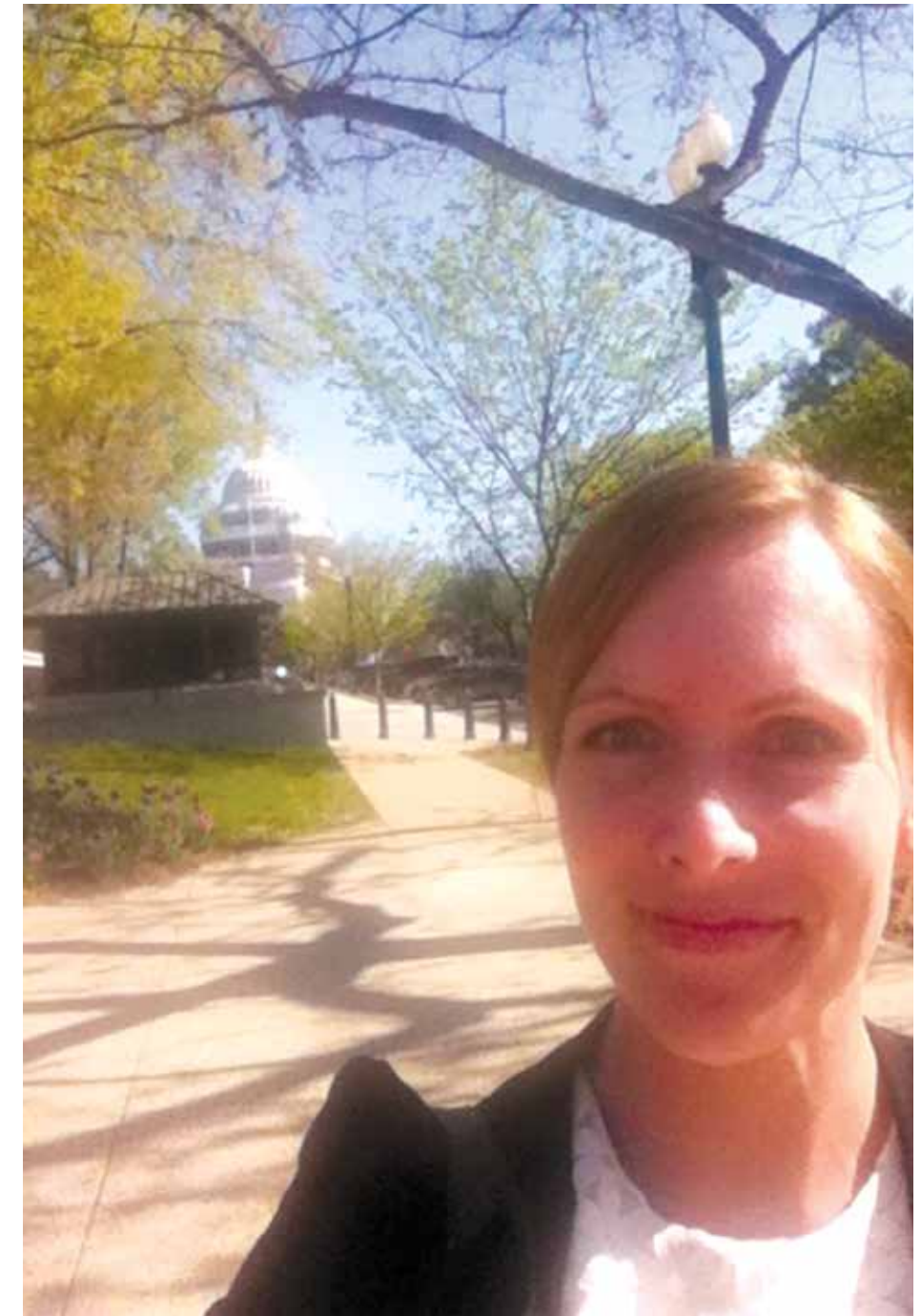
Amanda Boltz, Medical Student & FMCC Scholarship Winner Reports on her May DC Trip

During my third-year family medicine clerkship, I loved watching residents and faculty members advocate for their patients. They juggled notes and phone calls to other members of the healthcare team, explained test results and addressed patient concerns, and helped patients find health solutions that would fit into their daily lives. I valued the way they approached each patient as a whole person, advocating daily for their health and well being. Their efforts inspired me to join their ranks as a family physician.

Since then, I have learned that advocating for patients, both on an individual and collective basis, is a true hallmark of family medicine. That's why I was thrilled when, last month, AzAFP provided me with an incredible opportunity to attend the Family Medicine Congressional Conference in Washington, DC.

The energy in the room was palpable as family physicians from across the country discussed pressing issues, from prescription drug abuse to funding for Teaching Health Centers. We also heard a fascinating analysis of the presidential election, learned about new payment models under MACRA, and more.

The following day, we set out to meet with our Congressional representatives. For me, this meant meeting with representatives from the offices of Senator McCain and Senator Flake. It was exhilarating to walk into the Senate office buildings and discuss specific actions Congress could take to help curb prescription drug abuse and to ensure the sustainability of Teaching Health Centers. I came away with an added appreciation of



the political process and with professional relationships that I hope to continue into the future.

I learned so much from this experience: always stand on the right on the DC Metro escalators, Washington is beautiful in the spring, and quiet reflection in front of the monuments never gets old. Most importantly, though, I learned that it's never too early in your career to speak up and be involved. No matter who you are, you have valuable knowledge and

experiences that can benefit your patients and your community as a whole. This was never more true than for family physicians.

Mandy graduated from the University of Arizona College of Medicine – Phoenix in May 2016 and will be begin as a resident in the University of Arizona College of Medicine – Phoenix (formerly Banner University Medical Center – Phoenix) Family Medicine Residency this June.



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Controlled Substances Prescription Monitoring Program (“CSPMP”) Update

by Susan Cannata, JD, AzAFP Lobbyist & Legal Counsel

Arizona’s legislature recently passed and Governor Ducey signed Senate Bill 1283, which mandates that physicians and other prescribers check the CSPMP database before prescribing an opioid or benzodiazepine controlled substance listed in schedules II, III or IV. **This new mandate goes into effect beginning on the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the CSPMP data into the exchange.** The MD and DO Boards are responsible for notifying their licensees when this mandate goes into effect. Physicians may be granted a one-year waiver from the requirement in exceptional circumstances pursuant to rules that will be adopted by the Pharmacy Board.

Once the mandate goes into effect, physicians will need to obtain a patient utilization report for the preceding 12 months from the CSPMP database at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. The mandate does not apply in the following circumstances:

- The patient is receiving hospice care or palliative care for a serious or chronic illness.
- The patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment.
- The medical practitioner will administer the controlled substance.
- The patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility.
- The medical practitioner is prescribing the controlled substance to the patient for no more than a ten-day period for an invasive medical or dental procedure or a medical

or dental procedure that results in acute pain to the patient.

- The medical practitioner is prescribing no more than a five-day prescription and has reviewed the program’s database for that patient within the last 30 days and no other prescriber had prescribed a controlled substance in that time period.
- The medical practitioner is prescribing



the controlled substance for no more than a ten-day period for a patient who suffered an acute injury or a medical or dental disease process diagnosed in an emergency department setting and resulting in acute pain to the patient. Acute injury or medical disease process does not include back pain.

There are a number of protections in this new law for physicians, including the following provisions:

- If the medical practitioner uses electronic medical records (EMR) that integrate data from the CSPMP, a review of the EMR satisfies the new mandate.
- A medical practitioner acting in good faith to comply with the new law is not

subject to liability or disciplinary action arising solely from either (1) requesting or receiving, or failing to request or receive, CSPMP data; or (2) acting or failing to act on the basis of the CSPMP data.

- Medical practitioners and their delegates are not in violation during any time period in which the CSPMP database is not operational or available. If the CSPMP is not accessible, the medical practitioner or their delegate must document the date and time they attempted to use the CSPMP.

Finally, the new law requires the Pharmacy Board to conduct an annual voluntary survey of program users to assess their satisfaction with the CSPMP database. In addition, the new law requires the Pharmacy Board to contract with a third party to conduct an analysis of the CSPMP, including the usability and length of time to query the database, strategies to promote use by medical practitioners, the quality of the data, strategies to make it easier to integrate the CSPMP data into EHRs, and more. This report shall be completed by January 1, 2017. The Pharmacy Board also must, beginning October 1, 2016, complete quarterly reports on the number and names of EHR companies that have integrated the CSPMP database or are in the process of doing so. These annual reports will be made available on the Pharmacy Board website.

Full Page ad to come



How To Discourage a Doctor

RICHARD GUNDERMAN, MD

Not accustomed to visiting hospital executive suites, I took my seat in the waiting room somewhat warily.

Seated across from me was a

handsome man in a well-tailored three-piece suit, whose thoroughly professional appearance made me – in my rumpled white coat, sheaves of dog-eared paper bulging from both pockets – feel out of place.

Within a minute, an administrative secretary came out and escorted him into one of the offices. Exhausted from a long call shift and lulled by the quiet, I started to doze off. Soon roused by the sound of my own snoring, I started and looked about.

That was when I spotted the document on an adjacent chair. Its title immediately caught my eye: “How to Discourage a Doctor.”

No one else was about, so I reached over, picked it up, and began to leaf through its pages. It became apparent immediately that it was one of the most remarkable things I had ever read, clearly not meant for my eyes. It seemed to be the product of a healthcare consulting company, presumably the well-dressed man’s employer. Fearing that he would return any moment to retrieve it, I perused it as quickly as possible. My recollection of its contents is naturally somewhat imperfect, but I can reproduce the gist of what it said.

“The stresses on today’s hospital executive are enormous. They include a rapidly shifting regulatory environment, downward pressures on reimbursement rates, and seismic shifts in payment mechanisms. Many leaders naturally feel as though they are building a hospital in the midst of an earthquake. With prospects for revenue enhancement highly uncertain, the best strategy for ensuring a favorable bottom line is to reduce costs. And for the foreseeable future, the most important driver of costs in virtually every hospital will be its medical staff.

“Though physician compensation accounts for only about 8% of healthcare spending, decisions that physicians strongly influence or make directly – such as what medication to prescribe, whether to perform surgery, and when to admit and discharge a patient from the hospital – have been estimated to account for as much as 80% of the nation’s healthcare budget. To maintain a favorable balance sheet, hospital executives need to gain control of their physicians. Most hospitals have already taken an important step in this direction by employing a growing proportion of their medical staff.

“Transforming previously independent physicians into employees has increased hospital influence over their decision making, an effect that has been successfully augmented in many centers by tying physician compensation directly to the execution of hospital strategic initiatives. But physicians have invested many years in learning their craft, they hold their professional autonomy in high esteem, and they take seriously the considerable respect and trust with which many patients still regard them.

As a result, the challenge of managing a hospital medical staff continues to resemble herding cats.”

“Merely controlling the purse strings is not enough. To truly seize the reins of medicine, it is necessary to do more, to get into the heads and hearts of physicians. And the way to do this is to show physicians that they are not nearly so important as they think they are. Physicians have long seen the patient-physician relationship as the very center of the healthcare solar system. As we go forward, they must be made to feel that this relationship is not the sun around which everything else orbits, but rather one of the dimmer peripheral planets, a Neptune or perhaps Uranus.

“How can this goal be achieved? A complete list of proven tactics and strategies is available to our clients, but some of the more notable include the following:

“Make healthcare incomprehensible to physicians. It is no easy task to baffle the most intelligent people in the organization, but it can be done. For example, make physicians increasingly dependent on complex systems outside their domain of expertise, such as information technology and coding and billing software. Ensure that such systems are very costly, so that solo practitioners and small groups, who naturally cannot afford them, must turn to the hospital. And augment their sense of incompetence by making such systems user-unfriendly and unreliable. Where possible, change vendors frequently.

“Promote a sense of insecurity among the medical staff. A comfortable physician is a confident physician, and a confident physician usually proves difficult to control. To undermine confidence, let it be known that physicians’ jobs are in jeopardy and their compensation is likely to decline. Fire one or more physicians, ensuring that the entire medical staff knows about it. Hire replacements with a minimum of fanfare. Place a significant percentage of compensation “at risk,” so that physicians begin to feel beholden to hospital administration for what they manage to eke out.

“Transform physicians from decision makers to decision implementers. Convince them that their professional judgment regarding particular patients no longer constitutes a reliable compass.

Refer to such decisions as anecdotal, idiosyncratic, or simply insufficiently evidence based. Make them feel that their mission is not to balance benefits and risks against their knowledge of particular patients, but instead to apply broad practice guidelines to the care of all patients. Hiring, firing, promotion, and all rewards should be based on conformity to hospital-mandated policies and procedures.

“Subject physicians to escalating productivity expectations. Borrow terminology and methods from the manufacturing industry to make them think of themselves as production-line workers, then convince them that they are not working sufficiently hard and fast. Show them industry standards and benchmarks in comparison to which their output is subpar. On the off chance that their productivity compares favorably, cite numerous reasons that such benchmarks are biased and move the bar progressively higher, from the 75th “Increase physicians’ responsibility while decreasing their authority. For example, hold physicians responsible

for patient satisfaction scores, but ensure that such scores are influenced by a variety of factors over which physicians have little or no control, such as information technology, hospitality of staff members, and parking. The goal of such measures is to induce a state that psychologists refer to as “learned helplessness,” a growing sense among physicians that whatever they do, they cannot meaningfully influence healthcare, which is to say the operations of the hospital.

“Above all, introduce barriers between physicians and their patients. The more directly physicians and patients feel connected to one another, the greater the threat to the hospital’s control.

When physicians think about the work they do, the first image that comes to mind should be the hospital, and when patients realize they need

care, they should turn first to the hospital, not a particular physician. One effective technique is to ensure that patient-physician relationships are frequently disrupted, so that the hospital remains the one constant. Another is. . .”

The sound of a door roused me again. The man in the three-piece suit emerged from the office, he and the hospital executive to whom he had been speaking shaking hands and smiling. As he turned, I looked about. Where was “How to Discourage a Doctor?” It was not on the table, nor was it on the chair where I had first found it. “Will he think I took it?” I wondered. But instead of stopping to look for it, he simply walked out of the office. As I watched him go, one thing became clear: having read that document, I suddenly felt a lot less discouraged.

AAFP Urges CMS to Simplify MACRA-Implementation Regulations

LEAWOOD, Kan. — Despite support of the Medicare Access and CHIP Reauthorization Act, which revamps Medicare physician payment, the American Academy of Family Physicians today urged the Centers for Medicare & Medicaid Services to make multiple changes to strengthen and improve proposed regulations implementing the law.

“The AAFP continues to support MACRA,” Robert Wergin, MD, chair of the AAFP Board of Directors, wrote in a letter responding to CMS proposed rules implementing the law. “We believe it was intended to strengthen primary care and make primary care a strong foundation for payment and delivery reform for physician services under Medicare. As such, the importance of successful implementation for members practicing in communities across the country cannot be understated.

“That said, we must strongly state that we see a need and opportunity for CMS to step back and reconsider their approach to this proposed rule which we view as overly complex and burdensome to our members and indeed for all physicians. The implementation of MACRA will impact our health care system for years to come, and it must be done thoughtfully, carefully and as simply as possible -- and this proposed rule at present falls short of these goals.”

Wergin outlined multiple suggestions for reducing the complexity, cutting the administrative requirements, establishing appropriate quality measures and expanding on

progress of increasing patient access to patient-centered medical homes. Among them:

Delay the initial measurement period for determining subsequent payment. Under no circumstances should the initial performance period start earlier than July 1, 2017. Physicians need more than two months from the final rule’s anticipated November release to prepare for participation.

Require all physician specialties to meet the same program expectations. The AAFP strongly calls for specialists and sub-specialists to be required to meet the same MIPS program expectations. Parity in reporting across all physician groups is critically important.

Use the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative. All measures used in MIPS and APMs must be clinically relevant, harmonized and aligned among all public and private payers, and minimally burdensome to report. The AAFP recommends that CMS use the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative to ensure alignment, harmonization and the avoidance of competing quality measures among payers.

Simplify the Advancing Care Information. The AAFP believes the current proposal for the ACI has missed the mark in a major way and demands reconsideration. Although ACI improves on the requirements



of the meaningful use program, the burden of compliance still outweighs the benefit that patients will experience. CMS should significantly improve and reduce administrative complexity and burden while complying with current law.

Use established guidelines and principles to determine if a patient-centered medical home qualifies as an advanced alternative payment model. The AAFP urged CMS to:

- Recognize programs that use the Joint Principles of the Patient-Centered Medical Home and the five key functions of the Comprehensive Primary Care (CPC) Initiative to accredit PCMHs.
- Use the Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs to deem patient-centered medical homes as qualified APMs if they are certified as PCMHs by states, payers or regional PCMH recognition programs.

Do not require physicians to pay a third-party accrediting body to receive recognition as a PCMH.

Zika virus webcast

Clear answers to complicated questions



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

The Zika virus is now a global health emergency affecting U.S. patients. In an effort to arm family physicians with the clearest, most up-to-date answers to patient questions, the AAFP is offering a members-only webcast—

Zika Virus: Information for Family Physicians.

Presented by Nina Ahmad, MD, the webcast provides timely intelligence on the virus, allowing you to prepare your patients with information about transmission, symptoms, diagnosis, and prevention of the Zika virus.

At its conclusion, webcast participants should:

- Understand the epidemiology, transmission patterns, clinical manifestations, complications, and reports of the Zika virus
- Be prepared, with evidence-based information, to answer questions in their practices about the Zika virus
- Understand current Zika information, including up-to-date guidance related to pregnant women

Visit aafp.org/zikawebcast to access the members-only webcast today.



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Actionable Insights Management (AIM) Report

Sonora Quest Laboratories is committed to providing actionable data that will assist our clients in their efforts to improve patient outcomes. Our Clinical Informatics team is available to help you reach your population health management goals by providing relevant and robust laboratory data. Our AIM Report for Diabetes Management is a dynamic, actionable report that allows you to view your Diabetic patient population at an enterprise or patient-centric level.

Patient Population A1c Results

- Patients are grouped in result intervals and charted from well-controlled to uncontrolled
- Easily filter patient population through a series of data 'slicers' to view by practice, physician, diagnosis code or payor

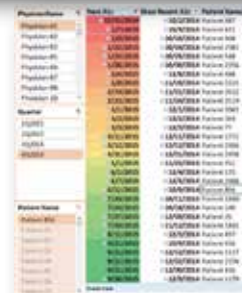
Population by A1c Result



Patient Compliance / Gaps in Care

- Quickly identify patients with gaps in care, or approaching gaps with color-coded indicators
- Target patients in red for immediate follow-up, and monitor yellow and green to prevent gaps in care

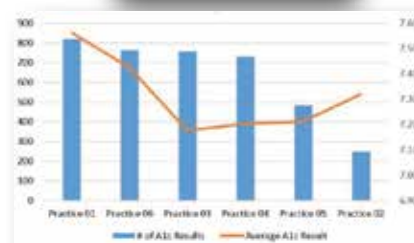
*Gaps in Care /
Compliance*



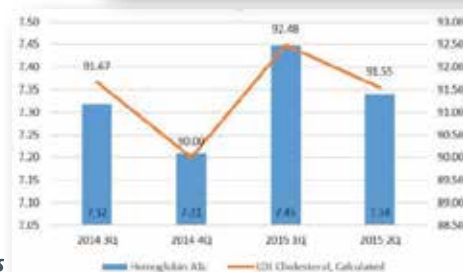
Benchmarking and Performance

- View A1c averages by Practice and/or Provider, enabling a quick comparison of Provider performance in relation to their peers
- Creates opportunities to establish benchmarks, track performance over time and share best practices
- View historical patient results for A1c and LDL testing, allowing a quick analysis of diabetes control and a critical indicator of Coronary Artery Disease (CAD)

Practice Performance



A1c and LDL Trends



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Family Medicine Experience CME schedule for Orlando 2016

To register for FMX to www.aafp.org

2016 FMX Session List

Schedule current as of 3/29/16 (subject to change)

CME #	Start Date	Start Time	End Time	Course Title	Room	Price
Tuesday, 9/20/16						
CME015	09/20/2016	1:00PM	2:00PM	Arrhythmias and Dysrhythmias	W304ABCD	
CME029	09/20/2016	1:00PM	2:00PM	Hyperlipidemia: Beyond the Numbers	W304EFGH	
CME067	09/20/2016	1:00PM	2:00PM	Irritable Bowel Syndrome (IBS): Evidence-Based Approach	W308ABCD	
CME076	09/20/2016	1:00PM	2:00PM	Alphabet Soup of Regulatory Compliance: Understanding 2016 MU, PORS, VM, and ORUR Program Requirements	W206AB	
CME077	09/20/2016	1:00PM	2:00PM	Immunization Update: Everything You Need to Know	W307ABCD	
CME013	09/20/2016	2:10PM	3:10PM	Arrhythmias and Dysrhythmias: PBL	W102AB	
CME035	09/20/2016	2:10PM	3:10PM	Pediatric Hypertension: The Pressure's On!	W304EFGH	
CME041	09/20/2016	2:10PM	3:10PM	Diabetes Update 2016: What's New in an Old Disease: PBL	W103AB	
CME049	09/20/2016	2:10PM	3:10PM	Obesity: Obesity Medicine: Directions in Treatment	W308ABCD	
CME063	09/20/2016	2:10PM	3:10PM	Gastroesophageal Reflux Disease: The Burning Belly: Review of GERD and Dysphagia	W304ABCD	
CME130	09/20/2016	2:10PM	3:10PM	Quality Improvement Basics for Value-based Payment	W206AB	
CME210	09/20/2016	2:10PM	3:10PM	Chronic Obstructive Pulmonary Disorder (COPD): A Breathless Update	W307ABCD	
CME031	09/20/2016	3:20PM	4:20PM	Hyperlipidemia: PBL	W101AB	
CME043	09/20/2016	3:20PM	4:20PM	Diabetes Update 2016: What's New in an Old Disease	W304ABCD	
CME061	09/20/2016	3:20PM	4:20PM	Gastroesophageal Reflux Disease: PBL	W102AB	
CME124	09/20/2016	3:20PM	4:20PM	Alleviating Administrative Burden: Aligning Quality Measures Across Private and Public Payers	W206AB	
CME133	09/20/2016	3:20PM	4:20PM	Urinary Incontinence and Overactive Bladder: To Pee Or Not To Pee	W307ABCD	
CME161	09/20/2016	3:20PM	4:20PM	Nutrition Principles and Assessment: Turning Nutrition Guidelines into Patient Advice	W304EFGH	
CME202	09/20/2016	3:20PM	4:20PM	Erectile Dysfunction and Cardiometabolic Syndrome	W308ABCD	
CME079	09/20/2016	3:20PM	5:20PM	Immunization Update: PBL	W103AB	
CME033	09/20/2016	4:30PM	5:30PM	Pediatric Hypertension: PBL	W102AB	
CME050	09/20/2016	4:30PM	5:30PM	Obesity: Obesity Medicine: Directions in Treatment	W304ABCD	
CME095	09/20/2016	4:30PM	5:30PM	Chronic Fatigue Syndrome (Systemic Exertion Intolerance Disease): More Than Tired	W308ABCD	
CME159	09/20/2016	4:30PM	5:30PM	Nutrition Principles and Assessment: PBL	W101AB	
CME173	09/20/2016	4:30PM	5:30PM	Introduction to Direct Primary Care: A Model to Help Independent Practices Thrive While Meeting the Quadruple Aim	W206AB	
CME206	09/20/2016	4:30PM	5:30PM	Asthma in Adults: A Breathless Update	W307ABCD	
CME224	09/20/2016	4:30PM	5:30PM	Pulmonary Function Testing: Office Spirometry Interpretation	W304EFGH	
Wednesday, 9/21/16						
CME450	09/21/2016	7:15AM	12:30PM	Out-&-About: Adolescent Sports Injury, Concussion & Office Emergency Simulation	Nemours Children's Hospital	\$260.00
CME001	09/21/2016	8:00AM	9:00AM	Acute Coronary Syndromes: Unchain My Heart	W307ABCD	
CME019	09/21/2016	8:00AM	9:00AM	Cardiomyopathies	W311ABCD	
CME023	09/21/2016	8:00AM	9:00AM	Evaluation of Syncope: PBL	W102AB	
CME034	09/21/2016	8:00AM	9:00AM	Pediatric Hypertension: PBL	W105AB	
CME068	09/21/2016	8:00AM	9:00AM	Irritable Bowel Syndrome (IBS): Evidence-Based Approach	W308ABCD	
CME075	09/21/2016	8:00AM	9:00AM	Alphabet Soup of Regulatory Compliance: Understanding 2016 MU, PORS, VM, and ORUR Program Requirements	W304EFGH	
CME083	09/21/2016	8:00AM	9:00AM	Lung Cancer: Diagnosis and Treatment	W206AB	
CME109	09/21/2016	8:00AM	9:00AM	Musculoskeletal Exam Techniques: Evidence-Based Treatment of Common Lower-Extremity Injuries	W304ABCD	
CME149	09/21/2016	8:00AM	9:00AM	Seizure Update: Update On Seizure Disorders	W208AB	
CME208	09/21/2016	8:00AM	9:00AM	Asthma in Adults: PBL	W101AB	
CME216	09/21/2016	8:00AM	9:00AM	Influenza Update: Influenza Management in Primary Care	W209ABC	
CME239	09/21/2016	8:00AM	9:00AM	Up, Down, Sideways, and Across: Sustainable Leadership in an Ever-Changing Environment	W207ABC	
CME250	09/21/2016	8:00AM	9:00AM	Diabetes Update 2016: What's New in an Old Disease: Ask The Expert	W310AB	
CME423	09/21/2016	8:00AM	11:00AM	Musculoskeletal Injections	202B	\$240.00
CME051	09/21/2016	8:00AM	11:30AM	Obesity: A Patient-Centered Approach: PBL	W103AB	
CME414	09/21/2016	8:00AM	12:00PM	ECG Analysis (Fundamentals)	203A	\$320.00
CME434	09/21/2016	8:00AM	12:00PM	Soft Tissue Surgery (Fundamentals)	204B	\$320.00
CME402	09/21/2016	8:30AM	11:30AM	Acupuncture and Manipulation Techniques for Pain Management	204A	\$240.00
CME420	09/21/2016	8:30AM	11:30AM	Long-acting Reversible Contraceptives (LARC)	203C	\$240.00
CME405	09/21/2016	9:00AM	12:00PM	Aesthetic Dermal Filler Injections for Facial Rejuvenation	202C	\$240.00
CME009	09/21/2016	9:15AM	10:15AM	Acute Coronary Syndromes: PBL	W102AB	
CME030	09/21/2016	9:15AM	10:15AM	Hyperlipidemia: Beyond the Numbers	W304ABCD	
CME044	09/21/2016	9:15AM	10:15AM	Diabetes Update 2016: What's New in an Old Disease	W311ABCD	
CME089	09/21/2016	9:15AM	10:15AM	Venous Ulcers: Diabetic and Venous Ulcers: Applying the Evidence	W208AB	
CME123	09/21/2016	9:15AM	10:15AM	Alleviating Administrative Burden: Aligning Quality Measures Across Private and Public Payers	W304EFGH	

CME #	Start Date	Start Time	End Time	Course Title	Room	Price
CME153	09/21/2016	9:15AM	10:15AM	Care of Cancer Survivors: The Role of the Family Physician	W206AB	
CME162	09/21/2016	9:15AM	10:15AM	Nutrition Principles and Assessment: Turning Nutrition Guidelines into Patient Advice	W307ABCD	
CME203	09/21/2016	9:15AM	10:15AM	Erectile Dysfunction and Cardiometabolic Syndrome	W209ABC	\$0.00
CME212	09/21/2016	9:15AM	10:15AM	Chronic Obstructive Pulmonary Disorder (COPD): PBL	W101AB	
CME243	09/21/2016	9:15AM	10:15AM	Putting Pre-Visit Planning into Practice	W308ABCD	
CME251	09/21/2016	9:15AM	10:15AM	Cardiomyopathies: Ask the Expert	W310AB	
CME272	09/21/2016	9:15AM	10:15AM	Zika Virus	W311EFGH	
CME017	09/21/2016	10:30AM	11:30AM	Cardiomyopathies: PBL	W102AB	
CME036	09/21/2016	10:30AM	11:30AM	Pediatric Hypertension: The Pressure's On!	W304ABCD	
CME057	09/21/2016	10:30AM	11:30AM	Colorectal Cancer: Bottom's Up: An Update on Colon Cancer	W206AB	
CME065	09/21/2016	10:30AM	11:30AM	Hepatitis A, B, and C Prevention and Treatment: Expensive Treatments Available	W209ABC	
CME087	09/21/2016	10:30AM	11:30AM	Skin Cancer Update for the Family Physician	W308ABCD	
CME096	09/21/2016	10:30AM	11:30AM	Chronic Fatigue Syndrome (Systemic Exertion Intolerance Disease): More Than Tired	W307ABCD	
CME129	09/21/2016	10:30AM	11:30AM	Quality Improvement Basics for Value-based Payment	W304EFGH	
CME155	09/21/2016	10:30AM	11:30AM	Diets and Weight Loss: Through Lifestyle Modification	W311ABCD	
CME219	09/21/2016	10:30AM	11:30AM	Influenza Update:PBL	W101AB	
CME237	09/21/2016	10:30AM	11:30AM	Patient Portals: Mythbusters	W208AB	
CME241	09/21/2016	10:30AM	11:30AM	Alternative Payment Models: Help is on the Way Learn about the TCPI and How You Can Benefit from Technical Assistance	W207ABC	
CME252	09/21/2016	10:30AM	11:30AM	Hyperlipidemia: Ask the Expert	W310AB	
CME300	09/21/2016	10:30AM	11:30AM	Poster Presentations	The HUB	
CME025	09/21/2016	12:30PM	1:30PM	Evaluation of Syncope	W311ABCD	
CME032	09/21/2016	12:30PM	1:30PM	Hyperlipidemia: PBL	W101AB	
CME042	09/21/2016	12:30PM	1:30PM	Diabetes Update 2016: What's New in an Old Disease: PBL	W103AB	
CME045	09/21/2016	12:30PM	1:30PM	Hyperthyroidism and Hypothyroidism: I Heat Up, I Cool Down	W311EFGH	
CME059	09/21/2016	12:30PM	1:30PM	Colorectal Cancer: PBL	W102AB	
CME073	09/21/2016	12:30PM	1:30PM	Anticoagulation Management Update: The Old and New Frontier	W207ABC	
CME100	09/21/2016	12:30PM	1:30PM	Fibromyalgia: Facts, Fictions and Frustrations	W304ABCD	
CME150	09/21/2016	12:30PM	1:30PM	Seizure Update: Update On Seizure Disorders	W208AB	
CME154	09/21/2016	12:30PM	1:30PM	Care of Cancer Survivors: The Role of the Family Physician	W307ABCD	
CME207	09/21/2016	12:30PM	1:30PM	Asthma in Adults: A Breathless Update	W209ABC	
CME244	09/21/2016	12:30PM	1:30PM	Putting Pre-Visit Planning into Practice	W308ABCD	
CME274	09/21/2016	12:30PM	1:30PM	Stars are Aligning: Navigating Alternative Payment Models	W206AB	
CME273	09/21/2016	12:30PM	1:30PM	Zika Virus	W304EFGH	
CME410	09/21/2016	1:00PM	4:00PM	Dermoscopy	203B	\$240.00
CME424	09/21/2016	1:00PM	4:00PM	Musculoskeletal Injections	202B	\$240.00
CME432	09/21/2016	1:00PM	5:00PM	Soft Tissue Surgery (Advanced)	204B	\$320.00
CME421	09/21/2016	1:30PM	4:30PM	Long-acting Reversible Contraceptives (LARC)	203C	\$240.00
CME007	09/21/2016	1:45PM	2:45PM	Adult Heart Murmurs: I Heard It Through the Grapevine	W311ABCD	
CME062	09/21/2016	1:45PM	2:45PM	Gastroesophageal Reflux Disease: PBL	W102AB	
CME071	09/21/2016	1:45PM	2:45PM	Anticoagulation Management Update: PBL	W101AB	
CME078	09/21/2016	1:45PM	2:45PM	Immunization Update: Everything You Need to Know	W209ABC	
CME090	09/21/2016	1:45PM	2:45PM	Venous Ulcers: Diabetic and Venous Ulcers: Applying the Evidence	W208AB	
CME111	09/21/2016	1:45PM	2:45PM	Musculoskeletal Exam Techniques: Evidence-Based Treatment of Upper Extremity Injuries	W311EFGH	
CME131	09/21/2016	1:45PM	2:45PM	Fluid and Electrolyte Abnormalities	W308ABCD	
CME134	09/21/2016	1:45PM	2:45PM	Urinary Incontinence and Overactive Bladder: To Pee Or Not To Pee	W206AB	
CME160	09/21/2016	1:45PM	2:45PM	Nutrition Principles and Assessment: PBL	W103AB	
CME172	09/21/2016	1:45PM	2:45PM	Chronic Pain: A Collaborative Approach to Managing Complex Patients	W304ABCD	
CME226	09/21/2016	1:45PM	2:45PM	Top 10 Updates from the Medical Literature	W304EFGH	
CME238	09/21/2016	1:45PM	2:45PM	Patient Portals: Mythbusters	W207ABC	
CME245	09/21/2016	1:45PM	2:45PM	Putting Pre-Visit Planning into Practice: Ask the Expert	W310AB	
CME403	09/21/2016	2:00PM	5:00PM	Acupuncture and Manipulation Techniques for Pain Management	204A	\$240.00
Thursday, 9/22/16						
CME451	09/22/2016	7:15AM	12:30PM	Out-&-About: Adolescent Sports Injury, Concussion & Office Emergency Simulation	Nemours Children's Hospital	\$260.00
CME453	09/22/2016	7:15AM	12:30PM	Out-&-About: Advanced Cardiac Life Support Megacode Simulation	Nicholson Center	\$260.00
CME027	09/22/2016	8:00AM	9:00AM	Heart Failure: Maximizing Heart Health	W311ABCD	
CME064	09/22/2016	8:00AM	9:00AM	Gastroesophageal Reflux Disease: The Burning Belly: Review of GERD and Dyspnensia	W209ABC	
CME072	09/22/2016	8:00AM	9:00AM	Anticoagulation Management Update: PBL	W102AB	
CME105	09/22/2016	8:00AM	9:00AM	Low Back Pain: Myths and Science	W304EFGH	
CME117	09/22/2016	8:00AM	9:00AM	Osteoporosis and Osteopenia Prevention: It's Primary	W307ABCD	
CME132	09/22/2016	8:00AM	9:00AM	Fluid and Electrolyte Abnormalities	W304ABCD	

continued on page 24

continued from page 23

CME #	Start Date	Start Time	End Time	Course Title	Room	Price
CME157	09/22/2016	8:00AM	9:00AM	Gay, Lesbian, Bisexual, and Transgender Issues: Best Practices in Care for Your GLBT Patients	W206AB	
CME214	09/22/2016	8:00AM	9:00AM	Fungal Respiratory Infections: Fungal Lung Infections, Not So Rare	W308ABCD	
CME240	09/22/2016	8:00AM	9:00AM	Up, Down, Sideways, and Across: Sustainable Leadership in an Ever-Changing Environment	W207ABC	
CME247	09/22/2016	8:00AM	9:00AM	MACRA: Medicare's Shift to Value-based Delivery and Payment Models	W208AB	
CME255	09/22/2016	8:00AM	9:00AM	Musculoskeletal Exam Techniques (Upper Extremity Injuries): Ask the Expert	W310AB	
CME275	09/22/2016	8:00AM	9:00AM	Surviving an Audit Request	W311EFGH	
CME080	09/22/2016	8:00AM	10:00AM	Immunization Update: PBL	W105AB	
CME411	09/22/2016	8:00AM	11:00AM	Dermoscopy	203B	\$240.00
CME427	09/22/2016	8:00AM	11:00AM	Musculoskeletal Injections	202B	\$240.00
CME052	09/22/2016	8:00AM	11:30AM	Obesity: A Patient-Centered Approach: PBL	W103AB	
CME435	09/22/2016	8:00AM	12:00PM	Soft Tissue Surgery (Fundamentals)	204B	\$320.00
CME436	09/22/2016	8:00AM	12:00PM	Splinting, Wrapping, Casting and Taping	204C	\$320.00
CME404	09/22/2016	8:30AM	11:30AM	Acupuncture and Manipulation Techniques for Pain Management	204A	\$240.00
CME422	09/22/2016	8:30AM	11:30AM	Long-acting Reversible Contraceptives (LARC)	203C	\$240.00
CME407	09/22/2016	9:00AM	11:00AM	Cosmetic Botulinum Toxin Injections (Fundamentals)	202C	\$160.00
CME024	09/22/2016	9:15AM	10:15AM	Evaluation of Syncope: PBL	W102AB	
CME039	09/22/2016	9:15AM	10:15AM	Diabetes Complications Assessment, Recognition, Prevention and Treatment	W307ABCD	
CME046	09/22/2016	9:15AM	10:15AM	Hyperthyroidism and Hypothyroidism: I Heat Up, I Cool Down	W311ABCD	
CME151	09/22/2016	9:15AM	10:15AM	Stroke: TIA and Stroke: Diagnosis and Treatment	W209ABC	
CME156	09/22/2016	9:15AM	10:15AM	Diets and Weight Loss: Through Lifestyle Modification	W304ABCD	
CME171	09/22/2016	9:15AM	10:15AM	Chronic Pain: A Collaborative Approach to Managing Complex Patients	W304EFGH	
CME198	09/22/2016	9:15AM	10:15AM	Vulvar Cancer: Prevention, Diagnosis, and Treatment	W206AB	
CME200	09/22/2016	9:15AM	10:15AM	Benign Prostatic Hyperplasia (BPH)	W308ABCD	
CME209	09/22/2016	9:15AM	10:15AM	Asthma in Adults: PBL	W101AB	
CME256	09/22/2016	9:15AM	10:15AM	Low Back Pain: Ask the Expert	W310AB	
CME285	09/22/2016	9:15AM	10:15AM	Peering into the Crystal Ball: The Future of Health IT Enabled Family Medicine	W208AB	
CME287	09/22/2016	9:15AM	10:15AM	ICD-10: Increased Specificity Paves the Way for Increased Reimbursement	W311EFGH	
CME008	09/22/2016	10:30AM	11:30AM	Adult Heart Murmurs: I Heard It Through the Grapevine	W209ABC	
CME016	09/22/2016	10:30AM	11:30AM	Arrhythmias and Dysrhythmias	W308ABCD	
CME058	09/22/2016	10:30AM	11:30AM	Colorectal Cancer: Bottom's Up: An Update on Colon Cancer	W206AB	
CME069	09/22/2016	10:30AM	11:30AM	Liver Function Tests: Liver Diseases - Are You Yellow?	W208AB	
CME107	09/22/2016	10:30AM	11:30AM	Low Back Pain: PBL	W101AB	
CME110	09/22/2016	10:30AM	11:30AM	Musculoskeletal Exam Techniques: Evidence-Based Treatment of Common Lower-Extremity Injuries	W311ABCD	
CME119	09/22/2016	10:30AM	11:30AM	Osteoporosis and Osteopenia Prevention: PBL	W102AB	
CME180	09/22/2016	10:30AM	11:30AM	Substance Abuse and Addiction: Cannabis: The Problems and Potential Medical Uses	W304EFGH	
CME217	09/22/2016	10:30AM	11:30AM	Influenza Update: Influenza Management in Primary Care	W307ABCD	
CME242	09/22/2016	10:30AM	11:30AM	Alternative Payment Models: Help is on the Way Learn about the TCPI and How You Can Benefit from Technical Assistance	W207ABC	
CME257	09/22/2016	10:30AM	11:30AM	Chronic Pain: Ask the Expert	W310AB	
CME289	09/22/2016	10:30AM	11:30AM	Proper Care, Proper Pay: Working with TCM, CCM, and ACP	W311EFGH	
CME301	09/22/2016	10:30AM	11:30AM	Poster Presentations	The HUB	
CME412	09/22/2016	1:00PM	4:00PM	Dermoscopy	203B	\$240.00
CME433	09/22/2016	1:00PM	5:00PM	Soft Tissue Surgery (Advanced)	204B	\$320.00
CME437	09/22/2016	1:00PM	5:00PM	Splinting, Wrapping, Casting and Taping	204C	\$320.00
CME002	09/22/2016	1:30PM	2:30PM	Acute Coronary Syndromes: Unchain My Heart	W209ABC	
CME014	09/22/2016	1:30PM	2:30PM	Arrhythmias and Dysrhythmias: PBL	W102AB	
CME099	09/22/2016	1:30PM	2:30PM	Fibromyalgia: Facts, Fictions and Frustrations	W311EFGH	
CME108	09/22/2016	1:30PM	2:30PM	Low Back Pain: PBL	W105AB	
CME113	09/22/2016	1:30PM	2:30PM	Musculoskeletal Exam Techniques (Lower-Extremity Injuries): PBL	W103AB	
CME174	09/22/2016	1:30PM	2:30PM	Attention Deficit/Hyperactivity Disorder (ADHD) in Female Patients: Diagnosing and Treating	W206AB	
CME182	09/22/2016	1:30PM	2:30PM	Contraception Management	W304ABCD	
CME201	09/22/2016	1:30PM	2:30PM	Benign Prostatic Hyperplasia (BPH)	W207ABC	
CME211	09/22/2016	1:30PM	2:30PM	Chronic Obstructive Pulmonary Disorder (COPD): A Breathless Update	W304EFGH	
CME218	09/22/2016	1:30PM	2:30PM	Influenza Update: PBL	W101AB	
CME225	09/22/2016	1:30PM	2:30PM	Pulmonary Function Testing: Office Spirometry Interpretation	W311ABCD	
CME235	09/22/2016	1:30PM	2:30PM	Rejuvenation: Bringing Energy and Passion to Your Work	W208AB	
CME258	09/22/2016	1:30PM	2:30PM	Colorectal Cancer: Ask the Expert	W310AB	
CME276	09/22/2016	1:30PM	2:30PM	Surviving an Audit Request	W308ABCD	

continued on page 26

Full Page ad to come

CME #	Start Date	Start Time	End Time	Course Title	Room	Price
CME283	09/22/2016	1:30PM	2:30PM	Integrating Telemedicine into Primary Care: Practice Models for Primary Care Physicians	W307ABCD	
CME415	09/22/2016	1:30PM	5:30PM	ECG Analysis (Fundamentals)	203A	\$320.00
CME408	09/22/2016	2:00PM	4:00PM	Cosmetic Botulinum Toxin Injections (Fundamentals)	202C	\$160.00
CME428	09/22/2016	2:00PM	4:00PM	Nail Procedures	202A	\$160.00
CME026	09/22/2016	2:45PM	3:45PM	Evaluation of Syncope	W304ABCD	
CME047	09/22/2016	2:45PM	3:45PM	Hyperthyroidism and Hypothyroidism: PBL	W102AB	
CME060	09/22/2016	2:45PM	3:45PM	Colorectal Cancer: PBL	W103AB	
CME074	09/22/2016	2:45PM	3:45PM	Anticoagulation Management Update: The Old and New Frontier	W207ABC	
CME097	09/22/2016	2:45PM	3:45PM	Connective Tissue Disorders: Finding the Diagnosis Within	W311ABCD	
CME112	09/22/2016	2:45PM	3:45PM	Musculoskeletal Exam Techniques: Evidence-Based Treatment of Upper Extremity Injuries	W308ABCD	
CME127	09/22/2016	2:45PM	3:45PM	Chronic Kidney Disease and End-Stage Renal Disease: Prevention, Diagnosis, and Treatment	W311EFGH	
CME152	09/22/2016	2:45PM	3:45PM	Stroke: TIA and Stroke: Diagnosis and Treatment	W209ABC	
CME196	09/22/2016	2:45PM	3:45PM	Uterine Cancer: Risk Evaluation, Diagnosis, and Management for the Family Physician	W206AB	
CME213	09/22/2016	2:45PM	3:45PM	Chronic Obstructive Pulmonary Disorder (COPD): PBL	W101AB	
CME227	09/22/2016	2:45PM	3:45PM	Top 10 Updates from the Medical Literature	W304EFGH	
CME236	09/22/2016	2:45PM	3:45PM	Rejuvenation: Bringing Energy and Passion to Your Work	W208AB	
CME259	09/22/2016	2:45PM	3:45PM	Benign Prostatic Hyperplasia (BPH): Ask the Expert	W310AB	
Friday, 9/23/16						
CME452	09/23/2016	7:15AM	12:30PM	Out-&-About: Adolescent Sports Injury, Concussion & Office Emergency Simulation	Nemours Children's Hospital	\$260.00
CME454	09/23/2016	7:15AM	12:30PM	Out-&-About: Advanced Cardiac Life Support Megacode Simulation	Nicholson Center	\$260.00
CME010	09/23/2016	8:00AM	9:00AM	Acute Coronary Syndromes: PBL	W103AB	
CME028	09/23/2016	8:00AM	9:00AM	Heart Failure: Maximizing Heart Health	W304ABCD	
CME066	09/23/2016	8:00AM	9:00AM	Hepatitis A, B, and C Prevention and Treatment: Expensive Treatments Available	W209ABC	
CME093	09/23/2016	8:00AM	9:00AM	Assistive Mobility Devices: Review of Ambulatory Aids With Focus on Power Mobility Devices	W207ABC	
CME141	09/23/2016	8:00AM	9:00AM	Dementia and Alzheimer's Disease: I Forget What I Forgot	W304EFGH	
CME175	09/23/2016	8:00AM	9:00AM	Attention Deficit/Hyperactivity Disorder (ADHD) in Female Patients: Diagnosing and Treating	W311ABCD	
CME176	09/23/2016	8:00AM	9:00AM	Depressive Disorder Updates: It Worsens Everything	W307ABCD	
CME188	09/23/2016	8:00AM	9:00AM	Human Papillomavirus (HPV) and Cervical Cancer Prevention: Prevention of an STD Cervical Cancer	W206AB	
CME194	09/23/2016	8:00AM	9:00AM	Uterine Cancer: PBL	W101AB	
CME293	09/23/2016	8:00AM	9:00AM	Burnout: Are You at Risk	W311EFGH	
CME037	09/23/2016	8:00AM	10:00AM	Diabetes Complications Assessment, Recognition, Prevention and Treatment: PBL	W105AB	
CME417	09/23/2016	8:00AM	11:00AM	Introduction to Musculoskeletal Ultrasound and Guided Injections	203C	\$240.00
CME425	09/23/2016	8:00AM	11:00AM	Musculoskeletal Injections	202B	\$240.00
CME400	09/23/2016	8:00AM	12:00PM	Acne Treatment and Procedures	204A	\$320.00
CME429	09/23/2016	9:00AM	11:00AM	Nail Procedures	202A	\$160.00
CME003	09/23/2016	9:15AM	10:15AM	Adult and Elderly Hypertension: PBL	W102AB	
CME020	09/23/2016	9:15AM	10:15AM	Cardiomyopathies	W304ABCD	
CME048	09/23/2016	9:15AM	10:15AM	Hyperthyroidism and Hypothyroidism: PBL	W103AB	
CME091	09/23/2016	9:15AM	10:15AM	Assistive Mobility Devices: PBL	W101AB	
CME101	09/23/2016	9:15AM	10:15AM	Geriatric Hip Fracture Management: A Threat to Independence	W304EFGH	
CME106	09/23/2016	9:15AM	10:15AM	Low Back Pain: Myths and Science	W209ABC	
CME121	09/23/2016	9:15AM	10:15AM	Physical Therapy Prescriptions: Is "Eval & Treat" Enough?	W207ABC	
CME139	09/23/2016	9:15AM	10:15AM	Concussion and Neurocognitive Assessment: The Headaches and Confusions of Concussions	W307ABCD	
CME145	09/23/2016	9:15AM	10:15AM	Headache Migraine, Tension, and Cluster: Brainstorm	W308ABCD	
CME158	09/23/2016	9:15AM	10:15AM	Gay, Lesbian, Bisexual, and Transgender Issues: Best Practices in Care for Your GLBT Patients	W206AB	
CME260	09/23/2016	9:15AM	10:15AM	Human Papillomavirus (HPV) and Cervical Cancer Prevention: Ask the Expert	W310AB	
CME277	09/23/2016	9:15AM	10:15AM	e-Cigarettes: Poison or Panacea	W311ABCD	
CME281	09/23/2016	9:15AM	10:15AM	Expanding the Medical Neighborhood: Approaches to Collaborative Care	W208AB	
CME295	09/23/2016	9:15AM	10:15AM	Reduce the Overwhelm, Build Life Balance	W311EFGH	
CME021	09/23/2016	10:30AM	11:30AM	Cardiovascular Pharmacology: To Make Your Heart Race	W311ABCD	
CME055	09/23/2016	10:30AM	11:30AM	Cirrhosis and Fatty Liver Disease	W307ABCD	
CME081	09/23/2016	10:30AM	11:30AM	Lyme Disease	W308ABCD	
CME084	09/23/2016	10:30AM	11:30AM	Lung Cancer: Diagnosis and Treatment	W206AB	
CME088	09/23/2016	10:30AM	11:30AM	Skin Cancer Update for the Family Physician	W209ABC	
CME098	09/23/2016	10:30AM	11:30AM	Connective Tissue Disorders: Finding the Diagnosis Within	W304ABCD	
CME125	09/23/2016	10:30AM	11:30AM	Chronic Kidney Disease and End-Stage Renal Disease: PBL	W103AB	
CME165	09/23/2016	10:30AM	11:30AM	Physically Challenged Patients	W207ABC	



This is the new frontier of
pediatric research.

Phoenix was once a wild frontier, and Phoenix Children's continues to blaze new trails here today. We are leading the way with our deep expertise in more than 75 pediatric specialties, including Barrow Neurological Institute at Phoenix Children's, Phoenix Children's Heart Center and other elite programs in cancer, orthopedics and trauma for children with conditions from common to complex.

Our system of care provides the most comprehensive pediatric services in the Southwest today, from general pediatrics to specialty care. And we're pioneering exploration and discovery in genomics and personalized medicine in the region with the new Phoenix Children's Research Institute, envisioned to be the nation's hub for translating medical discovery into the lifesaving treatments of tomorrow.



CME #	Start Date	Start Time	End Time	Course Title	Room	Price
CME167	09/23/2016	10:30AM	11:30AM	Polypharmacy in the Elderly: I Take So Many Pills That I Rattle When I Walk	W304EFGH	
CME184	09/23/2016	10:30AM	11:30AM	Contraception Management: PBL	W101AB	
CME261	09/23/2016	10:30AM	11:30AM	Concussion and Neurocognitive Assessment: Ask the Expert	W310AB	
CME279	09/23/2016	10:30AM	11:30AM	Overcoming the Challenges of Implementing MI in the Primary Care Setting	W208AB	
CME302	09/23/2016	10:30AM	11:30AM	Poster Presentations	The HUB	
CME406	09/23/2016	1:00PM	3:00PM	Cosmetic Botulinum Toxin Injections (Advanced)	202C	\$160.00
CME416	09/23/2016	1:00PM	4:00PM	Electrosurgery and Cryosurgery	204B	\$240.00
CME418	09/23/2016	1:00PM	4:00PM	Introduction to Musculoskeletal Ultrasound and Guided Injections	203C	\$240.00
CME426	09/23/2016	1:00PM	4:00PM	Musculoskeletal Injections	202B	\$240.00
CME431	09/23/2016	1:00PM	5:00PM	Sideline Management Assessment Response Techniques (SMART)	204C	\$320.00
CME018	09/23/2016	1:30PM	2:30PM	Cardiomyopathies: PBL	W101AB	
CME022	09/23/2016	1:30PM	2:30PM	Cardiovascular Pharmacology: To Make Your Heart Race	W304EFGH	
CME103	09/23/2016	1:30PM	2:30PM	Geriatric Hip Fracture Management: PBL	W103AB	
CME181	09/23/2016	1:30PM	2:30PM	Substance Abuse and Addiction: Cannabis: The Problems and Potential Medical Uses	W304ABCD	
CME183	09/23/2016	1:30PM	2:30PM	Contraception Management	W307ABCD	
CME186	09/23/2016	1:30PM	2:30PM	Human Papillomavirus (HPV) and Cervical Cancer Prevention: PBL	W102AB	
CME197	09/23/2016	1:30PM	2:30PM	Uterine Cancer: Risk Evaluation, Diagnosis, and Management for the Family Physician	W207ABC	
CME204	09/23/2016	1:30PM	2:30PM	Prostate Cancer	W208AB	
CME215	09/23/2016	1:30PM	2:30PM	Fungal Respiratory Infections: Fungal Lung Infections, Not So Rare	W308ABCD	
CME228	09/23/2016	1:30PM	2:30PM	Oral Lesions and Oral Cancers: Check the Mouth!	W206AB	
CME246	09/23/2016	1:30PM	2:30PM	MACRA: Medicare's Shift to Value-based Delivery and Payment Models	W209ABC	
CME288	09/23/2016	1:30PM	2:30PM	ICD-10: Increased Specificity Paves the Way for Increased Reimbursement	W311ABCD	
CME413	09/23/2016	1:30PM	5:30PM	ECG Analysis (Advanced)	203A	\$320.00
CME004	09/23/2016	4:45PM	5:45PM	Adult and Elderly Hypertension: PBL	W105AB	
CME070	09/23/2016	4:45PM	5:45PM	Liver Function Tests: Liver Diseases - Are You Yellow?	W304EFGH	
CME082	09/23/2016	4:45PM	5:45PM	Lyme Disease	W308ABCD	
CME085	09/23/2016	4:45PM	5:45PM	Nail Disorders Abnormalities	W207ABC	
CME115	09/23/2016	4:45PM	5:45PM	Musculoskeletal Exam Techniques (Upper Extremity Injuries): PBL	W103AB	
CME137	09/23/2016	4:45PM	5:45PM	Concussion and Neurocognitive Assessment: PBL	W102AB	
CME146	09/23/2016	4:45PM	5:45PM	Headache Migraine, Tension, and Cluster: Brainstorm	W304ABCD	
CME147	09/23/2016	4:45PM	5:45PM	Parkinson's Disease: Much More Than the Substantia Nigra	W209ABC	
CME195	09/23/2016	4:45PM	5:45PM	Uterine Cancer: PBL	W101AB	
CME205	09/23/2016	4:45PM	5:45PM	Prostate Cancer	W208AB	
CME263	09/23/2016	4:45PM	5:45PM	Substance Abuse and Addiction: Ask the Expert	W310AB	
CME278	09/23/2016	4:45PM	5:45PM	e-Cigarettes: Poison or Panacea	W311ABCD	
CME284	09/23/2016	4:45PM	5:45PM	Integrating Telemedicine into Primary Care: Practice Models for Primary Care Physicians	W206AB	
CME290	09/23/2016	4:45PM	5:45PM	Proper Care, Proper Pay: Working with TCM, CCM, and ACP	W311EFGH	
Saturday, 9/24/16						
CME053	09/24/2016	8:00AM	9:00AM	Abdominal Pain and Acute Abdomen Emergent and Urgent Care	W209ABC	
CME056	09/24/2016	8:00AM	9:00AM	Cirrhosis and Fatty Liver Disease	W304ABCD	
CME128	09/24/2016	8:00AM	9:00AM	Chronic Kidney Disease and End-Stage Renal Disease: Prevention, Diagnosis, and Treatment	W311ABCD	
CME142	09/24/2016	8:00AM	9:00AM	Dementia and Alzheimer's Disease: I Forget What I Forgot	W304EFGH	
CME178	09/24/2016	8:00AM	9:00AM	Mental Disorders in Children: Primary Care and Child Behavior Disorders	W103AB	
CME185	09/24/2016	8:00AM	9:00AM	Contraception Management: PBL	W102AB	
CME189	09/24/2016	8:00AM	9:00AM	Human Papillomavirus (HPV) and Cervical Cancer Prevention: Prevention of an STD Cervical Cancer	W207ABC	
CME190	09/24/2016	8:00AM	9:00AM	Female Sexual Dysfunction: The Secret Garden - A Discussion on Female Sexual Dysfunction	W308ABCD	
CME230	09/24/2016	8:00AM	9:00AM	Pediatric Oral Health: A Practical Guide for Family Physicians to Provide Healthy Smiles	W206AB	
CME232	09/24/2016	8:00AM	9:00AM	Perspective on Diabetic Retinopathy	W208AB	
CME264	09/24/2016	8:00AM	9:00AM	Cardiovascular Pharmacology: Ask The Expert	W310AB	
CME409	09/24/2016	8:00AM	11:00AM	Dermoscopy with Online Module	203B	\$240.00
CME419	09/24/2016	8:00AM	11:00AM	Introduction to Musculoskeletal Ultrasound and Guided Injections	203C	\$240.00
CME401	09/24/2016	8:00AM	12:00PM	Acne Treatment and Procedures	204A	\$320.00
CME430	09/24/2016	9:00AM	11:00AM	Nail Procedures	202A	\$160.00
CME005	09/24/2016	9:15AM	10:15AM	Adult and Elderly Hypertension: What's Next	W209ABC	
CME102	09/24/2016	9:15AM	10:15AM	Geriatric Hip Fracture Management: A Threat to Independence	W304EFGH	
CME135	09/24/2016	9:15AM	10:15AM	Urinary Retention	W308ABCD	
CME138	09/24/2016	9:15AM	10:15AM	Concussion and Neurocognitive Assessment: PBL	W101AB	

Full Page ad to come

CME #	Start Date	Start Time	End Time	Course Title	Room	Price
CME163	09/24/2016	9:15AM	10:15AM	Pediatric Drug Overdose Poisoning	W208AB	
CME169	09/24/2016	9:15AM	10:15AM	AAFPs Choosing Wisely Campaign Update: How to Help Your Patients Choose Wisely	W311ABCD	
CME192	09/24/2016	9:15AM	10:15AM	Female Sexual Dysfunction: PBL	W103AB	
CME220	09/24/2016	9:15AM	10:15AM	Obstructive Sleep Apnea: Therapeutic Choices in Sleep Apnea: Tailoring Treatment to the Patient	W206AB	
CME248	09/24/2016	9:15AM	10:15AM	Human Trafficking	W311EFGH	
CME265	09/24/2016	9:15AM	10:15AM	Mental Disorders in Children: Ask the Expert	W310AB	
CME269	09/24/2016	9:15AM	10:15AM	U.S. Preventive Services Task Force Update	W304ABCD	
CME282	09/24/2016	9:15AM	10:15AM	Expanding the Medical Neighborhood: Approaches to Collaborative Care	W307ABCD	
CME286	09/24/2016	9:15AM	10:15AM	Peering into the Crystal Ball: The Future of Health IT Enabled Family Medicine	W207ABC	
CME006	09/24/2016	10:30AM	11:30AM	Adult and Elderly Hypertension: What's Next	W308ABCD	
CME040	09/24/2016	10:30AM	11:30AM	Diabetes Complications Assessment, Recognition, Prevention and Treatment	W311ABCD	
CME054	09/24/2016	10:30AM	11:30AM	Abdominal Pain and Acute Abdomen Emergent and Urgent Care	W304ABCD	
CME148	09/24/2016	10:30AM	11:30AM	Parkinson's Disease: Much More Than the Substantia Nigra	W207ABC	
CME168	09/24/2016	10:30AM	11:30AM	Polypharmacy in the Elderly: I Take So Many Pills That I Rattle When I Walk	W304EFGH	
CME187	09/24/2016	10:30AM	11:30AM	Human Papillomavirus (HPV) and Cervical Cancer Prevention: PBL	W103AB	
CME222	09/24/2016	10:30AM	11:30AM	Pneumonia: Community and Hospital-Acquired, the Forgotten Killer	W209ABC	
CME231	09/24/2016	10:30AM	11:30AM	Pediatric Oral Health: A Practical Guide for Family Physicians to Provide Healthy Smiles	W206AB	
CME262	09/24/2016	10:30AM	11:30AM	U.S. Preventive Services Task Force Update: Ask the Expert	W310AB	
CME280	09/24/2016	10:30AM	11:30AM	Overcoming the Challenges of Implementing MI in the Primary Care Setting	W307ABCD	
CME303	09/24/2016	10:30AM	11:30AM	Poster Presentations	The HUB	
CME011	09/24/2016	12:15PM	1:15PM	Advanced Cardiac Imaging	W311ABCD	
CME086	09/24/2016	12:15PM	1:15PM	Nail Disorders Abnormalities	W207ABC	
CME104	09/24/2016	12:15PM	1:15PM	Geriatric Hip Fracture Management: PBL	W103AB	
CME177	09/24/2016	12:15PM	1:15PM	Depressive Disorder Updates: It Worsens Everything	W304ABCD	
CME191	09/24/2016	12:15PM	1:15PM	Female Sexual Dysfunction: The Secret Garden - A Discussion on Female Sexual Dysfunction	W308ABCD	
CME233	09/24/2016	12:15PM	1:15PM	Perspective on Diabetic Retinopathy	W208AB	
CME249	09/24/2016	12:15PM	1:15PM	Human Trafficking	W209ABC	
CME267	09/24/2016	12:15PM	1:15PM	Abdominal Pain and Acute Abdomen Emergent and Urgent Care: Ask The Expert	W310AB	
CME271	09/24/2016	12:15PM	1:15PM	Developing Global Health Education: Theory, Evidence and Best Practices	W206AB	
CME038	09/24/2016	12:15PM	2:15PM	Diabetes Complications Assessment, Recognition, Prevention and Treatment: PBL	W102AB	
CME094	09/24/2016	1:30PM	2:30PM	Assistive Mobility Devices: Review of Ambulatory Aids With Focus on Power Mobility Devices	W206AB	
CME118	09/24/2016	1:30PM	2:30PM	Osteoporosis and Osteopenia Prevention: It's Primary	W304ABCD	
CME143	09/24/2016	1:30PM	2:30PM	Dizziness and Vertigo	W209ABC	
CME179	09/24/2016	1:30PM	2:30PM	Mental Disorders in Children: Primary Care and Child Behavior Disorders	W207ABC	
CME193	09/24/2016	1:30PM	2:30PM	Female Sexual Dysfunction: PBL	W103AB	
CME221	09/24/2016	1:30PM	2:30PM	Obstructive Sleep Apnea: Therapeutic Choices in Sleep Apnea: Tailoring Treatment to the Patient	W208AB	
CME229	09/24/2016	1:30PM	2:30PM	Oral Lesions and Oral Cancers: Check the Mouth!	W101AB	
CME268	09/24/2016	1:30PM	2:30PM	Depressive Disorder Updates: Ask the Expert	W310AB	
CME270	09/24/2016	1:30PM	2:30PM	U.S. Preventive Services Task Force Update	W311ABCD	
CME294	09/24/2016	1:30PM	2:30PM	Burnout: Are You at Risk	W304EFGH	
CME092	09/24/2016	2:45PM	3:45PM	Assistive Mobility Devices: PBL	W101AB	
CME122	09/24/2016	2:45PM	3:45PM	Physical Therapy Prescriptions: Is "Eval & Treat" Enough?	W206AB	
CME136	09/24/2016	2:45PM	3:45PM	Urinary Retention	W308ABCD	
CME140	09/24/2016	2:45PM	3:45PM	Concussion and Neurocognitive Assessment: The Headaches and Confusions of Concussions	W304ABCD	
CME164	09/24/2016	2:45PM	3:45PM	Pediatric Drug Overdose Poisoning	W208AB	
CME170	09/24/2016	2:45PM	3:45PM	AAFPs Choosing Wisely Campaign Update: How to Help Your Patients Choose Wisely	W311ABCD	
CME012	09/24/2016	4:00PM	5:00PM	Advanced Cardiac Imaging	W308ABCD	
CME120	09/24/2016	4:00PM	5:00PM	Osteoporosis and Osteopenia Prevention: PBL	W103AB	
CME126	09/24/2016	4:00PM	5:00PM	Chronic Kidney Disease and End-Stage Renal Disease: PBL	W101AB	
CME144	09/24/2016	4:00PM	5:00PM	Dizziness and Vertigo	W209ABC	
CME166	09/24/2016	4:00PM	5:00PM	Physically Challenged Patients	W206AB	
CME199	09/24/2016	4:00PM	5:00PM	Vulvar Cancer: Prevention, Diagnosis, and Treatment	W207ABC	
CME223	09/24/2016	4:00PM	5:00PM	Pneumonia: Community and Hospital-Acquired, the Forgotten Killer	W304ABCD	
CME266	09/24/2016	4:00PM	5:00PM	U.S. Preventive Services Task Force Update: Ask the Expert	W310AB	

AGENTS OF CHANGE

FOR DIABETES PREVENTION

**500,000 ARIZONANS
HAVE PREDIABETES**

AND WE'RE ON A MISSION TO CHANGE THAT.

We know you see many patients each day that may be on their way to developing type 2 diabetes, yet 90% of your patients with prediabetes symptoms don't know they are at risk.

Our state needs YOU to help empower your patients to take control of their health. Become an Agent of Change in Arizona by referring patients to the *National Diabetes Prevention Program (DPP)*, Arizona locations, a 16-week evidence-based lifestyle change program developed by the CDC/AMA for patients with prediabetes symptoms.

Getting started is easy — Register to become an Arizona Agent of Change at www.azhealth.gov/azdiabetes/agents-of-change. Let's make this a **'Mission: Possible.'**





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HonorHealth is the only locally owned, locally managed healthcare system in the Phoenix metro area. This means decisions on how to practice are made by an Executive Counsel consisting of practicing primary care physicians who are solely focused on how care is delivered to our community. If having a voice is important to you, we invite you to learn more about how HonorHealth grew to be the largest primary care network in the state!

More reasons why Family Medicine Physicians join and stay with HonorHealth Medical Group:

- No Non-Compete
- EPIC Electronic Health Records
- Primary Care Physician lead, Patient Centric PCMH Model
- 40+ neighborhood locations; reduces commutes and provides options for a better personal fit
- Security and longevity
- Leadership and growth opportunities with compensation for participation
- Option for Out-patient, Immediate Care/Urgent Care or Community Health
- Excellent compensation and bonus program based on individual and group goals
- Generous benefits package: Paid vacation, \$3,000 CME, 403B match, cell phone allowance, health, dental, vision, life, disability, professional liability insurance and long-term care etc.

If you want to be part of a system that understands and responds to your individual needs, HonorHealth is the career choice you should explore.



**To learn more about how to join HonorHealth Medical Group
Please contact Laura Hays at 480-391-9777 or LHays@trekphysician.com**