

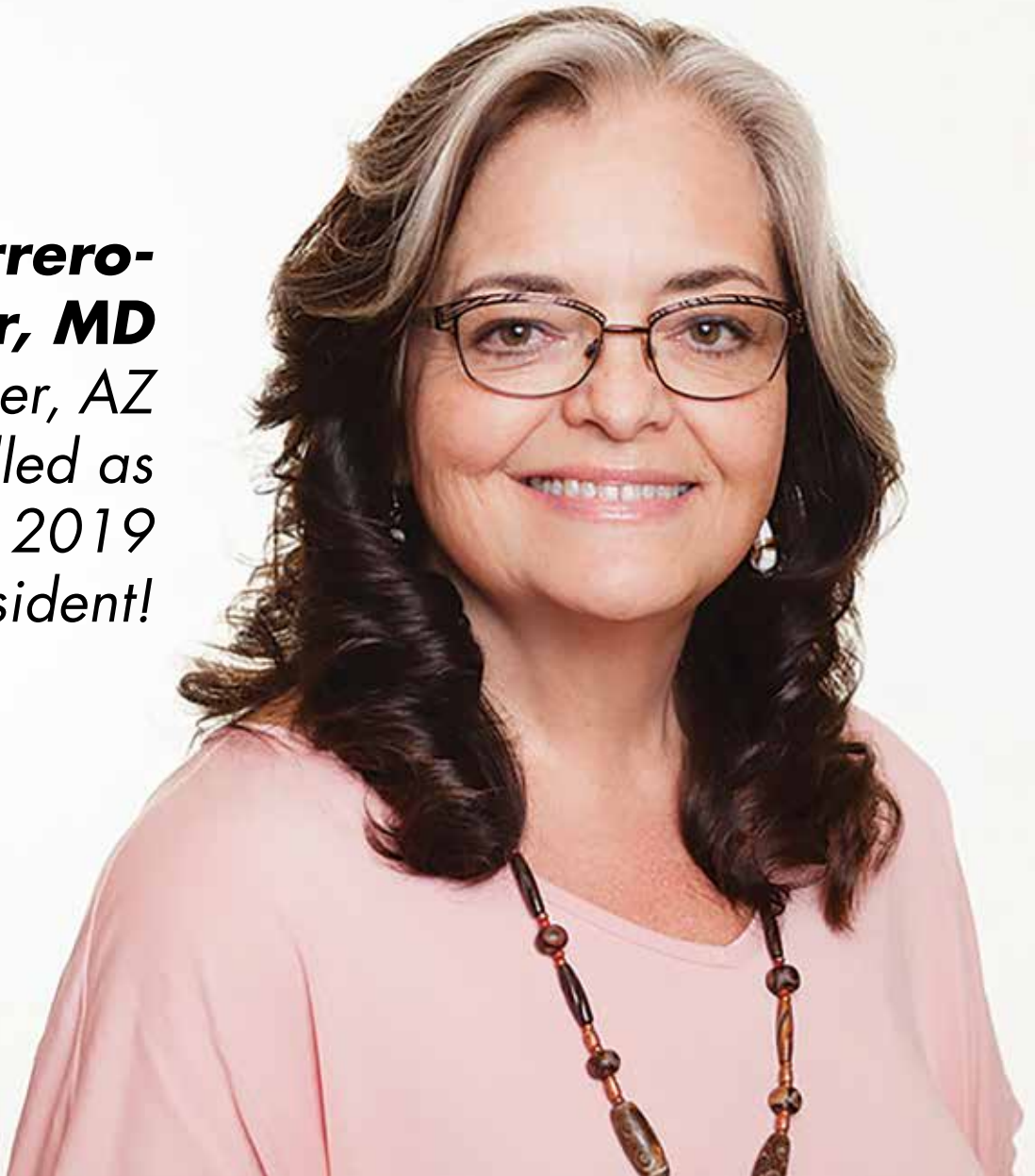
# FOCUS

## FAMILY PHYSICIAN

Spring 2019

A publication of Arizona Academy of Family Physicians

**Gail Guerrero-  
Tucker, MD**  
*of Thatcher, AZ  
installed as  
New 2019  
AzAFP President!*



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# FOCUS

## VOLUME 19 ~ ISSUE 1

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**Edition 34**



Andrew JP Carroll MD  
FAAFP

# THE MIDDLEMAN

It wasn't until I recently received a "Virtual Payment" from a company called VPayUSA that I thought about the massive number of middlemen involved in the delivery of payment for services. If you're not intimately involved with your revenue cycle, then you may not be aware of what this company does. It's this sort of interference of the payment cycle that drives physicians crazy, out of business, or shifting into employed medicine.

This company is the last step in a very long chain of middlemen somehow involved in our payments. They receive an amount of payment from a payer, an administrator, or, I'm finding out, even a patient, and then that payment gets delivered to us by VPayUSA. This company issues this payment to us defaulted as a virtual credit card payment. You get a charge amount, a one-time credit card number, and expiration date, and your staff (or you) are supposed to run the card through your credit card machine. Bing, bang, boom, you're paid! Right?

Well, you've just taken a percentage hit to your fee schedule. For me, it averages about 2.3%. That's a fairly big drop. In fact, that may be the entire amount I'm due for my MIPS/MACRA bonus. If you use SquareUp, it's 2.9%. PayPal can be even more. Most physician offices really don't do a good job about keeping merchant collections inexpensive, and they're landing at about 3.5 – 4% of a subtraction from their payment. Don't you think that's huge? If you collect \$1000, it's \$40. If it's \$2000, it's now \$80. That's one full patient visit.

So, think about this. Your practice management software or your EHR, if it includes PM functions, charges you either a flat fee, a percentage fee on collections, or a per transaction fee. Doing the math, typically this gets to be about \$1 per charge. For an average primary care physician charge, about

\$100, that's 1%. Now here's where the opaque fun starts. The payer you just sent that claim to pays a charge to a company to be able to receive the claim. They pay another fee to the same company or another company to screen the claim for errors, including eligibility issues, improper modifiers, unmatched age to preventive code, etc. Once they've decided that the claim is clean, they then send the claim to another company, because they've decided to have a different company cut you the check. That would be VPayUSA. Each step of the way, they are paying some vendor to process these ever increasingly complex claims. Because someone keeps changing the rules--the American Medical Association owns the Common Procedural Terminology, or CPT codes, and each company that uses CPT codes to process claims must pay a royalty to the AMA--insurance companies and administrators must pay other companies to make sure everything is up to date and being processed correctly. And they still get it wrong. And when they get it wrong, they do what's called a "Take Back". That's when a company (not typically the insurer) retroactively goes back on claims and finds an error, then sends you a letter telling you a claim was filed improperly, and they want their money back.

That is yet another company.

I just paid four Take Back claims from a company named Loomis. Wait! I thought Loomis was an armored car company. I think it's the same company. So now what they do is go through old claims, find improperly paid ones, let the insurance company know, and then get the money back. And guess what. Loomis gets a percentage of the money they find in a take back as payment for finding the error.

All of these steps, all of these checks, double checks, retroactive checks, payments, payment processing, all cost money. They are part of the reason for our diminishing payments, lack of competitive fee schedules,

and misery in the current healthcare payment system.

By the way, VPayUSA requires me to notify them any time a new payer tries paying me by Virtual Card. I can tell them I would like all of my payments by XYZ Insurance to come by check. But if ABC Insurance pays me, VPayUSA tries to send me a virtual card. Because it's a different company. Because I have to request it specifically for each different administrator and carrier. Never mind that VPayUSA is the same company in each case. Never mind that my Tax ID and Group NPI are the same for every payer. They can't just set a default payment method of "check". Nope. Each and every time.

This is honestly one of the stupidest middle men I've ever dealt with. And here's why it's such an obvious money grab.

They explain that being paid by Virtual Card is cost effective and rapid. I'm sure there's a kickback or discount fee being paid to them by using the card (a means of them getting paid even more money). They do offer the ability to get all of my payments by direct debit to my checking account, and that can be applied globally. Hey, yeah! That would be fantastic.

It would cost me \$1.50 for every payment made by EFT.

No thanks. I'll make you guys send me checks. That's going to cost you all more money. And I'll continue to tell you how stupid I think the whole thing is each time I have to email you every time a different carrier pays me.

And I'll ask all of my Family Physician friends to stop letting these companies steal from us. Those of us at the front line. Those of us healing people. As you pickpocket us into bankruptcy, for no reason other than lining your own pockets. You offer no improvement to the payment system at all.

It's time to say no to our the current revenue system. It's time for a new way.





Gail Guerrero-Tucker, MD

I feel so fortunate to be able to represent the Family Physicians of Arizona this year as your president. I have been on the board several years now learning the ins and outs of different practice settings in Arizona and the political challenges facing us all as a group. This has been informative and has allowed me to expand my understanding of the challenges we all face in our different lives as private or employed physicians and all the other practice setting that one can imagine. ... We are a crafty group.

My practice is a private, rural, full spectrum including Obstetrics and hospital work. We are a teaching site for residents and students as well. I feel like we are part of a slowly disappearing breed and would love to see a resurgence of the idea that we can do it all and should have the opportunity - yes, even respect for our training and ability to see the big picture for our patients.

We are, as a group, are varied in our scope of practice, skill set and volume. According to the last survey 30-40 % of us are still in private practice but our practices, especially in rural areas, are being ravaged by the physician shortage and the race to squeeze every dollar we can out of insurance to keep up with the increasing requirements for ancillary staff in our clinic to satisfy regulatory and merit based requirements. We have now added case managers, and a counselor to our office. These are not money making ideas but do help us garner some of the merit based incentives. If we were an ACO or big organization someone would be able to tell us exactly how much it costs or makes us but alas... we are seeing patients.. not analyzing data.

Physicians are generally not trained as business owners so on the job training can be rough. Finding the right companies to help you streamline and work smarter

is not always easy for most of us who are bogged down in productivity and manufacturing notes that are less than meaningful but make insurance companies happy.

What do we do??????? The issue of physician burn out comes up with any discussion of these issues. The ability to care for optimism against cynicism in the face of defeat at the hands of bureaucracy... UGH!!!! We did not become doctors for this but as one grows in the practice of medicine a lot of the old naive ideas fall away and we have to hang on to our deepest selves as a human being who cares for human beings in pain, suffering at the hands of government

regulation, social inequity, gender bias, race bias,.. We constantly look at ourselves to see if we are part of the problem. ... hopefully!

My hope this year is that I can work with the AAFP at the congress of delegates and through the contacts with national level staff to help us more in this area to keep our private practices solvent with more practical practice management assistance. There is a lot of work being done around the physician wellness area, and each one of us has to decide if these offerings are for us.

I would love to hear your stories and woes surrounding practice in our state. Please contact me through the AzAFP.

## Save the Date for the AAFP's 2019 National Conference of Family Medicine Residents and Medical Students

Save the date for the 2019 National Conference of Family Medicine Residents and Medical Students, July 25-27 in Kansas City, MO. National Conference is the best place for residents and medical students to explore the family medicine specialty and connect with hundreds of residency programs and potential employers.



ARIZONA ACADEMY OF  
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## Membership Statistics - Spring 2019

2312- Total Members (Large Chapter)

## Breakdown of membership categories

Active members- 1205

Life members- 158

Resident members- 193

Student members- 749

Supporting members- 7

# ACE 2019- 70th Anniversary- Doctor's Day

April 28-30, The AzAFP celebrated its 70th Anniversary at The newly remodeled Carefree Civana Resort in Carefree, AZ. This special event was purposely held over Doctor's Day which is always on March 30th. 21.25 CME hours were offered over the course of 3 days. Thursday's program included talks by Michelle May, MD who taught attendees how to "mindfully eat" the lunch provided at the conference. Ashby Wolfe, MD educated the audience on the newest CMS news. Friday started with the "Evidence Essentials" Crew including Gary Ferenchick, MD, John Hicker, MD and Steve Brown! These speakers are fan favorites who always keep the attendees engaged and asking great questions. We were honored to host Gary LeRoy, MD, the AAFP President-Elect of The AAFP who gave an AAFP update, installed the officers, and conferred our AAFP Fellows! Take a look at the great pictures and inspiring award winners below!



A beautiful sunset at The Civana Carefree Resort.



Fellows Conferred at The 2019 Awards' Night  
Patricia Clarke, MD  
Lisa McClellan, MD  
Rebecca Robarge Hardy, MD



Amy Rogers, MD, Walter Brazie Winner  
Jenna Buchanan, MD, James Grobe Winner



Karla Birkholz, MD  
2019 Family Physician of The Year



2019-2020 AzAFP Board Installed





Stacia Kagie, DO Immediate Past President  
Receives her signed Oath



Gail Guerrero-Tucker, MD gives her  
Presidential Address



AzAFP 2019 Past Presidents

Stacia Kagie, DO receives her Gavel Plaque from Gary LeRoy, MD,  
AAFP President-Elect



2019 Past Presidents' Spouses



Susie Cannata, JD, LaDonna Courtney Award Winner & Laura Dearing



# Congratulations

## AzAFP 2019 Award Nominees & Winners

### Conferred Fellows

Patricia Clarke, MD  
Lisa McClellan, MD  
Rebecca Robarge Hardy, MD

### LaDonna Courtney Certificate of Commendation

Susan Cannata, JD

### Walter Brazie, MD (2nd Year Residents) Nominees:

Eduardo Sandoval, MD  
Yuma Regional Medical Center  
Amy Rogers, MD (Resident Delegate) (Winner)  
University of Arizona Family Medicine Residency,  
Tucson  
Emma Goodstein, MD  
University of Arizona Family Medicine Residency,  
South Campus, Tucson  
Shane Speirs, MD  
Abrazo Central Campus Family Medicine  
Residency  
Sarah Wypiszynski, MD  
HonorHealth Scottsdale Osborne  
Viktoria Krajnc, MD  
University of Arizona College of Medicine,  
Phoenix Family Medicine Residency  
Katie Outcalt  
Dignity/Creighton University

### James Grobe, MD (3rd Year Residents) Nominees:

Angelica Alvarez, MD\*  
Yuma Regional Medical Center  
Philip Call, DO  
University of Arizona Family Medicine Residency,  
Tucson South Campus  
Christine Chan, MD  
University of Arizona Family and Community  
Medicine, Tucson  
Jenna Buchanan, MD\*\* (Winner)  
University of Arizona College of Medicine,  
Phoenix Family Medicine Residency  
Miguel Gonzales, MD\*\*  
Abrazo Central Campus  
Anna James, DO, MS  
HonorHealth Scottsdale Osborne  
Matthew Steele, DO\*\*  
Dignity/Creighton University

### 2019 Family Physician Of The Year

*Karla Birkholz, MD*

**Thank you Immediate Past President Stacia Kagie, DO**  
**Installation of 2019-2020 AzAFP Board of Directors**  
**Congrats Gail Guerrero-Tucker, MD, 2019-2020**  
**AzAFP President**

Award Winner

\* *Previously won Brazie Award*

\* \*\* *Previously Nominated for Brazie Award*



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# 1949-2019

## “70 Years of Caring for The Family Physicians of Arizona”

### A Brief History



#### AzAFP Quick Facts:

2216 total members  
77.2% market share  
1 AAFP President  
4 “active” AAFP BOD Members  
10 Woman Presidents  
3 DO Presidents  
3 AAFP FP Of The Year Winners  
3 AZ MD Medical BOD Members  
1 State legislator

#### AzAFP Membership Statistics

##### 2005

1376 total members  
912 active members  
27 inactive members  
109 life members  
130 resident members  
196 student members

##### 2016

1095 actives  
72.2% market share

##### 2018

2161 total members  
1180 active members  
142 life members  
187 resident members  
640 student members

##### 2019

2216 total members  
1173 active members  
158 life members  
193 resident members  
668 student members  
73.5% market share (AAFP ms = 77.2%)  
93.9% retention rate (AAFP rr = 76.7%)

#### Arizona Academy of Family Physicians Committee/Task Force Descriptions

**AWARDS COMMITTEE**—Responsible for promoting the Academy’s awards program, soliciting nominations and selecting recipients for the Brazie and Grobe Awards and the Family Physician of the Year.

**BUDGET TASK FORCE**—Responsible for creating the budget for AzAFP for the coming year.

**BYLAWS COMMITTEE**—Responsible for reviewing and recommending to the Board of Directors and Congress of Delegates appropriate changes to the Bylaws.

**EDUCATION COMMITTEE**—Develops and organizes AzAFP CME conferences and programs, such as the Academy Clinical Education Conference and Summer Seminar.

**EXECUTIVE COMMITTEE**—Comprised of the President, President-Elect, Vice President, Secretary, Treasurer, Immediate Past President and senior AAFP Delegate and is responsible for conducting the business of the Academy in the intervals between meetings of the Board of Directors.

**LEGISLATIVE TASK FORCE**—Makes recommendations to the AzAFP Board of Directors regarding its annual legislative plan, creates, monitors and lobbies, where appropriate, legislation having an impact on Family Practice.

**FAMILY MEDICINE COMMITTEE**—A Committee that endorses candidates who are supportive of Family Medicine running for The AZ Legislature.

**NOMINATING COMMITTEE**—Annually identifies candidates for the AzAFP Board of Directors and Congress of Delegates.

continued on page 12



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**Employment – Urgent Care**  
**Independent Practice**







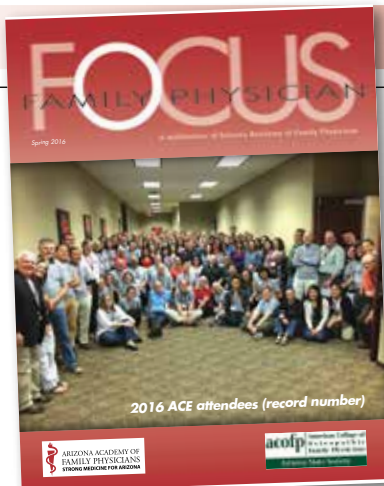
A Treasured photo of several AzAFP Past Presidents. Past Presidents from left to right: Joseph Whaley, MD, Robert Brazie, MD, Robert Price, MD, Walter Brazie, MD, James Grobe, MD, James Brady, MD, Mathew Cohen, MD, Richard Flynn, MD, Walter Edwards, MD & James Hurley, MD

### AzAFP Past Presidents

1949	Abe I. Podolsky, MD*
1950	Lucille M. Dages, MD*
1951	Rolland W. Hussong, MD*
1952	Donald E. Nelson, MD*
1953	Donald G. Carlson, MD*
1954	Harry T. Southworth, MD*
1955	W.C. Finn, MD*
1956-57	Robert A. Price, MD*
1957-58	Walter Brazie, MD*
1959	Frank Shallenberger, MD
1960	Samuel Hale, MD*
1961	Arthur Dudley, MD*
1962	Noel G. Smith, MD
1963	James L. Grobe, MD*+
1964	James E. Brady, MD*
1965	John S. Carlson, MD
1966-67	Matthew Cohen, MD
1968	Richard O. Flynn, MD
1969	Clifton J. Alexander, MD*
1970	Walter Edwards, Jr., MD*
1971	Thomas W. Jensen, MD
1972	Robert W. Brazie, MD
1973	Joseph S. Whaley, MD
1974	James M. Hurley, MD
1975	William McKinley, Jr., MD*
1976	James I. Bevan, MD*
1977	Marvin C. Schneider, MD
1978	Edmundo F. Felix, MD*
1979	Donald E. McHard, MD*
1980	Ted J. Stuart, MD
1981	Robert D. Martin, MD
1982	John M. Heyer, MD
1983	Paul W. Kliewer, MD
1984	John F. Kahle, MD
1985	Donald Mulvaney, MD
1986	Tom D. Powell, MD

1987	Walter A. Ceranski, MD
1988	Robert C. Teague, MD
1989	James Burke, MD
1990	Jacqueline Chadwick, MD
1991	Karla L. Birkholz, MD
1992	Barry D. Weiss, MD
1993	Mark Sexton, MD
1994	Ed Schwager, MD
1995	Carlos Gonzales, MD
1996	Thomas Brysacz, MD
1997	James J. Dearing, DO
1998	Michelle May, MD
1999	Christopher Shearer, MD
2000	Joyce Mobley, MD
2001	Robert Matthies, MD
2002	David Cluff, DO
2003	Roberto P. Garcia, MD
2004	William Thrift, MD
2005	Robert M. Garcia, MD
2006	Armaity Austin, MD
2007	Doug Campos-Outcalt, MD
2008	Susan S. Wilder, MD
2009	Edward G. Paul, MD
2010	Jeff Wolfrey, MD
2011	Gregory Lewis, MD
2012	Melody Jordahl-Iafrato, MD
2013	Richard "Buck" Hendrix, MD
2014	Andrew J.P. Carroll, MD
2015	Chris Shearer, MD
2016	Susan Hadley, MD
2017	Dan Derksen, MD
2018	Stacia Kagie, DO
2019	Gail Guerrero-Tucker, MD

+ indicates also was president of AAFP  
 \* indicates past president is deceased



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### Arizona Academy of Family Physicians Family Physician of the Year Award Recipients

Augusto Ortiz, MD*	1993
Robert Price, MD*	1994
Jacqueline Chadwick, MD	1995
Carlos Gonzales, MD	1997
Leland Fairbanks, MD	1998
Sidney Blubaugh, MD*	1999
Louis A. Kazal, Jr., MD	2000
Jack Cook, MD	2001
James Dearing, DO	2002
+Eric M. Ossowski, MD	2003
Michele B. Lundy, MD	2004
+Adele O'Sullivan, MD	2005
William McCabe, MD	2006
Donald Smith, MD	2007
+William Ellert, MD	2008
Robert Matthies, MD*	2009
Gregory Raglow, MD	2010
David Yost, MD	2011
Edward Paul, MD	2012
Jeffrey Wolfrey, MD	2013
Robert Garcia, MD	2014
William Thrift, MD	2015
Susan Jones, MD	2016
Samual Downing, MD	2017
Edward Schwager, MD	2018
Karla Birkholz, MD	2019
+ AAFP FP Of The Year	*deceased

### Where Did We Come From? 1900

As the new century began, there was a strong sense that medical practices were far behind from those of European countries, particularly England and Germany. Concerned about the state of medical education, the AMA sought support from the Carnegie Foundation for the Advancement of Teaching, to study the medical schools of the nation. Abraham Flexner led the project and the results of the study were the first critical event to influence the development of medical education. The findings were published in the Flexner Report, 1910 (6). As a result of the recommendations of the Flexner Report major changes were implemented:

- Pre-medical requirements were established with strong basis in science
- Medical curriculum was standardized (strongly based on science)
- Full-time faculty were dedicated to teaching and research
- The medical schools were attached to universities

The Flexner Report provided the basis for the development of medicine and the environment for the subsequent growth and development of specialties as the basis for the delivery of health care. Specialties flourished and began to dominate medicine. In the 1900s the American Boards emerged in an effort by physicians to organize medicine into subspecialties, to define a body of knowledge and to create specific requirements for membership. The first American Board was Ophthalmology in 1917 followed by Otolaryngology 1924, thirteen more followed by 1930 and four more by 1940. (3) Established in June of 1947, The AAGP was created as a result of general practitioners (GP's) returning from World War II and needing to maintain privileges at their local hospitals. During this time period, physicians realized that during and after the war, hospitals begun categorizing their medical staffs based on so called "specialist qualifications". Therefore, GP's lost their privileges to perform procedures they had done before and during the war. In order to protect and promote general practice the AAGP set high standards for its members and became the first physician professional association to tie membership to continuing medical education (CME). The Academy is the oldest national CME accreditor. Today The AAFP produces more than 100 CME offerings every year, reviews over 3000 activities from roughly 1300 organizations for accreditation each year.

### 1949-The AzAFP Established

The AzAFP was established in 1949, 13 years after the creation of the American Board of Medical Specialties (ABMS). The AzAFP was incorporated in 1961. Abe Podolsky, MD was the first President of the AzAFP. Dr. Podolsky was from Yuma and went on to be President of ArMA in 1957. James Grobe, MD was President of The AzAFP in 1963.





James Price, MD (left) the Speaker of the House Jim Grobe, MD (right) Pres/Elect

We, at the Arizona Academy of Family Physicians have an amazing link to a very pivotal time in AAFP history. The President-Elect of the AAFP in 1971 was none other than Arizona's very own, James Grobe, MD. In 1971, the American Academy of General Practice (AAGP) became The American Academy of Family Physicians (AAFP).

As part of Lyndon Johnson's "Great Society" Medicare and Medicaid were created in 1965 and their implementation began the following year. Isn't it funny how history repeats itself? As these programs had significant effects on the practice of medicine and funding, specialties began wanting a larger piece of the "funding pie".

In 1968, President Lyndon B. Johnson signs a bill approving the

Central Arizona Project, to bring water from the Colorado River to central Arizona.

So impressive is the specialty of Family Medicine that, recognized in 1969, it was the first to require physicians to pass a certification exam every 7 years in order to maintain their diplomate status. It was the 20th recognized physician specialty.

#### **1966- Nelson Dewey Brayton, MD.**

Arizona's "adopted son" Nelson Dewey Brayton, MD turned 90 years old on Monday December 26, 1966. Dr. Brayton has an endowment/scholarship fund that awards a different lucky University of Arizona Tucson student with \$500 each year. Dr. Brayton was born in Chicago, IL in 1876. He graduated from Butler University in Indianapolis, IN, spent a year in post graduate study in Vienna and then returned to Indianapolis Medical College as an associate professor. Dr. Brayton served as a research physician for the construction of the Panama Canal from 1906-1910. He was awarded the Presidential Medal of Honor for Medical Research by Teddy Roosevelt in 1908 for his discovery of schistosomiasis in Panama. Dr. Brayton came to AZ in 1910 and settled in Miami. He was elected to the Arizona Legislature from Gila County.



continued on page 16

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### **1976-Proactive From The Start**

The AzAFP held its 23rd annual meeting and scientific assembly at The Scottsdale Hilton. This meeting offered 20 prescribed CME hours for \$150 or \$200 if you wanted to include your spouse. The topics included “office gynecology, cardiology, office orthopedics and problem oriented records and practice management” among others. There were many offerings for the spouse including a fashion show and luncheon.

### **The 1980’s-Phoenix is GROWING**

The population of Phoenix reached 789,704 in 1980. In 1981 – President Ronald Reagan appointed

Sandra Day O’Connor to the U.S. Supreme Court. The AzAFP was getting ready to celebrate its 40th anniversary annual meeting. Robert Teague, MD was the outgoing President and Jim Burke, MD was the incoming President of the AzAFP.



### **1990’s- AzAFP’s 2nd Woman President**

In 1990, Jacque Chadwick, MD (far right in pic) was elected AzAFP’s first woman President! Karla Birkholz, MD was President the following year (far left in pic). Dr. Chadwick was responsible for getting many other FP’s involved with the organization including the first

DO President, Jim Dearing, DO, elected in 1997. Pictured in the middle is Jim Burke, MD who made history when he became one of the first AzAFP “physician executives” at Scottsdale Healthcare” (now known as Honor Health). Another



history maker elected in 1999 was Chris Shearer, MD who became the first AzAFP President to serve 2 non-consecutive Presidential terms. Dr. Shearer was elected again in 2015! Also in 1993, Executive VP, Jerri Davis, moved back to CA for her husband’s job and therefore was succeeded by LaDonna Courtney, CAE. LaDonna brought so much to the AzAFP, not the least of which was hiring the amazing Susan Cannata, JD, as the lobbyist. In 1999, Karla Birkholz, MD was elected to the AAFP Board of Directors! This was huge since it had been many years since the AzAFP had run a candidate! Also during this decade, two AzAFP members served on the Arizona Medical Board, Barry Weiss, MD and Edward Schwager, MD both of Tucson, AZ.



### **2000’s- More Change**

In The Fall of 2002, the first AzAFP member since Jim Grobe, MD ran for the President of The AAFP. Karla Birkholz, MD ran on a platform of “Living Your Vision” in San Diego, CA. Although Dr. Birkholz was defeated by Michael Fleming, MD, the former Speaker of the Congress, Dr. Birkholz was a success in the eyes of everyone at the COD and especially in the eyes of the AZ Family Docs! In 2004, EVP, LaDonna Courtney, CAE, announced that she





would be leaving the AzAFP after 11 years to go to Texas with her fiancé, Charles. A selection committee was created and soon they had selected a former staff of the Indiana AFP, Laura Dearing, who started work in August of 2004. Laura brought with her the tradition of the Past Presidents' Reception at the annual meeting. While the specifics of this secret society can't

be talked about in open forum, let's just say that it's a lot of fun, especially for the outgoing President!

Family Physician Of The Year winners are very special to The AzAFP and there have been many amazing winners. There have been 3 winners (2003, 2005 & 2008) Eric Ossowski, MD, Adele O'Sullivan, MD and William Ellert, MD who have very deservedly WON the AAFP National Family Physician Of The Year Awards! Wow, that should make everyone proud!

Sadly, in 2005, former AzAFP EVP, LaDonna Courtney passed away from colon cancer after only moving to her new Texas home a few months prior. Her loss is still deeply felt to this day. The AzAFP established "The LaDonna

Courtney Certificate of Commendation" in 2006 in her honor. This award is given to a non-physician who has furthered Family Medicine in Arizona.

In 2005, The AzAFP started work on Jim Dearing, DO's (pictured left) AAFP Board campaign. His slogan was "Connecting Family Medicine To The Future". Laura gathered a campaign team, worked with speech coaches and helped get the first DO elected to the AAFP Board of Directors, Jim Dearing, DO, in the Fall of 2006. In the Fall of 2009, Dr. Dearing ran for AAFP President and even though he didn't win, it was a good experience for the AzAFP and for Jim Dearing, DO. Late in the decade, President Doug Campos-Outcalt, MD started the Emerging Leader Day at the Capitol. This day helps residents, students and new physicians become engaged in the AZ legislative process. This program has been going on for 10 years. Finally, during this decade another AzAFP President served on the Arizona Medical Board, William Thrift, MD. Dr. Thrift would go on to serve as President of ArMA.



LaDonna Courtney, CA



## 2008 AzAFP Emerging Leaders Conference

continued on page 18



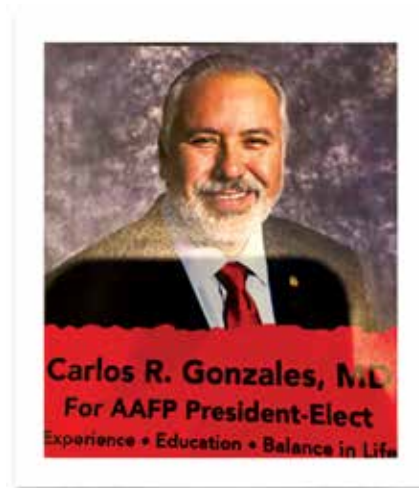
Also of note is The AzAFP's restructuring of its annual education conference to make it completely free of pharmaceutical support. With the help of then President Jeff Wolfrey, MD & his colleague Steve Brown, MD the conference began using the "Evidence Essentials" team. This team provides 30 minute "updates" to attendees at the annual meeting! This change mandated that speakers use only evidence to create their educational courses. This also made way for new funding opportunities. For example, MICA, the local medical malpractice insurer has stepped up to fund educational programs, especially for residents and new physicians.

### **2010 & Beyond**

Carlos Gonzales, MD ran and won a seat on The AAFP Board of Directors in the Fall of 2012. His campaign theme was "Balance in life, Experience & Education". Dr. Gonzales served The AAFP well for 3 years and did make a run for AAFP President in 2015. He was defeated by another Speaker of The Congress, John Meigs, MD. On a side note, Carlos' daughter, Evalinda followed in her Dad's footsteps and finished medical school and residency in Arizona. In 2013, Ed Schwager, MD ran for The AAFP Board of Directors in the position of Vice Speaker but

was defeated by the incumbent Vice Speaker Yvette Orgain, MD. During this decade, The AzAFP has stayed agile and has offered the Department of Transportation training for physicians who want to perform CDL physicals. The AzAFP has also offered several different opioid trainings to help educate members on the importance of safe prescribing.

The AzAFP's membership has grown 37.9% from 2005 to 2019. The AzAFP is home to so many outstanding members, history makers, servant leaders and great Family Physicians! If you're reading this report, rest assured that in Arizona, your health is in good hands! Happy 70th Anniversary AzAFP and all of its AMAZING MEMBERS!



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**A:** Fraudulently calling in a prescription or submitting a fraudulent written prescription is a serious incident and must be handled accordingly. Because this is a criminal offense, the police should be notified, and a police report filed.

Additionally, notifying the Drug Enforcement Agency (DEA)

and, depending upon your state and the circumstances, your state medical board is recommended. This is best accomplished (and documented) by sending a courtesy letter giving a short narrative of the incident and the actions taken. Furthermore, although in this example it is unlikely there were any office policies or procedures contributing, you may wish to review them in an attempt to determine how this happened and what policies and procedures can be done to reduce the risk of this type of incident occurring in the future.

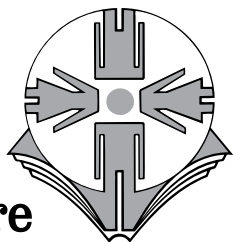
Since, in this case, the fraudulent activity involved one of your patients it is wise to discharge the patient from your practice (please see MICA Hot Topic Issues 12 and 13 of 2018 – a MICA Risk Resource on Withdrawal from Care is also available).

If it was an employee that committed the fraudulent act, or conspired with the patient that did, it would also be wise to terminate the employee from your practice.

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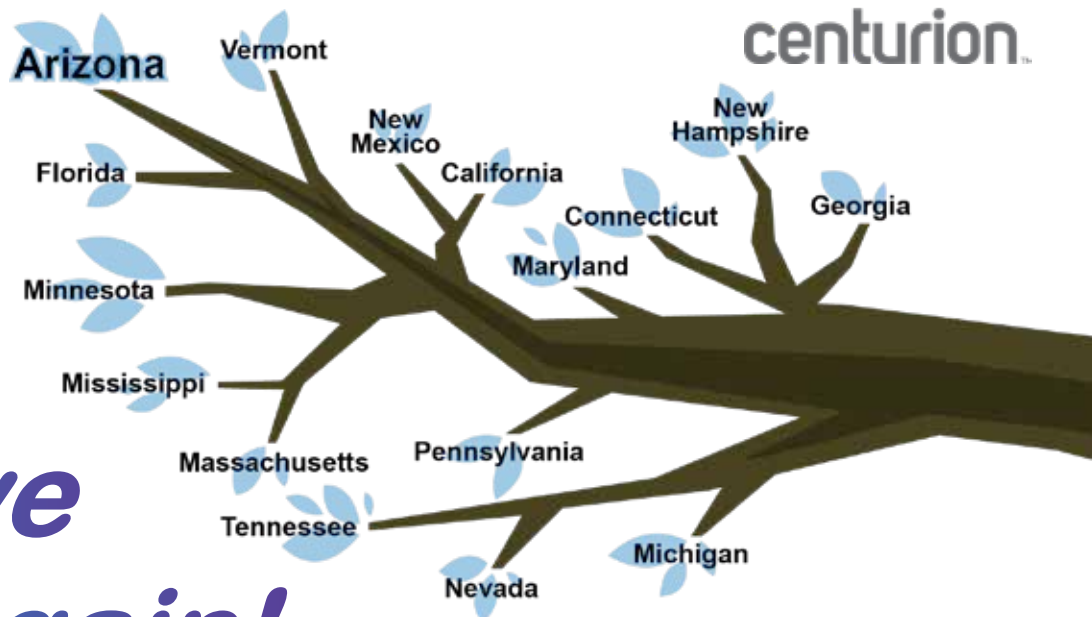
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