ENVIRONMENTAL HEALTH

Climate Change and Our Patients’ Health

Environmental Health Legislation in the 2016 Session of the Maryland General Assembly

BPA and Its Effects on Reproductive Health

ALSO...

• Getting to the Meat of Many Matters at the 2016 AAFP State Legislative Conference

• Education & Advocacy in February – Don’t Miss!
  ◦ SAM Study: Mental Health in the Community
  ◦ Winter Conference: Topical Issues in Day-To-Day Practice
  ◦ 2016 Advocacy Day in Annapolis

This Edition Approved for 2 CME Credits. Complete and Submit Journal CME quiz at www.mdafp.org.
In today’s litigious world, you may want to consider more comprehensive protection.

MEDICAL MUTUAL offers the insurance coverages you need to keep your medical practice safe.

Malpractice claims. Data privacy breaches. Disciplinary boards. Peer reviews. It’s a very complex and risk-filled world for today’s Doctors. And good medicine is no guarantee that at some point you won’t have to defend your health care and practice decisions. That’s why you need MEDICAL MUTUAL. We’re a Doctor-owned and directed professional liability insurer and we understand the unique challenges you face. It’s no wonder that since 1975 MEDICAL MUTUAL has been the leading provider of innovative and high quality insurance coverages to Maryland Doctors.

MEDICAL MUTUAL
Liability Insurance Society of Maryland

225 International Circle | Hunt Valley, Maryland 21030
410-785-0050 | 800-492-0193 | mmlis.com
FEATURES

12 Climate Change and Our Patients’ Health
Elizabeth Wiley, M.D, J.D., MPH and Richard A. Bruno, M.D., MPH

14 Environmental Health Legislation in the 2016 Session of the Maryland General Assembly
by Clarence K. Lam, M.D., MPH

16 BPA and Its Effects on Reproductive Health
by Aysha Khan, M.D.

18 Getting to the Meat of Many Matters at the 2016 AAFP State Legislative Conference
by Joseph W. Zebley, III, M.D.

20 Education & Advocacy in February – Don’t Miss

DEPARTMENTS

4 Board of Directors, Commissions and Committees

5 President
Thankful for Involvement, Vigor and Hard Work!
by Kisha N. Davis, M.D.

8 Editor
Going Beyond with SDH and EH
by Matthew T. Burke, M.D.

11 Executive Director
Asking Members for Strategic Direction in 2016
by Esther Rae Barr, CAE

15 Calendar

17 CME Quiz Page

22 Residency Corner

25 Members

30 Maryland Proud in Denver!
president

Thankful for Involvement, Vigor and Hard Work!

While you may be receiving this in early January, I am writing this message at Thanksgiving. What a wonderful time to reflect on what we as Family Doctors have to be thankful for.

We should all be thankful for the increasing enthusiasm for and involvement in Family Medicine among the students and residents in Maryland. We are lucky to have both the student and resident member of the AAFP Board of Directors to hail from Maryland (Tiffani Ho, MS IV, Johns Hopkins School of Medicine; and Dr. Richard Bruno, Franklin Square FM Residency). In addition, Dr. Elizabeth Wiley, a senior resident at University of Medicine, recently received the AAFP Award for Excellence in Graduate Medical Education. We are excited to welcome her to the MAFP Board. The Family Medicine Interest Groups at both University of Maryland and Johns Hopkins are thriving. We are pleased to see the residents of the new Prince George’s Residency program becoming active in the MAFP (see reports from the programs at Residency Corner on p. 22). You can help support efforts to promote Family Medicine amongst medical students in Maryland by donating to the MAFP Foundation. Consider hosting a student in your office to share with them your passion for Family Medicine. I bet you will find that you are reinvigorated as well.

I am thankful for the MAFP Board of Directors that continues to look for new and innovative ways to serve you, our members. In 2016 you will see more advocacy, more varieties of CME, and more member engagement. I hope that you will find a way to join us at any number of our upcoming events over the next several months. In addition, the Board will be embarking on a strategic planning process to help guide the Academy over the next 3-5 years and beyond. In order to do so we need your help! You will be receiving a membership survey. Please complete it and share with us how the Academy can

Most of all I am thankful for each of you who work hard every day to improve the health of our patients.

continued on page 6
Rapid expansion of South Florida’s premier Urgent Care brings opportunity!
Looking for the best physician!


Peter Lamelas, MD
pldoc@mymdnow.com
P 561.420.8555 | F 866.232.2589
MDNOW.COM/CAREERS

McLeod Health
The Choice for Medical Excellence

FM Faculty position available with 35 year program
Near Coastal South Carolina

McLeod Health is seeking to hire a BC Family Medicine physician with 3-4 years of experience for a Faculty position. McLeod FM Residency program is growing from 24 residents to 27 residents. We are located in Florence, South Carolina - 1 hour from Myrtle Beach, South Carolina and 2 hours from Charleston, South Carolina. We have a beautiful free standing, unopposed facility on the McLeod Regional Medical Center’s 130 acre campus.

This position offers the physician a good balance of work and family life with a satisfying career teaching top FM residents. This is a full time employed position. We offer paid malpractice, a CME allowance, a competitive salary, sign on bonus, relocation allowance, and a comprehensive benefits and retirement package.

McLeod is a 565 bed nonprofit, private, tertiary care and teaching facility with over 120 ICU beds. We have a full spectrum of specialists and sub specialists on staff. McLeod serves over 1 million people throughout the region. If you would like to learn more about this opportunity, please contact Emily Bracey at ebracey@mcleodhealth.org or 843-366-2043.

You may also apply online at www.mcleodphysicianrecruiting.org. Please visit our website: www.mcleodhealth.org

President (continued)

serve you better (see Executive Director’s article on p. 11).

The MAFP Board and membership are once again thankful for our dedicated and hardworking staff- Executive Director Esther Barr, and Membership and Meeting Services Manager Phaedra Ellis who recently celebrated her 10th anniversary with MAFP.

Most of all I am thankful for each of you who work hard every day to improve the health of our patients. I leave you with this excerpt from a letter sent to the newly installed AAFP President Dr. Wanda Filer by an AAFP member to help remind us all of why we do what we do:

“We still love what we do. In a quiet moment sitting with a suffering human being, a mother, a scared child, a dying grandparent, an emaciated, diaphoretic heroin addict, we remember with gratitude why we chose this path. We see in every patient another chance to lift up, to provide value, to bind the wounds that cause us to suffer, to inflict grace on another human being. We work in some of the most remote places to help the most vulnerable. We place ourselves in harm’s way here and across the globe for a chance to help someone in a refugee camp or a slum or jungle clinic whom we have called our patient. We do this for the sake of a calling, a dream to make the world a better place. We are not often recognized as heroes, but we are. Our reward is not in medical insurance form that is completed nor a meaningful use box that is checked nor in a paycheck, but in a life that is restored to humanity.”
GUIDE
GUARD
ADVOCATE

MEDICAL PROFESSIONAL LIABILITY INSURANCE MARYLAND PHYSICIANS DESERVE

Your Guide: Awarding more than 35,000 CME certificates in 2014*
Your Guard: Resolving 89%* of claims without indemnity payments
Your Advocate: Supporting reforms that advance the state of healthcare

Talk to an Agent/Broker today about Medicus as your Guide, Guard and Advocate in Maryland.

Medicus Insurance Company is a member of the NORCAL Group.
As Family Physicians we pride ourselves on being responsive to all of the things that drive the health of our patients. Indeed, it is this bend towards *cura personalis* (in Latin, “care for the entire person”) that distinguishes us as a specialty. Though we all have years of clinical training focused on biology, pharmacology, pathology and more, think about how many times in your career that the answer lay in a good history or an expansive social and family history. While there is no substitute for well honed clinical skills, it is often true that a patient's health (or lack thereof) is borne from the Social Determinants of Health (SDH), those elements that span not only health care but also poverty, education, income, housing, employment and more. These factors play large and complex roles in determining our patients’ health, and there is little doubt they are always driving the welfare of those we serve. The World Health Organization (WHO) estimates that between 80-90% of individual health flows from SDH, suggesting just how powerful they really are. Family Physicians are tasked, perhaps more than any other specialty, to be aware of SDH and try to best manage their effects.

Perhaps chief among these SDH is the broad category of Environmental Health (EH). Environment, both natural and built, is something we all live within and are directly exposed to every day, and is a significant contributor to our well being. The WHO defines EH as:

> All the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health.

Therefore, EH exposes us to a wide array of potential health determinants ranging from air quality, soil contamination, potable water quality, infectious disease vectors, climatic events to crime and even traffic safety. The United States government has also given nod to the important role SDH play in patients’ lives. The Department of Health and Human Services has prioritized EH through its decennial Healthy People (HP) report. HP2020 lists six priority EH areas for improvement:

1. Outdoor air quality
2. Surface/ground water quality
3. Toxic and hazardous waste
4. Homes and communities
5. Infrastructure and surveillance
6. Global environmental health

Certainly, we all have a role to play in recognizing the impact of EH. Some bioethicists have gone so far as to say we have an ethical responsibility to consider EH more deeply and divert more research funding to studying and improving EH, especially since those who suffer the most from EH hazards tend to be disproportionately low income and least capable of advocating for healthy changes in their environment.

For the past several years I have had the pleasure of teaching SDH (including EH) to both medical students and residents in Maryland the District of Columbia. I am consistently humbled by the interest and compassion these future and young physicians bring to our discussions regarding SDH, and the eagerness they have to “go beyond” their clinical studies and engage these big picture issues. I was not trained in medical school or residency to think so comprehensively about these problems and it is a great joy to be involved with students and residents who are.

However, a recurring question I hear is “what can I do as a clinician about such large and systemic problems?” I believe there are many ways to get involved. Advocacy comes in many forms and simply being aware of EH health issues and asking patients about their living circumstances (a very Family Physician thing to do!) is a great way to get started and offers deeper insights into a patient’s health. Beyond this, working for policy change is another path that physician advocacy can take. Physicians have powerful lobbying voices and getting involved in local events, engaging elected officials through phone calls or letters, and going on legislative lobbying days (in Annapolis or...
Washington, DC) are all wonderful ways to advocate for positive changes that could improve patient health.

For the past three years I have also had the privilege to chair MDAFP’s Governmental Advocacy Committee, which has allowed me to help organize our annual Annapolis Advocacy Day where we have regularly lobbied for the improvement of EH topics. Fracking, agricultural practices and renewable energy may all be interesting EH topics on the horizon and, if you’re so inclined, we would love to have you participate with us in Annapolis this coming February (see p. 21 for details).

In this edition we have three wonderful feature articles. Dr. Richard Bruno and Dr. Elizabeth Wiley have given us a timely update on carbon emissions and global warming, with a focus on its consequences in Maryland. Notably as this edition goes to print, world leaders are meeting in Paris for a climate change summit where President Obama’s opening remarks included that the “United States of America not only recognizes our role in creating this problem, we embrace our responsibility to do something about it.” A second article by Dr. Aysha Khan explores the ubiquitous role of plastics in our everyday lives, and how BPAs used in plastics can play disruptive roles in our endocrine systems. Lastly, state Delegate Dr. Clarence Lam gives us an exciting preview of potential EH focused legislation coming before the Maryland General Assembly in Annapolis in 2016, including items that we as a state academy, may consider in our own lobbying efforts come February.

Working on SDH including EH can no doubt be a daunting task. SDH are omnipresent and act often in broad, interconnected ways that are hard to unravel, making it difficult to know where and how to begin to act. EH is no different, however I believe the challenges posed by EH globally and right here in Maryland are important and worthy of consideration by all of us. Whether this edition aids in helping you be more aware of EH and including it more regularly in your clinical histories or whether it whets your appetite to get involved at a policy level (local, state or federal), I hope you enjoy the read!

Dr. Burke is Assistant Professor, Department of Family Medicine, Georgetown University School of Medicine and a Staff Physician, Georgetown University Student Health Center. He is a Director At Large on MAFP’s Board of Directors and Chair of MAFP’s Governmental Advocacy Committee. New to the Editorial Board, he edits this, his first edition of The Maryland Family Doctor.

Note: References for this article are posted at www.mdafp.org; Publications tab

AnMed Health offers a variety of options: exclusively outpatient positions with established practices, traditional positions consisting of predominately outpatient work with light inpatient duties, flexible schedules at urgent care operations, and emergency medicine positions. We offer competitive compensation, full benefits, relocation assistance, CME allowance, and some locations qualify for loan repayment.

Contact Brandy Vaughn at brandy.vaughn@anmedhealth.org or (864) 512-3897.
Making Electronic Referrals to the Maryland Tobacco Quitline

Training includes information on:

- How the Maryland Tobacco Quitline operates
- Effectiveness of Quitlines
- A patient’s experience utilizing the Quitline
- How to set up and send eReferrals

Free online training at: www.MDQLereferrals.org

Training provided for free by the Center for Tobacco Prevention and Control.
It was in December, 2010 that the Maryland Academy of Family Physicians Board of Directors conducted its first/last formal Strategic Planning Retreat. The intense 1-day convergence of the organization’s leadership yielded needed change, mainly in governance structure and internal procedures. The mission statement

*Able, Responsive Family Physicians Serving Their Communities*

became the vision statement. A new mission statement was created to the current

*To support and promote Maryland family physicians in order to improve the health of our State’s patients, families and communities.*

Other important outcomes from that first Retreat included 1) a change in Board and Committee structure, 2) a revamp of a number of internal operations and procedures, 3) setting main organizational goals: advocacy, practice enhancement, education, health of the public. I would be happy to share the 7-page report, issued in early 2011, with any member upon request.

In March of this year, a follow-up Strategic Planning Retreat will occur...we ask for YOUR help! Our expert, skilled facilitator, Nancy Laughlin, AAFP Chapter Affairs Manager, will travel to Maryland to lead the Board in this important task; vital, as it will set the course for MAFP for the next several years. It will be important for continuity to have Nancy with us again.

Much of the groundwork put in place in 2010 continues to serve well today. This time, however, we will be more motivated by what our members tell us, as they engage in their day-to-day work, ever-changing and vastly different from that of 2010. To that end, we ask that you take MAFP’s 2016 Online Member Satisfaction Survey. The link to the Survey will be emailed to you this month (if you haven’t already received it). We will also include it in the February edition of the MAFP E-Bulletin and post it on the MAFP Website (www.mdafp.org). We’ll set the deadline for mid-February. Please do take it...but only once!

What you tell us will cause your leaders to set a realistic course with a stronger foundation, provided by your responses, opinions and open-ended comments. Use the Survey as a communication tool. Your input will be appreciated and put to good use. Ultimately, members will receive the Survey Summary and the 2016 Strategic Planning Reports.

So be on the lookout...When the request to complete and submit the 2016 MAFP Member Satisfaction Survey crosses your path, please participate...You will be serving MAFP as we seek to enhance our service to you.
Climate Change and Our Patients’ Health

Elizabeth Wiley, MD, JD, MPH

Richard Bruno, MD, MPH

The Lancet Commission on Health and Climate Change released a report earlier this year which described tackling climate change as possibly “the greatest global health opportunity of the 21st century,” finding that “[t]he effects of climate change are being felt today, and future projections represent an unacceptably high and potentially catastrophic risk to human health.” 1 Whether directly or indirectly, our patients experience the sequelae of climate change, and thus are seen and treated by physicians for these problems. This occurs both here in Maryland and all over the world. For this reason, action, education, and advocacy on climate change by family physicians is essential to serving our patients and ultimately improving health outcomes.

While it may not always be obvious how climate change affects the everyday lives of our patient panel, it is increasingly important that we, as family physicians, recognize and seek to address the social determinants of health2 including climate change.3

Climate Change & Our Patients: What’s the Connection?

There is a growing body of evidence substantiating the numerous health implications of climate change. 4,5,6,7,8,9 In its 2014 report, the Intergovernmental Panel on Climate Change (IPCC) has described many of the threats to human health posed by climate change on a global scale, including (but not limited to):

• Infectious disease outbreaks;
• More than 7 million deaths annually attributable to air pollution and increasing temperatures;10
• Greater frequency and severity of extreme weather events and natural disasters such as droughts, hurricanes and floods;11
• Food insecurity and crop failure;
• Forced migration and violent conflict over scarce resources (including acts of war and terrorism).12

These phenomena can, in turn, result in even more morbidity and mortality—including noncommunicable diseases and mental health conditions.13,14 Moreover, the disease burden attributable to climate change disproportionately affects vulnerable populations,15,16 increasing wealth inequalities.17

The primary driver of climate change is currently greenhouse gas emissions driven by reliance on petroleum-based and coal energy sources and large concentrated animal feeding operations, among others.18 If no action is taken to reduce greenhouse gas emissions, The World Meteorological Association estimates a 1.9-4.6°C rise in global temperatures by 2100, which would result in 30-50% reduction in crop production and potentially raise sea levels a catastrophic 7 meters.19 Coal emissions are particularly troublesome, and some US states are now moving to identify “State Implementation Plans” to limit carbon pollution from coal-burning power plants.

Recognizing Maryland’s vulnerability to the effects of climate change including rising sea levels and extreme weather events,20 the Maryland Department of the Environment (MDE) developed a greenhouse gas reduction plan.21 This plan seeks to achieve a 25% reduction in Maryland’s greenhouse gas emissions by 2020 and includes several key programs currently underway to try to realize this goal in an economically sustainable manner. The Maryland Commission on Climate Change (MCCC) has been charged advising the state on mitigation and adaptation efforts as well as the greenhouse gas reduction plan implementation.22 A comprehensive assessment of potential impacts by the MCCC has noted that increased flooding (especially in the eastern third of the state), more frequent droughts and harmful heavy rains would all become more common by the end of the century if no action is taken. Not only would this likely result in human harm and economic losses totaling in the billions, but biodiversity would be imperiled and both ocean and terrestrial environments would be altered and become poorer with respect to their ability to harbor native animal and plant species. Even the state’s iconic blue crabs and orioles would be threatened, and some projections show the Baltimore Oriole would no longer exist at all anywhere in Maryland by 2100 if global temperature rises are not halted to less than 2°C.23

Climate Action: What Can a Family Doctor Do?

In an effort to curb the effects of climate change, physicians—and family doctors in particular—are in a unique position to advocate on behalf of those we serve to
improve their lives and protect their livelihoods. Highlighting a sense of community may be an important point to make to patients, since small changes can make a difference not only for their health but for those of their neighbors and fellow Americans. Within the exam room, encouraging the use of public transportation, walking, and bicycling, as well as reduced meat intake24 can be meaningful ways of reducing greenhouse gas emissions. Health Care Without Harm (http://noharm.org) and My Green Doctor (http://www.mygreendoctor.org) have identified numerous opportunities and resources to improve energy efficiency in our clinics and hospitals.25

On a global scale, the UN Framework Convention on Climate Change (UNFCCC) Conference of Parties 21 (COP21) represents an opportunity for a coordinated global commitment to climate change mitigation and adaptation.26 In advance of COP21 in Paris, parties to the UNFCCC including the US have been negotiating a potential agreement to succeed the Kyoto Protocol and have submitted Intended Nationally Determined Contributions (INDCs), or national-level commitments, to reduce greenhouse gas emissions.27

Four key barriers to successful action on climate change have been identified: carbon pricing, inefficient subsidies, financing and capacity-building and legal/regulatory frameworks.28

Only by admitting our shared role in reducing the effects of climate change can we be effective advocates for our patients and our planet.

With expectations for Paris running high, the World Health Organization has recently launched the Our Climate Our Health Campaign (http://www.ourclimateourhealth.org) in advance of the COP21. This campaign seeks to highlight the relationship between climate change and health—and expand on the health co-benefits of addressing climate change through a Call to Action from health professionals. Visit the webpage to sign on to the consensus statement to commit to taking actions on climate change on the individual and local level. Other effective strategies include passing resolutions through organized medicine societies, and allyng with other healthcare organizations to promote ambitious national and international action on climate change.

We are all responsible for the effects of climate change, and we will all need to work to avert the worst calamities that may come from significant planetary warming. Only by admitting our shared role in reducing the effects of climate change can we be effective advocates for our patients and our planet. Fortunately the tide seems to be turning with respect to international urgency on this matter. Furthermore, we have numerous options available to us to get involved at both the local and state level. Whether these changes come through altering our behavior, engaging climate action through clinical practice or advocating for policy change, the future of our planet’s—and our patients’—health demands action on climate change now.

Dr. Wiley is a third-year Family Medicine resident at the University of Maryland and is a member of the Maryland Academy of Family Physicians Board of Directors. She is a past president of the American Medical Student Association and currently serves as Deputy Chair of the World Medical Association’s Junior Doctors Network. She is also current Resident Director on the MAFP Board of Directors.

Dr. Bruno is a third-year resident in the combined Family Medicine and Preventive Medicine program at MedStar Franklin Square and Johns Hopkins University Bloomberg School of Public Health. He currently serves on the Board of Trustees of the Maryland Academy of Family Physicians Foundation and on the Board of Directors of the American Academy of Family Physicians.

NOTES:

1. As this edition goes to print, Dr. Wiley is attending the COP21, United Nations Climate Change Conference, in LeBourget, outside Paris.

2. References for this article are posted at www.mdafp.org; Publications tab. CME question for this article are posted at www.mdafp.org; CME Quiz tab, Winter, 2016.
Environmental Health Legislation in the 2016 Session of the Maryland General Assembly

Delegate Clarence Lam, M.D., MPH

It is well recognized that health is not simply the presence or absence of disease. Rather, it is a myriad of additional factors including place of birth, level of education, occupation, and the environment all of which contribute to the social determinants that can influence an individual's health. The environment, in particular, has a significant role in health because it determines an individual's exposure to chemicals or toxins. Environmental substances such as asbestos, lead, and tobacco smoke have been proven harmful to people's health.

In the Maryland House of Delegates, the Environment and Transportation Committee has jurisdiction over most environmental health legislation, and I have the privilege of serving on this Committee as one of its only members with a background in science and medicine. As one of only three licensed physicians in the legislature, I am fortunate to have a unique opportunity to influence the state's environmental health laws.

In the Maryland House of Delegates, the Environment and Transportation Committee has jurisdiction over most environmental health legislation, and I have the privilege of serving on this Committee as one its only members with a background in science and medicine. As one of only three licensed physicians in the legislature, I am fortunate to have a unique opportunity to influence the state's environmental health laws.

Antibiotic Use in Livestock Feed

Over the last few decades the use of antibiotics in animal feed by farmers has resulted in livestock growing faster, larger, and freer of disease. This use has risen significantly with agricultural livestock use now accounting for over 80% of all antibiotics sold nationally. The U.S. Food and Drug Administration (FDA) has recently sought to curb the widespread use of subtherapeutic doses of antibiotics in animals in an effort to reduce growing antimicrobial resistance.

Although the FDA has taken steps over the last few years to remove “growth promotion” as an indication for use, many of these antibiotics remain available for agricultural use for the purpose of “disease prevention.” FDA’s policy reflects a belief that there are some instances when the “judicious” use of antibiotics for disease prevention are warranted, but critics contend that this policy leaves a large loophole for sustained subtherapeutic use in livestock. Recent efforts in Maryland and other states have focused on the elimination of “disease prevention” as an indication for use of antibiotics in animal feed.

Neonicotinoids in Pesticides

Neonicotinoids are a class of chemical pesticides that became prevalent in the late 1990s as an alternative to organophosphates. Although neonicotinoids are now commonly used for agricultural purposes, there is rising concern about potential harm to bees and chemical exposure in foods.

Nearly a third of the world’s food supply is tied to pollination, and bees are the most prolific species of pollinators. Over the past decade, there are concerns that bee populations are declining due to a recent phenomenon known as colony collapse disorder (CCD). Some regulatory bodies have taken steps to limit neonicotinoid use because of some evidence that it may be leading to CCD; opponents of these restrictions contend the evidence is premature and far from conclusive. To date, neonicotinoids have shown to be much less toxic than organophosphates, but the threat to pollinators and the food supply chain remains a possibility.
Crumb Rubber in Artificial Turf Fields

Since the 1990s, artificial turf laid on athletic fields have been produced with crumbs of rubber—often made from shredded tires—packed in between fake grass blades. This artificial turf had many benefits, including improved safety for athletes, lower maintenance costs, reduced use of pesticide and fertilizer, and the potential of fields to withstand constant, year-round use.

Since its proliferation however, there have been rising concerns over the safety of repeated exposure in young athletes to crumb rubber. Lead is among many of the chemicals found in crumb rubber, but the levels of lead exposure and its absorption by athletes is inconclusive. Anecdotally, there have been reports of cases of leukemia and lymphoma among those with increased contact to artificial turf. As a result, cities such as New York and Los Angeles have stopped installing crumb rubber turf but over 10,000 artificial turf fields remain nationwide.

Environmental health concerns can be particularly challenging to study because of the wide etiologies of exposure that can contribute to a condition and the incomplete collection and analysis of evidence prior to the introduction of new chemicals and products. In such instances, one would hope to apply the precautionary principle, which states that in the absence of conclusive evidence that an action or chemical is not harmful, steps should be undertaken to minimize risk or exposure until it is proven safe. Despite these challenges, physicians can play an important role in advocating in support of environmental health policies that protect well-being of the communities they serve.

Dr. Lam is a board-certified physician in preventive medicine on faculty at the Johns Hopkins Bloomberg School of Public Health, where is he also the program director of the preventive medicine residency program. Dr. Lam represents District 12 in the Maryland House of Delegates.

Note: References for this article are posted at www.mdafp.org; Publications tab. CME question for this article are posted at www.mdafp.org; CME Quiz tab, Winter, 2016.
The use of materials containing plastics or plastic derivatives offers many benefits and conveniences to consumers thanks to their cost effectiveness, durability, and lightweight construction. As such, their production and use has expanded significantly over the past few decades. Materials containing a specific type of plastic, bisphenol-A (BPA), are used in many common items of daily living such as food containers, baby bottles, aluminum cans’ linings, storage containers and more. Although such materials have contributed to the ease of daily life, these materials are associated with adverse effects on the reproductive tract in both males and females (Peretz 2014, Li 2009, Ehrlich 2012).

Human exposure to BPA occurs through several mechanisms. This includes the manufacturing process, food ingestion (aluminum cans can be lined with BPA), and disposal of materials. Furthermore, exposure to BPA polymers can occur when the plastics we use break apart under exposure to heat. This process is called “leaching” and happens to plastics in microwaves and dishwashers. Such processes are so common that there is often systemic exposure occurring to many people all throughout our society.

Bisphenol-A is metabolized hepatically and has a half-life of around 6 hours and nearly all of it is cleared within 24 hours (Carwile 2009). Based on available research, the harmfulness of BPA exposure is dose dependent. A safe dose is considered to be 50µg/kg by the Environmental Protection Agency (EPA) (Kamrin 2004). However, it is strongly suggested that human exposure may regularly exceed that since not all products containing BPA are required to report (e.g., baby toys).

A lot of what is known about BPA’s effects on the reproductive tract is derived from animal studies. Animal models have consistently demonstrated that BPA affects oogenesis by inducing nondisjunction. Another study was conducted on macaques in order to replicate serum BPA levels as found in humans. This study also revealed disruption of meiosis, consistent with previous findings (Peretz 2014). BPA has been shown to be an estrogen agonist and androgen antagonist. It is suggested that BPA, as well as other endocrine modulating compounds, compete with hormone binding receptors ultimately influencing gene expression (Peretz 2012).

Taken as a whole, these studies are concerning given BPA has been detected in human body fluids, including amniotic fluid and breast milk (Peretz 2012). Many studies have suggested altered reproductive function in human women with exposure to BPAs. In women undergoing in vitro fertilization (IVF), exposure to BPA was shown to be associated with altered reproductive function (Peretz 2014, Ehrlich 2012). Another study looked at urinary BPA levels with respect to women undergoing IVF and found a reduction in chromosomally normal fertilized oocytes in exposed women.

Higher levels of BPA are associated with adverse effects on the reproductive function in both men and women, and it is known to have harmful effects on fetuses. At this time, the long-term effects of BPA are unknown. General precautions should be taken to decrease potential exposure by using BPA-free products. Several simple steps can go a long way to promoting human health and should be discussed with patients.

Aysha Khan, M.D.

The use of materials containing plastics or plastic derivatives offers many benefits and conveniences to consumers thanks to their cost effectiveness, durability, and lightweight construction. As such, their production and use has expanded significantly over the past few decades. Materials containing a specific type of plastic, bisphenol-A (BPA), are used in many common items of daily living such as food containers, baby bottles, aluminum cans’ linings, storage containers and more. Although such materials have contributed to the ease of daily life, these materials are associated with adverse effects on the reproductive tract in both males and females (Peretz 2014, Li 2009, Ehrlich 2012).

Human exposure to BPA occurs through several mechanisms. This includes the manufacturing process, food ingestion (aluminum cans can be lined with BPA), and disposal of materials. Furthermore, exposure to BPA polymers can occur when the plastics we use break apart under exposure to heat. This process is called “leaching” and happens to plastics in microwaves and dishwashers. Such processes are so common that there is often systemic exposure occurring to many people all throughout our society.

Bisphenol-A is metabolized hepatically and has a half-life of around 6 hours and nearly all of it is cleared within 24 hours (Carwile 2009). Based on available research, the harmfulness of BPA exposure is dose dependent. A safe dose is considered to be 50µg/kg by the Environmental Protection Agency (EPA) (Kamrin 2004). However, it is strongly suggested that human exposure may regularly exceed that since not all products containing BPA are required to report (e.g., baby toys).

A lot of what is known about BPA’s effects on the reproductive tract is derived from animal studies. Animal models have consistently demonstrated that BPA affects oogenesis by inducing nondisjunction. Another study was conducted on macaques in order to replicate serum BPA levels as found in humans. This study also revealed disruption of meiosis, consistent with previous findings (Peretz 2014). BPA has been shown to be an estrogen agonist and androgen antagonist. It is suggested that BPA, as well as other endocrine modulating compounds, compete with hormone binding receptors ultimately influencing gene expression (Peretz 2012).

Taken as a whole, these studies are concerning given BPA has been detected in human body fluids, including amniotic fluid and breast milk (Peretz 2012). Many studies have suggested altered reproductive function in human women with exposure to BPAs. In women undergoing in vitro fertilization (IVF), exposure to BPA was shown to be associated with altered reproductive function (Peretz 2014, Ehrlich 2012). Another study looked at urinary BPA levels with respect to women undergoing IVF and found a reduction in chromosomally normal fertilized oocytes in exposed women.

Higher levels of BPA are associated with adverse effects on the reproductive function in both men and women, and it is known to have harmful effects on fetuses. At this time, the long-term effects of BPA are unknown. General precautions should be taken to decrease potential exposure by using BPA-free products. Several simple steps can go a long way to promoting human health and should be discussed with patients.
In adult males reproductive function was altered as well. Lower sperm counts, increased abnormal sperm morphology, and lower motility have all been found to be associated with BPA exposure. Elevated occupational exposure to BPA (e.g., factory work) has been shown to confer a higher risk. When comparing exposed groups to the control groups, workers with exposure to BPA were also found to have higher reported rates of sexual dysfunction (Li 2009). Given the difficulty in obtaining human subjects for studies, data available on specifically humans is limited and further research is required in order to ascertain the full ramifications of BPA exposure in humans.

Currently, what is known regarding BPA and its effects in humans is in its infancy and further human studies are needed to appreciate the full and long term effects on human health. Higher levels of BPA are associated with adverse effects on the reproductive function in both men and women, and it is known to have harmful effects on fetuses. At this time, the long-term effects of BPA are unknown. General precautions should be taken to decrease potential exposure by using BPA-free products. Several simple steps can go a long way to promoting human health and should be discussed with patients. These include avoiding microwaving plastics, hand washing plastics, and using glass or porcelain containers for food storage. Such simple strategies could go far to promoting reproductive and fetal health.

Dr. Khan is in her 2nd year of training at the Prince George’s Hospital Center Family Medicine Residency in Cheverly, MD. One of 3 resident editors, she contributes this, her feature article to this publication. She also contributes to Residency Corner on p. 22.

The American Medical Association (AMA) accepts the American Academy of Family Physicians (AAFP) Prescribed credit as equivalent to AMA PRA Category 1 Credit for the AMA Physicians Recognition Award (PRA). CME activities approved for AAFP Prescribed credit are recognized by the American Osteopathic Association (AOA) as equivalent to AOA Category 2 credit.

ONLINE COMPLETION AND SUBMISSION OF MAFP JOURNAL CME QUIZZES AT WWW.MDAFP.ORG

The process for completion and submission of MAFP Journal CME quizzes is fully automated. Read the CME articles in this edition (listed above) either from your mailed version or the online version. Each “live” version is posted online at the Publications and News tab. Access the quiz by clicking on the CME Quiz tab at www.mdafp.org.

Once on the CME Quiz page (where quizzes for each “live” edition are posted), follow the directions. Upon sending, you will receive an immediate confirmation that your quiz has been received by MAFP. The confirmation will list the edition and the amount of credits earned. KEEP A COPY OF THIS CONFIRMATION FOR VERIFICATION.

READERS ARE RESPONSIBLE FOR THE REPORTING OF CREDITS DIRECTLY TO AAFP AND/OR OTHER ENTITIES. Quiz answers for each edition are posted at www.mdafp.org; Publications tab. Questions? Contact the MAFP office via email to info@mdafp.org or call 410-747-1980.
The American Academy of Family Physicians (AAFP) State Legislative Conference, a yearly event to review trends and developments in state legislatures, was held November 5-7, 2015 in Minneapolis, MN.

Hosted by one of the “other” MAFPs, we were welcomed by AAFP President Dr. Wanda Filer from York PA. We then heard from one of the State Legislators, Rep. Matt Dean (Republican MN, 38B) whose spouse Dr. Laura Dean is an Obstetrician, AMA member, and Delegate to the AMA House of Delegates. He discussed the problems of the transformation of health care, the role of government, and the issues of financing. He was followed by a representative from the Minnesota Dept of Health and Human Services who laid out their strengths as health care in Minnesota, with large teaching and research centers, is still mostly Primary Care based, has numerous PCMHs and continues to expand its Family Medicine work force with loan forgiveness and other programs.

We were subsequently treated to a series of presentations including Mr. Kevin Burke, Manager AAFP Government Relations Division, who reviewed our AAFP national issues and then Mr. Daniel Blaney-Koen J.D. M.F.A. (poetry) analyzed, in depth, the multi faceted opioid prescription, use, overuse, and the multiple (so far futile) State and National efforts at controlling the narcotic epidemic.

Lunch was capped by a (mostly humorous) talk by Jen Haberkorn from Politico on the foibles of the various presidential candidates. Former MD Governor O’M was barely mentioned only to say that if Secretary Clinton’s negatives catch up with her, he may be seen as the young face of the Democratic party, same as President Clinton was perceived 24 years ago.

We spent the afternoon on more wonky but interesting topics. A Medicaid and Health insurance session focused on the successes of the Kentucky KyNect (pronounced connect) Medicaid expansion and the (probably empty) threats of the newly elected governor (Matt Bevin) to repeal it. Galen Benshoof, MPA from RWJF State Health Reform Assistance Network threw some fiscal cold water on the Medicaid expansion under the ACA, as the numerous states that have provided these critically important services with Federal dollars, will now, soon, need to fund them with STATE dollars.

We finished the day with important presentations on insurance (and hospital system) consolidation and then LEGAL Implications in Health Care, essentially dealing with the antitrust implications of ACOs, Stark pitfalls, and some cases waiting to be heard by SCOTUS.

An evening reception was graced by presentations about the California Pennsylvania and Virginia Academies, for local legislative successes.

An early start on Day 2 saw an exciting presentation by Dr. William Thornbury on the progress of his mobile e-health “app.” Now that Walgreens has purchased Reads/ Rite Aid, they are investing nine BILLION dollars in this expansion and plan a national e-health mobile health network/App that will employ NPs, PAs and probably some MDs, for sure. The money will however flow to the Walgreen corporation. If FPs are serious about continuity of care, a patient centered approach, a medical home, etc., etc. we must be ready to field PATIENT demands for instant electronic gratification. Dr. Thornbury, a speaker for MD-AFP in 2014, again discussed the appropriate (and inappropriate) use of Telehealth (search Me-Health and Dr. Thornbury’s articles online).
Gregory Griggs, CAE, North Carolina Chapter Executive, gave us the mixed news about the well established and successful North Carolina Community Care of North Carolina (CCNC) program. His topic was INVESTMENT in Primary Care and he mentioned Baltimore’s own Dr. Barbara Starfield’s work which has been corroborated around the world. Primary Care based health care systems SAVE money and lives. That said North Carolina is starting to DIS-invest in the CCNC program, just as Kentucky is talking about closing down KyNect. The AMA, AAFP, ACP/ASIM and others will have to redouble their efforts on state funding initiatives for Primary Care. This is doubly important as Federal funding slows down, as we go forward with the ACA.

The morning ended with a presentation from Connie Berry from the Texas Dept of HHS. Texas has not signed up for Medicaid Expansion. In Texas Primary Care services are being extended through the Hospital networks, ACOs and the Texas Health Department through the EPHC program which provides screening, preventive, and primary care for women over 18 at up to 200% of the Federal Poverty Limit.

On a personal note, this conference is a wonderful learning experience and next year I would urge some of our new and emerging leaders to attend. It is an excellent springboard for our chapter’s own Advocacy Day in Annapolis (see p. 21), as most states face similar issues and it is helpful to network with colleagues similarly interested in legislative and policy issues.

Questions? Contact MAFP at info@mdafp.org or call 410-747-1980.
MARYLAND ACADEMY OF FAMILY PHYSICIANS
EDUCATION & ADVOCACY IN FEBRUARY
DON’T MISS!
DETAILS, REGISTRATION OPTIONS AND HOTEL INFORMATION
AT WWW.MDAFP.ORG
OR CONTACT 410-747-1980

AMERICAN BOARD OF FAMILY MEDICINE
SELF ASSESSMENT MODULE (SAM)
STUDY HALL
Module: Mental Health in the Community
Friday, February 19, 2016
BWI Marriott Hotel
Linthicum, MD
12 CME CREDITS UPON COMPLETION
OF ONLINE CLINICAL SIMULATION

Pre-Registration is Mandatory at www.mdafp.org
or call 410-747-1980
• Interactive group learning format.
• Fulfills part II requirement for ABFM MC-FP
• Cover 60 core competency questions
• Dinner included

WINTER REGIONAL
CME CONFERENCE
Topical Issues in
Day-To-Day Family Practice
Saturday, February 20, 2016
BWI Marriott Hotel
Linthicum, MD
APPROVED FOR 7.75 CME CREDITS!
Office Procedures Symposium
- Nexplanon: Placement/Removal
  Diana N. Carvajal, M.D.
- IUD: Insertion/Removal
  Nancy Beth Barr, M.D.
- Fluoride for Family Physicians
  Norman Tinanoff, D.D.S., MS
- Ingrown Toe Nail
  Valerie Cothran, M.D.

Major Depressive Disorder: Improving Patient Care and Health Outcomes
Leslie L. Citrome, M.D., MPH
C. Brendan Montano, M.D.

Special Luncheon Presentation: Legislation Primer 2016
Del. Clarence K. Lam, M.D., MPH
Eric Gally, Gally Public Affairs

HIV for the Primary Care Physician
Robert M. Paris, M.D.

Palliative Care
Danielle J. Doberman, M.D., MPH

Home Visits – The Underbelly of Medicine
Ernest G. Brown, M.D.

Prescribing Controlled Substances in Primary Care
N. Joseph Gagliardi, M.D.
Happenings at the FM Residency Programs

Franklin Square Medical Center
by Tanmeen M. Farooq, D.O., R-2

Fall and Winter usher in much change along with the vibrant leaf colors and cooler temperatures. At the Family Health Center, we helped our patients to bundle up their immune systems with flu vaccinations and flu clinics. We stayed committed to cold and flu season serving our patients with evening and Saturday clinics.

Our Family Health Center held our annual staff retreat on October 1st 2015, consisting of an all day retreat with the entire office staff, to allow us an opportunity to pause our daily activities and renew our team purpose. One of our topics included improving Gardasil vaccination understanding and vaccination rates in our patient population. Another presentation highlighted the molecular and physiological impacts of trauma on our health in tangible ways. This was a significant discussion considering the degree of trauma Baltimore county residents encounter on a regular basis, and helping us as care providers.

Our first year residents are now beyond the half way point of their intern year which welcomes familiarity beginning in the second half of their year. Second year residents completed USMLE Step 3/COMLEX level 3 exams alongside full rotation schedules and busy clinic days. Meanwhile, our third years have been exploring and refining their personal clinical style, and its implications perhaps on the physician they’d like to become as Summer 2016 approaches. All of our residents completed our annual resident in-service exam as well.

Franklin Square FM residents and faculty also represented our program at the Family Medicine Education Consortium (FMEC) held in Boston, Massachusetts in the Fall. This is always an exciting opportunity to learn from other programs and to share our aspirations for residency training. During FMEC, we held our own recruiting season kickoff, and we look forward to spreading our mission to provide cost effective primary health care to our community.

We hope you all stay safe, warm, happy, and healthy through out the New Year!

Prince George’s Hospital Center
by Aysha Khan, M.D., R-2

Things continue to evolve at the Family Medicine Residency Program at Prince George’s Hospital Center. We are pleased to announce that our new clinic site, the Family Health and Wellness Center at Cheverly has officially opened and is ready to accommodate patients. The new site is attached to the main hospital, features 12 examination rooms, three procedure rooms, a spacious conference room, as well as additional workspaces. It is an exciting time for us; the proximity of the new location provides for improved continuity of care, access to emergency health services for patients who require them, and better facilitated post hospital discharge follow up. The Family Medicine Residency Program is in the process of making the move from its former site, the Family Health and Wellness Center at Suitland. We hope to transition our current patients from the Suitland practice to the new site and we also hope to gain new patients as well, providing continuity of care.

As we search for our newest class of interns amongst fourth year medical students from various parts of the country and around the world, our current interns are successfully transitioning from medical students to physicians; they are excelling in their respective rotations and have recently taken their first in-training examination (along with the R2’s, of course). Our R2’s are adjusting to becoming senior residents and teachers; along those lines, a new Family Medicine subinternship rotation was added, starting in December, for fourth year medical students.

In other news, the residents continue to partake in local community events. In October, the Family Medicine Residents participated in a health fair at the new clinic site for the local community. The health fair featured blood pressure checks, hemoglobin A1C checks, weight measurements and lastly, an “Ask the Doc” session where interpretation of lab results, smoking cessation and lifestyle modification, as well as brief counseling was provided to patients. The health fair was a success and we look forward to hosting similar events in the future.

We are excited to announce the addition of our newest junior core faculty member, Dr. Evangeline Obi. Dr. Obi completed her medical training in Nigeria and also at Ross University School of Medicine. She subsequently completed her residency in Family Medicine in Lynchburg, Virginia. Dr. Obi brings with her experience in both the inpatient as well as outpatient settings and we look forward to working with her. Our program continues to grow and evolve and we are excited to see what the future holds.
University of Maryland
by Erin Jones, M.D., R-3

Fall at the University of Maryland Medical Center flew by! For starters interns Patricia Cudjue and Laureen Pinal brought adorable little ones into the world. We also welcomed a new faculty member to the family; Dr. Winnie Gossa, who has brought a degree of global experiences to our program!

The third years are truly blossoming. Our sports medicine minded senior residents have been busy this year as well! Drs. Hersch Bhatia and Jennifer Christie have been working at a local private school, McDonogh. They have been supporting the students by covering the football games and providing care in the training room on a weekly basis. Dr. Stephen Robinson has been recruited and signed to be a private practice physician on the Eastern Shore of Maryland. Congratulations!

Dr. Cynthia Calixte was chosen as a recipient of the 2015 RHEDI Scholarship which covered her expenses to attend the national meeting of the Society of Family Planning in Chicago in November. Dr. Calixte has demonstrated significant interest and dedication to enhancing her family planning education.

Dr. Richard Chang, one of our second year residents will be publishing a case report from our service with The Consultant, entitled “Over Draining Ventricular Shunts Causing Intracranial Hypotension Syndrome.”

Our resident family is truly a group that embodies the community minded mission statement of our department illustrated by our diversity engagements within the area. Dr. Catherine Chamberlain, a second year, has spearheaded the majority of our events this year. She has planned events for everyone and created opportunities for all of us to be hands on with our patients across the neighborhoods where we serve. An example was over the Holiday Season where Drs. Dea Sloan and Janel Gordon led the charge in providing gifts for financially strapped families from our medical offices.

We are very proud of our growth during this academic year and we have demonstrated such character and strength in this process. Stay tuned for the next update!
CONSULTATIVE INSURANCE REVIEW

Med Chi Insurance Agency was established in 1975 “by physicians for physicians” to satisfy the needs of doctors and medical practices.

Contact Keith Mathis at 800.543.1262, ext. 4422 or KMathis@medchiagency.com today to schedule your “no obligation” review at no cost!

1204 Maryland Avenue
Baltimore, Maryland 21201
410.539.6642 or 800.543.1262
410.649.4154 fax
www.medchiagency.com

YOUR “NO OBLIGATION” REVIEW INCLUDES THE FOLLOWING:

Employee Benefits:
- Group Medical, Dental, and Vision Coverage
- Group Life & Disability
- Voluntary Benefits

Property & Liability:
- Medical Malpractice
- Workers Compensation
- Medical Office Insurance
- Employment Practices Liability
- Directors & Officers Liability
- Privacy/Data Breach Coverage
- Bonds (Fiduciary/Fidelity/ERISA)

Personal:
- Life Insurance
- Disability (Individual/Pension/Business Overhead)
- Annuities
- Long Term Care
- Estate Planning/Retirement Planning
- Auto/Homeowners/ Umbrella Coverage
Engaging medical students is the life-blood of Family Medicine. We need sponsors to mentor medical students and to contribute to initiatives which inform students about our specialty. Medical students are faced with momentous decisions, the most important of which is career choice. Many factors affect this choice including opportunities to experience a friendly atmosphere to foster good relationships between mentors and students. The focus of our MAFP Foundation is to educate students about Family Medicine, stimulate their interest, and help attract them to the specialty.

In 2015 our Foundation was very active with the valuable help from MAFP members. Did you know we:

- Sponsored students from both Johns Hopkins and University of Maryland Schools of Medicine to attend the annual AAFP National Conference (NC) of Medical Students in Kansas City, a hotbed of educational and networking opportunities for students. You can underwrite a student trip to NC for $350…
- Provided a Pre-National Conference dinner presentation in order for students to get to know each other prior to the NC. This has proved to make their experience in Kansas City all the more worthwhile.
- Supported a student mentoring event at Hopkins over the Summer which paired students with family doctors for an exchange of information
- Reimbursed students’ registration fees in order that they could attend the Primary Care Women’s Health Forum held this Fall.
- Contributed to the Johns Hopkins, University of Maryland and George Washington joint Family Medicine Interest group event. It’s exciting to see the student interest groups from our schools sharing ideas and gaining momentum.
- Offered Summer externships to pair Preceptor and students for research and training opportunities. Grant money is available.

The roster of our MAFP Foundation Board of Trustees includes student members from each school to bring news to the Board and to disseminate relevant information to their peers.

Medical students are faced with momentous decisions, the most important of which is career choice. Many factors affect this choice including opportunities to experience a friendly atmosphere to foster good relationships between mentors and students.

Chances are you were helped along in your journey to become a family physician… perhaps by our MAFP Foundation. We ask that you “Give Back” now by:

1. sharing your expertise with medical students hungry for the Family Medicine experience. Contact the MAFP Foundation office at info@mdafp.org or call 410-747-1980. We are happy to work out details with you.
2. donating to the Foundation with a tax-deductible contribution (before the end of 2015). We will happily acknowledge your generosity…. Go to www.mdafp.org (Give Back section on the home page) for a convenient online contribution option.

Sincerely,
Joseph P. Connelly, Jr., M.D.
President MAFP Foundation

continued on page 26
Congratulations for Special Appointments, Honors, Features, Achievements!

Kudos to MAFP Members who were honored as “Top Doctors in Baltimore” in the November, 2015 edition of Baltimore Magazine:

Jason Black, M.D., Towson
Cyruus Hamidi, M.D., Sparks
Christopher Kearney, M.D., Baltimore
Joyce King, M.D., Rosedale
Robert S. Knight, M.D., Bel Air
Jacqueline Shepard-Lewis, M.D., Columbia
Stephen Smaldore, D.O., Bel Air
Sarah F. Whiteford, M.D., Towson

Congratulations to the following members who have been appointed to serve the AAFP in 2016:

Patricia A. Czapp, M.D., Annapolis: Chair, Commission on Health of the Public and Science

Manisha Sharma, M.D., Baltimore: Commission on Education

Tobie-Lynn Smith, M.D., Baltimore: Commission on Health of the Public and Science

Joseph W. Zebley, III, M.D., Baltimore: Chair, Delegation to the AMA

Peter Burkill, M.D. of Baltimore, was featured in “Remington envisions new future on corners: Zoning change sought to permit reopening of neighborhood stores” in the October 15, 2015 edition of The Baltimore Sun.


William D. Hakkarinen, M.D. of Timonium was quoted in “No change on lead liability limits” appearing in the August 16, 2015 edition of The Baltimore Sun.


Yvette L. Rooks, M.D. of Ellicott City was featured in “AAFP, NFL Foundatin Parthership Addresses Concussions Head-on” in the August 19, 2015 edition of AAFP News Now.

Welcome New, Transferred and Resident-to-Active Members

June 1, 2015- October 31, 2015

ACTIVE

Abdulla H. Abdulla, M.D.
Madhavi Ambati, M.D.
Susan H. Boyle, M.D.
Crysta J. Chatman, M.D.
Genine Consagra, D.O.
Tramaire A. Davis, M.D.
Tejal P. Dharia, M.D.
Angela M. Eakin, M.D.
John Foxen, M.D.
Aaron D. Greenblatt, M.D.
Savitha Manicham, M.D.
Laura E. Moreno, M.D.
Spencer A. Nadolsky, D.O.
Kendal E. O’Hare, M.D.
Jewel B. Osborne-Wu, M.D.
Patricia A.O. Oshodi, M.D.

Sandra J. Parkinson, M.D.
Sanjay S. Patel, M.D., MBBS
George Pellegrino, M.D.
Timothy C. Romanoski, M.D.
Thomas A. Sheesley, D.O.
Larry J. Shranatan, D.O.
Michelle M. Skinner, D.O.
Donald E. Stephens, M.D.
Fady E. Tohme, M.D.
Holly G. Williams, M.D.
Emma R. Williams, M.D.
Kenneth Villar, M.D.
Riley S. DuBois, M.D.
Uloma C. Emma-Ebere, M.D.
Jeevan Errabolu, M.D.
Yilma A. Fenta, M.D.
Jasmeen Gill, M.D.
Janel Gordon, M.D.
Jonathan E. Hickson, M.D.
Gregory Huang, M.D.
Maryann A. Ifurung, M.D.
Anthony Inae, M.D.
Gregory A. Jaffe, M.D.
Christine E. Jones, M.D.
Ruth N. Kagwima, M.D.
Sidrah B. Khan, M.D.
Tiffany A. Mapp, D.O.
Mimi Martins, M.D.
Melissa S. Nicoletti, M.D.
Ijeoma Okeke, D.O.
Max Romano, M.D.
Laureen Pinal, M.D.
Dea J. Sloan, M.D.

STUDENT

Saba A. Ahmed
Mahoussi N. Aholoukpe
Andrew Ajemian
Kendra Arrington
William D. Aukeman
Arthur Ayvzian
Sara J. Baig
Max Barnes
Alexander Beck
Andrew Branting
Danielle S. Bullock

Ijoma Okeke, D.O.
Max Romano, M.D.
Laureen Pinal, M.D.
Dea J. Sloan, M.D.

Welcome New, Transferred and Resident-to-Active Members

June 1, 2015- October 31, 2015

ACTIVE

Abdulla H. Abdulla, M.D.
Madhavi Ambati, M.D.
Susan H. Boyle, M.D.
Crysta J. Chatman, M.D.
Genine Consagra, D.O.
Tramaire A. Davis, M.D.
Tejal P. Dharia, M.D.
Angela M. Eakin, M.D.
John Foxen, M.D.
Aaron D. Greenblatt, M.D.
Savitha Manicham, M.D.
Laura E. Moreno, M.D.
Spencer A. Nadolsky, D.O.
Kendal E. O’Hare, M.D.
Jewel B. Osborne-Wu, M.D.
Patricia A.O. Oshodi, M.D.

Sandra J. Parkinson, M.D.
Sanjay S. Patel, M.D., MBBS
George Pellegrino, M.D.
Timothy C. Romanoski, M.D.
Thomas A. Sheesley, D.O.
Larry J. Shranatan, D.O.
Michelle M. Skinner, D.O.
Donald E. Stephens, M.D.
Fady E. Tohme, M.D.
Holly G. Williams, M.D.
Emma R. Williams, M.D.
Kenneth Villar, M.D.
Riley S. DuBois, M.D.
Uloma C. Emma-Ebere, M.D.
Jeevan Errabolu, M.D.
Yilma A. Fenta, M.D.
Jasmeen Gill, M.D.
Janel Gordon, M.D.
Jonathan E. Hickson, M.D.
Gregory Huang, M.D.
Maryann A. Ifurung, M.D.
Anthony Inae, M.D.
Gregory A. Jaffe, M.D.
Christine E. Jones, M.D.
Ruth N. Kagwima, M.D.
Sidrah B. Khan, M.D.
Tiffany A. Mapp, D.O.
Mimi Martins, M.D.
Melissa S. Nicoletti, M.D.
Ijeoma Okeke, D.O.
Max Romano, M.D.
Laureen Pinal, M.D.
Dea J. Sloan, M.D.

STUDENT

Saba A. Ahmed
Mahoussi N. Aholoukpe
Andrew Ajemian
Kendra Arrington
William D. Aukeman
Arthur Ayvzian
Sara J. Baig
Max Barnes
Alexander Beck
Andrew Branting
Danielle S. Bullock
In Memory
The Maryland Academy of Family Physicians is saddened by the passing of its member
Frank T. Kasik, Jr., M.D., of Baltimore
A memorial contribution has been made to the MAFP Foundation in his honor.

POSITIONS AVAILABLE IN:
FAMILY MEDICINE
INTERNAL MEDICINE

Little River Medical Center, Inc., is a Federally Qualified Health Center (FQHC) with 6 sites and over 200 employees located in the Myrtle Beach, SC area.

LRMC Offers:
• Stable Professional Work Environment
• Dedicated Leadership
• FTCA Malpractice Insurance Coverage
• Competitive Compensation And Benefits Package
• Federal Student Loan Payment Program
• NHSC Scholars Program

The Myrtle Beach area is a wonderful place to live with its warm weather, beautiful wide sandy beaches, and laid back southern atmosphere. The area also offers diverse cultural and educational interests, entertainment venues, an array of restaurants, over 100 golf courses, excellent schools, and an impressive university influence. These are just a few of the reasons that make living and working here so great!

Contact Rick Warlick, rwarlick@lrmcenter.com or 843-343-6956
4303 Live Oak Dr
Little River, SC 29566-9138
www.lrmcenter.com
Are you looking for a satisfying career and a life outside of work? Enjoy both to the fullest at Patient First. Opportunities are available in Virginia, Maryland, Pennsylvania, and New Jersey.

Open 8 am to 10 pm, 365 days a year, Patient First is the leading urgent care and primary care provider in the mid-Atlantic with over 60 locations throughout Virginia, Maryland, Pennsylvania, and New Jersey. Patient First was founded by a physician and we understand the flexibility and freedom you want in both your career and personal life. If you are ready for a career with Patient First, please contact us.

Each physician enjoys:
- Competitive Compensation
- Flexible Schedules
- Personalized Benefits Packages
- Generous Vacation & CME Allowances
- Malpractice Insurance Coverage
- Team-Oriented Workplace
- Career Advancement Opportunities

To learn more about career opportunities at Patient First, contact Recruitment Coordinator Eleanor Dowdy at (804) 822-4478 or eleanor.dowdy@patientfirst.com or visit prcareers.patientfirst.com
GET THE PRIMARY ADVANTAGE

Is your practice ready for the shift from fee-for-service payment to a system that concentrates on value and quality? Primary Advantage can help.

• What is Primary Advantage?
  Written, researched, and maintained by AAFP subject matter experts, Primary Advantage is a web-based tool that lets you tailor project plans to your practice improvement needs.

• How can it help my practice?
The AAFP’s practice improvement planner will help your practice optimize results in areas such as care management and team-based care, as well as improve patient outcomes through quality improvement, population health management, and patient self-management support.

• How does it work? Primary Advantage provides a practice-level capability assessment and step-by-step implementation work plans for you and your practice team. The basic-level subscription provides two years of access for five team members.

Get Primary Advantage—for your patients, your practice, and your bottom line. Start today.

list of advertisers

<table>
<thead>
<tr>
<th>advertisers</th>
<th>page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Mutual Insurance</td>
<td>2</td>
</tr>
<tr>
<td>MD NOW Urgent Care</td>
<td>6</td>
</tr>
<tr>
<td>McLeod Health</td>
<td>6</td>
</tr>
<tr>
<td>Norcal Mutual Insurance Co.</td>
<td>7</td>
</tr>
<tr>
<td>AnMed Health</td>
<td>9</td>
</tr>
<tr>
<td>Health First</td>
<td>9</td>
</tr>
<tr>
<td>Maryland Tobacco Quitline</td>
<td>10</td>
</tr>
<tr>
<td>MCR Health Services</td>
<td>19</td>
</tr>
<tr>
<td>Med Chi Insurance Agency Inc.</td>
<td>24</td>
</tr>
<tr>
<td>Little River Medical Center</td>
<td>27</td>
</tr>
<tr>
<td>Patient First</td>
<td>28</td>
</tr>
<tr>
<td>Carilion Clinic</td>
<td>29</td>
</tr>
<tr>
<td>Kennedy Krieger Institute</td>
<td>31</td>
</tr>
<tr>
<td>Red Bird Technology</td>
<td>32</td>
</tr>
</tbody>
</table>

IT ALL HAPPENS

If caring for patients is the reason you became a doctor, join the 650+ physicians of Carilion Clinic who share your philosophy. A nationally recognized innovator in health care, Carilion is changing the way medicine is practiced. Our medical-home approach to primary care lets you focus your energy on the highest risk patients, while the electronic medical record enables seamless coordination with Carilion specialists in over 70 fields. And with online access to their medical records, patients can become more involved in their care, too. With tools that make you more efficient and an environment that values better care, Carilion gives you the freedom to focus on your patients’ well-being — without overlooking your own.

Virginia’s western region is one of the best kept secrets. Quality of life in the Blue Ridge Mountains is high and the cost of living is low. The area offers a four-season playground for mountain and lake recreation, as well as a rich array of arts, humanities and cultural experiences.

Family and internal medicine outpatient opportunities are available in the following western and central Virginia communities:

<table>
<thead>
<tr>
<th>locations</th>
<th>physicians</th>
<th>services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford*</td>
<td>Bridgewater</td>
<td>Community Care</td>
</tr>
<tr>
<td>Daleville</td>
<td>Dublin (available 2017)</td>
<td>Floyd*</td>
</tr>
<tr>
<td>Galax</td>
<td>Giles</td>
<td>Martinsville*</td>
</tr>
<tr>
<td>Rocky Mount*</td>
<td>Urgent Care</td>
<td>Waynesboro</td>
</tr>
</tbody>
</table>

* For information on additional incentives available for designated locations, contact Amy Silcox, physician recruiter, Carilion Clinic, 800-856-5206 or amsilcox@carilionclinic.org.

CarilionClinic.org/careers

7 hospitals | 650+ physicians | 70+ specialties
220 practice sites | 23 GME programs

Equal Opportunity Employer - Minorities • Females • Protected Veterans • Individuals with Disabilities

THE MARYLAND familydoctor / WINTER 2016 • 29
Maryland Proud in Denver
Glimpses from the 2015 AAFP Congress of Delegates
September 28-30

Dr. Matt Burke testifying in Reference Committee

A strong Maryland contingent at the Congress: (back row l-r) Tiffany Ho (AAFP Student Director), Chris Lynnes, Drs. Pat Czapp, Gene Newmier, Debo Prest, Jos Zebley (AAFP AMA Delegation Chair), Richard Bruno (AAFP Resident Director), Yvette Rooks. (front row l-r) Phay Ellis-Goods, Dr. Yvette Oquendo, Dr. Kisha Davis, Esther Barr

A strong Maryland contingent at the Congress (l-r) Chris Lynnes, Dr. Jos and Ineke Zebley assemble favors for MAFP Hospitality Event

Look who ended up on jumbotron at Assembly opening ceremony!

All set for visitors at the MD Chapter Hospitality Event (l-r) Dr. Debo Prest, MAFP Staffers Esther Barr and Phay Ellis-Goods

(l-r) Esther Barr, Dr. Jos Zebley, Dr. Yvette Rooks, Phay Ellis distribute MAFP Literature at the Congress
Unlocking the potential of individuals with developmental disorders and injuries since 1937.

Kennedy Krieger Institute is dedicated to helping children and young adults with disorders of the brain, spinal cord, and musculoskeletal system unlock their potential through:

**Patient Care** – Highly trained professionals from various fields and departments collaborate to evaluate patients and create treatment plans tailored to their individual needs throughout all stages of care.

**Research and Professional Training** – Our investigators are leading the way in the prevention and treatment of a wide range of developmental disorders and injuries, and are committed to sharing our knowledge to help others worldwide.

**Special Education** – We offer a number of school, hospital-based, and recreational programs designed to unlock the promise inside our students.

**Community Initiatives** – We are committed to helping individuals with developmental disabilities achieve their potential and enjoy success in community life.

For more information, call 888-554-2080 or visit kennedykrieger.org/go/mdphysician.
There could be $100,000 sitting in your waiting room right now. **LET US HELP YOU FIND IT.**

Imagine your waiting room generating up to $100,000 or more of additional revenue for your practice. It's possible, with assessURhealth™ and ConXit! Grow your bottom line, engage your patients and capture vital clinical information — all without bogging down your staff.

**Generate Revenue**
- Create three billable events at once with no clinical staff required.
- Covered by Medicare and accepted by most private insurance companies under the Affordable Care Act’s Preventive Health Services mandate.

**Improve Clinical Outcomes**
- Self-scored, easy-to-interpret report is delivered instantly for review with patient.
- Assess risk for depression, anxiety, alcohol or substance abuse and other common psychological issues.
- Better plan for treatment options, follow-up care, referrals and more.

**Engage Your Patients**
- Self-reporting encourages patient awareness of their health and risk statuses.
- Most patients complete the questionnaire in less than 5 minutes, right from the waiting room, on pre-loaded iPads.

assessURhealth™ makes it easy to complete vital psychological evaluations to help better care for your patients. Valuable, billable data is placed in your hands at the click of a button, direct from your patients waiting to be seen. The result? Significant revenue increases, streamlined workflows and improved clinical insights. Let us help unleash the power of your waiting room.

**Get back to being a doctor.**
**Call us today to enroll in your 30 Day Risk Free Trial**

*Requires minimum 1 year agreement with a minimum of one assessment per day after 30 day no-risk trial period. Training, implementation, and pre-loaded iPad1 tablet (including cover and charger) included. Terms subject to change. Other restrictions, conditions and requirements apply - see contract for details.

www.redbirdtechnology.com/assessURhealth
(844) 845-4357

©2015 assessURhealth, LLC